

Sleep Disordered Breathing in Children (SDB)

What is SDB?

It is the term for obstruction of normal breathing during sleep in children which ranges from loud snoring through to intermittent complete blockage of breathing, sometimes called obstructive sleep apnoea (OSA). It is estimated that at least 3% of children in Australia suffer from SDB, usually between age 3 and 6.

What causes Sleep Disordered Breathing?

The cause in the majority of children is crowding of the airway by large tonsils and adenoids and sometimes also swelling of the lining of the nostrils, called turbinates. The adenoids are located in the very back of the nose and cannot normally be seen through the nose or mouth unless they are very large.

Less common causes are abnormal anatomy such as a very large tongue or small jaw, obesity, or low or floppy muscle tone.

What are the signs and symptoms of SDB?

- Failure to ever sleep through the night, restless sleep, abnormal sleep posture (head bent back and mouth open)
- Loud continuous snoring without obstruction or stopping breathing, through to snoring with gasping or choking episodes
- Reduced energy levels on waking and through the day; the child who wakes tired despite a good number of hours sleep
- Prolonged day time sleep beyond an age when it would normally no longer be required
- Difficulty concentrating at school or “zoning out” as reported by teachers
- Constant nasal blockage and mouth breathing which indicates that the adenoids or the turbinates inside the nose, or both, are enlarged.

How is a diagnosis made?

A thorough history of the sleep disturbance combined with physical examination of nose and throat, and video recording by phone of the sleeping child, will indicate the diagnosis and whether treatment is required. Examination is difficult during the current COVID crisis but we will arrange to see your child in the future to perform an examination.

Sleep studies of the sort that adults commonly have performed for sleep apnoea, are usually only ordered for children when the diagnosis isn't clear from the history and examination.

How is Sleep Disordered Breathing treated?

Mild symptoms may not require treatment because enlarged adenoids shrink with age and some children “grow out of the problem”, but in more severe cases surgery to remove the tonsils and adenoids (adenotonsillectomy, Ts and As) with or without surgery inside the nose at the same time to widen the nasal passages, is suggested, if possible before age 5 to minimise any impact on learning and school performance. This surgery is performed under general anaesthesia (fully asleep) and usually requires an overnight stay in hospital and 10 -14 days off school/ kindy / daycare.

More information on Sleep Disordered Breathing:

https://www.rch.org.au/kidsinfo/fact_sheets/Childhood_obstructive_sleep_apnoea_OSA