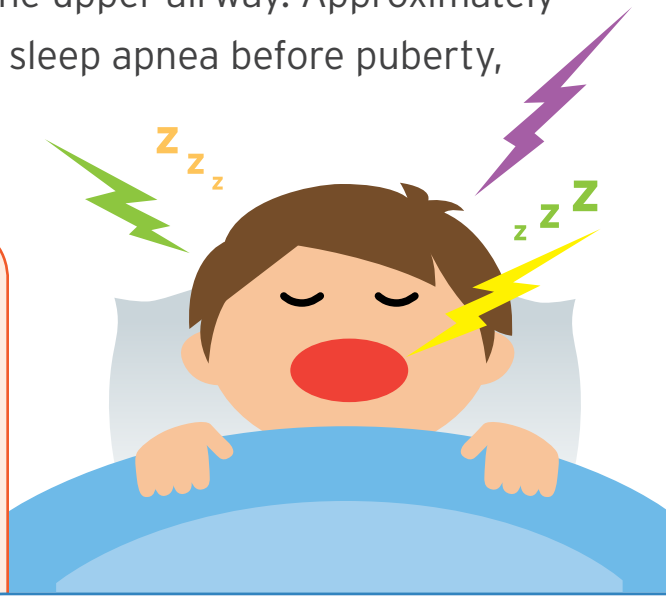


Does my child have obstructive sleep apnea?

Sleep apnea – when a person stops breathing during sleep – is usually caused by an obstruction of the upper airway. Approximately 2 to 4 percent of children experience sleep apnea before puberty, rising to 5 percent in adolescence.

Common symptoms

- **Snoring**, often associated with pauses, snorts or gasps
- **Heavy breathing** while sleeping
- Very **restless sleep** and **sleeping in unusual positions**
- **Bedwetting** (especially if a child previously stayed dry at night)
- **Daytime sleepiness** or **behavioral problems**



Diagnosis

A sleep study, or polysomnogram, may be ordered to monitor the child overnight in a sleep lab. In the study, sensors wired to a computer are placed on a few spots on the child's body, to provide a detailed record of the child's sleep state, breathing pattern, oxygen and carbon dioxide levels, eye movements, heart rate, brain waves, snoring, body movements and sleep positions.

Approximately

2-4% of children experience sleep apnea

5% before puberty and in adolescence



Treatment

Treatments depend on the cause of the apnea and can range from **lifestyle modification (weight loss)**, **medications**, **nightly breathing therapies** (such as sleeping with a face mask) and **surgery**. It is important to receive a comprehensive evaluation from a sleep physician to determine which is most appropriate for your child.

Preventative care

Healthy sleeping habits are the best ways to improve energy and concentration during the day. **Having a routine of waking up at the same time every morning** helps set the circadian rhythm, or body clock.

Create a good sleeping environment an hour before sleeping by using the bed for sleep only, not TV, video games or snacking, and allowing the child the time to relax and transition into a restful sleep state.

