

SLEEP DISORDERED BREATHING

WHAT IS IT?

Breathing is silent in health. Pediatric sleep disordered breathing (SDB) is a general term for a child's difficulty breathing while asleep and may range in severity from turbulent breath sounds (like mild snoring) to obstructive sleep apnea (OSA, a condition where the airway is partially or completely blocked). It has been reported in 10 to 25 percent of typically developing, preschool-aged children is more frequent in people with neurodevelopmental disorders.

WHAT ARE SOME SYMPTOMS OF SDB?

- Night time:
 - Snoring or "turbulent" breath sounds
 - Bedwetting
 - Frequent waking and fragmented sleep
- Physiologic:
 - Cardiovascular issues
 - Obesity
- Daytime:
 - Sleepiness
 - Neuropsychiatric and developmental issues
 - Irritability
 - Learning Difficulties

WHAT ARE SOME CAUSES OF SDB?

In essence, pediatric sleep disordered breathing is caused when the airway is smaller or less ridged than what is necessary to provide the body with adequate air/oxygen. This can be caused by anatomy (inadequate growth of the jaws/face or excess soft tissue - tonsil, tongue, or adipose deposits) or function (muscular tone and posture). Your airway focused dentist is trained to detect and sometimes treat these potential issues.

WHAT ARE SOME POSSIBLE TREATMENTS FOR SDB?

Your primary care physician will be able to direct your child's first line medical management of SDB, which may include tonsillectomy and adenoidectomy or continuous positive airway pressure (CPAP) to gain airway space and patency. Other, less invasive interventions may include dental appliances aimed at changing the size or position of the jaws, or myofunctional therapy (physical therapy for the mouth muscles) to increase the muscular tone of the airway and improve function, or a frenectomy procedure to help improve posture and function of the tongue.