SYMPOSIUM 5a

PAEDIATRIC SLEEP SYMPOSIUM: IDENTIFYING AND MANAGING SLEEP PROBLEMS IN INFANTS

S5a.5

SLEEP-RELATED BREATHING DISORDERS (IDENTIFYING AND MANAGING)

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• Sleep-related breathing disorders (SRBD) in infants and children can range from primary snoring to severe obstructive sleep apnoea (OSA) and respiratory failure. Routine childhood health screening should include questions about sleep and snoring. Children at high risk of SRBD should be considered for Sleep Studies where available.

• Snoring is a cardinal symptom of OSA but children can have severe SRBD without very loud snoring.

• Snoring most nights, pauses in breathing during sleep and an increase in work of breathing are the symptoms pointing most strongly towards a diagnosis of OSA in children.

• Children with OSA are often hyperactive and have difficult behaviour during the day. This is in contrast to adults who have excessive daytime sleepiness as a major symptom. They may also have poor attention and/or poor concentration and learning difficulties. Even children at the mild end of the spectrum can have significant consequences.

• The overnight Sleep Study or Polysomnography (PSG) is the gold standard for the investigation of sleep disorders in children and adults. The PSG also picks up other sleep disorders which might have a significant impact on the child’s nocturnal and daytime symptoms. These might include parasomnias, nocturnal seizures and periodic limb movements.

• Adenotonsillectomy (AT) is the treatment of choice for most children with OSA. However children at the severe end of the SRBD spectrum are at high risk of post-operative compromise. There is probably a higher than expected “residual rate” of OSA despite AT and a high index of suspicion is needed especially in the high risk group.

• Nasal mask continuous positive airway pressure (CPAP) or bi-level pressure support (BPAP) is used for the treatment of severe childhood and infantile SRBD where surgical treatment is contraindicated or unsuccessful.