

Does My Child Suffer from Obstructive Sleep Apnea (OSA) Or Sleep Disordered Breathing (SDB)?

OSA and SDB have largely gone unrecognized in children but can have serious implications. They can contribute to growth problems, failure to thrive, Type 2 Diabetes, ADD, ADHD, autism, hypertension, stroke and cardiovascular disease.

Daytime Symptoms suggested of OSA/SDB

Mouth breathing
Hyperactivity
Excessive daytime sleepiness
Inattention, behavioral problems
Hyponasal speech (“good mording” instead of “good morning”)
School problems
ADHD-like behaviors

Night/Sleep Symptoms Suggestive of OSA/SDB

Snoring-Any type of snoring is a warning sign
Gasping
Pauses in breathing
Restless sleep
Night-time sweating
Night terrors or sleep walking
Sleeping in unusual positions (ie-head extended)
Enuresis (bed-wetting)

Diagnosis

Sleep Questionnaire, Clinical Examination, 3D imaging, Home sleep testing, Overnight Sleep Test

Treatment

- Growth-oriented Orthodontics (jaw expansion, advancement of upper and/or lower jaws to create room for the tongue and open the airway) rather than pulling teeth or using headgear (which can actually decrease the airway)
- Reduction of obstructive tissues (Remove Tonsils/Adenoids, allergy correction or naturopathic)
Research has shown that the best results occur when both are done!

When to assess and treat?

As soon as you are aware of the problem! Although 7-8 years of age is an important age for orthodontic correction, we can make a big difference in 3- to 6-year olds with some simple care.

For our practice, Orthodontics is MUCH more than straight teeth