

Childhood Snoring

A parent's love of his or her child is, hopefully, unconditional, so parents of children who snore will often view their child's habit as an adorable trait. Childhood snoring can signify a medical concern, so there may be nothing "cute" about it.

It is estimated that 3% to 12% of preschool children snore. Most of these children will otherwise appear quite fit and healthy. This type of snoring experienced by children is called primary snoring.

Another 2% of young children will suffer from obstructive sleep apnea syndrome (OSAS), which is being recognized as a serious medical problem. In fact, OSAS can be a contributing factor to a child's behavioral problems and difficulties in school.

It is important to recognize whether your child is a primary snorer, or is suffering from an underlying condition such as obstructive sleep apnea.

Children who snore but are otherwise well and do not exhibit daytime sleepiness with normal sleep patterns will be primary snorers. On the other hand, children with OSAS will have a disrupted sleep pattern along with short pauses, snorts and gasps during the night. These children are also often found to have poor and short attention span, and may have difficulty with learning or behavior.

Symptoms that may be associated with OSAS are high blood pressure, poor weight gain, obesity and large adenoids and/or tonsils. Enlarged tonsils or adenoids can cause frequent mouth breathing accompanied by a hypo nasal speech.

There are tests to confirm if a child has OSAS. An overnight sleep study called a nocturnal polysomnography is performed in a hospital. These studies are generally performed at hospitals in major cities, so you may need to travel if this is the option you choose.

Another option is to take an audio or video recording, which will require to be interpreted by a sleep specialist. Pulse and oxygen measurements will also be taken overnight while the child sleeps. These tests can also be performed during a child's daytime nap. If a child has OSAS these tests can assist in the diagnosis, however the child may still present normally evening if he or she suffers from OSAS.

If it is determined that your child suffers from obstructive sleep apnea, treatment options can include the removal of enlarged adenoids and tonsils. If your child has allergies or is overweight, treating these conditions may also offer relief. If surgery is not an option, your child may benefit from CPAP therapy via a nasal mask.

An ENT specialist, a Pulmonologist or a neurologist should treat children with OSAS. Ask your specialist about their experience in treating these types of problems, to ensure that they realize the significance of the condition and are able to provide the care required.

Remember,

tests can sometimes provide inconclusive results, so consider seeing a specialist if you still suspect that your child suffers from OSAS.

It is most likely that your child is a primary snorer, but if he or she falls within the 2% of children with OSAS, treatment is essential and available.