

TMJ & Sleep Therapy Centre of San Diego 7879 El Cajon Blvd. La Mesa, CA 91942

HOURS:

Closed On Fridays Open Mon. - Thur. 9:00am-5:00pm

Closed for Lunch 12:00pm - 1:00pm

SLEEP APNEA SYMPTOMS FOR CHILDREN

Sleep disorders in children are conditions that prevent them from getting the oxygen needed while they sleep, creating a form of suffocation. Obstructive sleep apnea in children is being increasingly recognized as a cause of attention and behavior problems as well as learning and developmental problems.

Symptoms include:

- · Snoring
- · Mouth breathing
- · Restlessness during sleep
- · Sleeping in odd positions
- · Periods of not breathing
- Teeth grinding
- \cdot Night terrors
- · Mood changes
- · Poor concentration
- · Bed wetting
- · Headaches
- · Frequent infections

Children with undiagnosed OSA are frequently misdiagnosed as having and placed on

unnecessary medications.



TMJ & Sleep Therapy Centre of San Diego

Sleep breathing disorders in children may go undiagnosed

Sleep breathing disorders in children, particularly pediatric obstructive sleep apnea (OSA), often goes undiagnosed. OSA can occur in children at all ages, including infants. However, children may instead be treated for ADHD, since hyperactivity can actually be a symptom of OSA. Untreated OSA can lead to more severe health problems, including diabetes, cardiovascular disease and hypertension.

In most cases, OSA is caused by a poorly positioned jaw or tongue that leads to a blocked airway. Sleep apnea, essentially, is the absence of breathing when asleep. The blocked airway causes slow suffocation, and the sleeper is briefly but abruptly woken up throughout the night in order to open the airway and breathe. Bruxism, or teeth grinding, is also a symptom of sleep apnea—it's an unconscious movement to open the airway while sleeping. Children who suffer from this interrupted and poor sleep suffer from excessive sleepiness during the day, hyperactivity or irritability, migraines and even depression or cognitive impairments.

Luckily, pediatric OSA can be cured because in children, it's possible to manipulate the development of their airways so they aren't blocked or obstructed as they grow up. The American Academy of Pediatrics recommends all children get screened for snoring, and those who do snore should undergo further evaluation to test for OSA and other sleep disorders. Dentists are often able to provide a preliminary screening for OSA and can refer patients to a sleep specialist for further screening and treatment.

Signs to Watch

Look for the following common OSA symptoms in your child: Snoring

- Restlessness during sleep (are the sheets strewn all over the bed when the child wakes up?)
- Gasping or choking when waking up
- Difficulty waking up
- Trouble concentrating, easily agitated
- Nightmares or night terrors
- Teeth grinding (bruxism)
- Frequent headaches
- Dark circles under eyes
- Excessive daytime sleepiness

Talk about these symptoms with your child's pediatrician and ask to be referred to a sleep specialist. You can also use the "BEARS" sleep screening algorithm, which is a series of questions available on the TMJ & Sleep Therapy Centre website: http://tmjtherapycentre.com

The BEARS screening tool provides information to help doctors assess whether a child likely has a sleep disorder.

Treatment

Adult therapies for OSA, including CPAP machines or oral appliances, are not appropriate for children. Pediatric OSA is usually treated with dynamic orthopedic therapies, with the goal of increasing airway volume and encouraging or correcting skeletal development. If it is diagnosed early, pediatric OSA can be completely cured in as little as three months; however, the time needed for treatment varies with each child.

When a child is diagnosed with OSA, the entire airway should be evaluated to determine where it is obstructed. There are four possible points of obstruction, as shown on Figure 1.

Depending on the location and severity of the obstruction, treatment may include expanding the upper or lower jaw or correcting their alignment, tongue and lip exercises and lifestyle changes.

TMJ & Sleep Therapy Centre of San Diego, located in La Mesa, provides non-invasive treatment for patients with sleep apnea and TMJ disorders. For more information, visit www.TMJTHERAPYCENTRE.COM

TMJ & Sleep Therapy Centre of San Diego 619.466.2774 ed by the Union Tribune featuring TMJ & Sleep Therapy Centre of San Die his article was pub



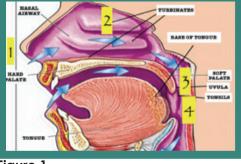


Figure 1

T&S Therapy Centre **INTERNATIONAL**

Sleep Related Breathing Disorders in Children

WE GET AROUND!

