

The Invisible Disease - Pediatric Sleep Disorder Breathing A Parental Guide

Four large children's studies all beginning in 2003: Cleveland, Tucson, Penn State and Hong -Kong with continuing patient follow up have given us the best information to date concerning the health of children ages 6 – 13 at risk for pediatric sleep disorder breathing and the progressive consequences of missed diagnosis or misdiagnosis of this invisible disease. Children differ from adults in the onset of their signs and symptoms of this treatable disease and parents need to be aware and observant for clues often overlooked. The high percentage of children with sleep disordered breathing and the increase of new cases as children age must be recognized as a medical priority. We have learned that there is no such thing as benign snoring in children or adults and that the active vibration of air- way soft tissue from repetitive snoring is harmful to muscle, nerve and vascular structure. Interrupted or fragmented breathing during the night from restrictions or collapse of the air-way lowers oxygen levels to the brain and cellular nourishment to harmful levels and causes peaks and valleys in night time blood pressure which stresses blood vessels. Our body's cells get angry when they do not get a regular supply of oxygen and modifications in cellular structure suggest unwarranted and unwanted changes. Untreated snoring is a detrimental health hazard and is risk factor for all vascular disease. Sleep disordered breathing is prevalent and treatable regardless of age.

Children are most likely to present with issues of irritability, frustration, lack of focus, and tiredness during the day. Emotional, behavioral, and social interaction issues, decreased school performance and difficulty awaking are often distinguishing characteristics of poor sleep quality. Children may not snore outright (they may not be able to generate enough air flow with the velocity to vibrate the soft palate) but loud breathing noises and mouth breathing are definite indications of difficult breathing. Obesity, restless sleep, increased sweating, night terrors, bedwetting, and occasional snoring are good predictors of sleep disorders. Proper sleep hygiene and eating habits should be under strict parental control because eating habits and technologies toys are ruining our children's health. Bedrooms stocked with computer games, text phone, and TV are the perfect storm for poor sleep habits. Bedtime is sleep time and children need more hours of continuous quality sleep than adults.

My professional interest and concern for this unrecognized and underserved area of health care began with adults in 2003 but now I desire to direct this experience and focus it much more on children with whom I have spent the majority of my orthodontic practice. My continuing education in this area is directed towards meeting the requirements of diplomat of the American Academy of Dental Sleep Medicine, the premier dental organization for sleep medicine. It takes a team effort of interested professionals to complete all the pieces of this complex puzzle and dentistry plays an important role. My commitment is to find and build a team similar to the way the medical/dental community handle cleft palate and dental facial deformities.

Your child deserves to have the life long advantage of sleep health.

John B. Harrison DDS, MSc