Dr. Steven R. Olmos, an internationally recognized lecturer, researcher, and the founder and CEO of T & S Therapy Centre International is always passionate and eager to share his knowledge.



Dr. Olmos gave a course of SLEEP-RELATED BREATHING DISORDERS & CRANIOFACIAL PAIN in June 10-12,2016 at McTimoney College in Oxford, England



"I can help far more patients if I share and teach other professionals what I have learned and tested ..."

– Dr. Steven Olmos, T & S Therapy Centre International Founder & CEO

40 Centres in 6 Countries!

Dr. Olmos giving a lecture about Pediatric OSA at the University of **Tennessee Health Sciences Centre College of Dentistry** Memphis, TN



Featured Presentations by the Leaders! Dr. Steven Olmos, Dr. German Ramirez, Dr. Judith Owens, Dr. Ed Lipskis, Dr. Robert Schoumacher, Dr. Mark Corkins, Dr. Alison Hazelbaker

TESTIMONIALS

"Dr. Olmos was walking on air...completely elevated by the energy in the room; the intellectual exchanges and interest levels from physicians; and the responses from us attendees. It was almost magical. Dr. O brought his A-Game. Really well done, and openly received by all. Exceptional sleep and breathing must-know information; a one-of-a-kind pediatric sleep seminar for sure."

Duane Grummons DDS, MSD Board Certified Orthodontist



"I had the distinct pleasure recently of speaking at and attending this course in Memphis, and highly recommend it for health care providers, including dentists, orthodontists, otolaryngologists, primary care providers and sleep specialists caring for children with sleep apnea. It is rare to have the opportunity to participate in a truly inter-disciplinary event and one which is so clearly committed to improving the quality of care for these patients. No matter what discipline you are coming from, this course will expand your knowledge base and change the way you practice."

Judith Owens MD MPH Director of Sleep Medicine Boston Children's Hospital



Obstructive sleep apnea (OSA) is caused by an airway blockage (obstruction) during sleep. During the day, muscles in the airway region keep the throat and airway passage wide open but when a patient has obstructive sleep apnea, the throat collapses during sleep, blocking the airway and preventing air from getting to the lungs. The site of obstruction in most patients is the soft palate, extending to the region at the base of the tongue. There are no rigid structures, such as cartilage or bone, in this area to hold the airway open. So as a person with OSA falls asleep, these muscles relax to a point where the airway collapses and becomes obstructed. Although obstructive sleep apnea (OSA) is typically considered an 'adult' condition, there is no age boundary and OSA can affect otherwise healthy children. OSA may in fact be the root cause of childhood behavior and attention problems. Enlaraed tonsils and small structural features of the maxilla / nose, mouth and throat may contribute to OSA. Proper evaluation and testing is needed for accurate diagnosis.

OSA is a medical condition that is diagnosed by a medical doctor, but can be treated by a dentist with special understanding and training on this life threatening breathing disorder. At present, the primary method for diagnosing OSA is to have the patient undergo a sleep study, known as polysomnography (PSG) or home sleep test (HST). We are happy to assist our patients in coordination of necessary sleep testing.



Orthodontics for Airway Development

At TMJ & Sleep Therapy Centre, an increase in airway volume is always our goal in the treatment of Pediatric OSA. The airway is evaluated and any obstructions are addressed. Obstructions can occur anywhere in the airway and are not limited to the mouth and nose. Common procedures in airway development involve upper and lower jaw expansion and relationship changes, myofunctional tongue and lip exercises and lifestyle changes. Orthopedic airway development has a very high success rate in pediatric patients.

Pediatric obstructive sleep apnea (OSA) is a prevalent but under-diagnosed disease. The importance of screening for OSA in every child has been recently been re-emphasized by the American Academy of Pediatrics Guidelines.

Contact TMJ & Sleep Therapy Centre of San Diego Phone: 619.466.2774 | www.TMJTHERAPYCENTRE.COM

We are here to help your patients! TMJ & Sleep Therapy Centre of San Diego is accredited by the American Academy of Dental Sleep Medicine. Our director, Dr. Steven Olmos, is certified in both Dental Sleep Medicine and Craniofacial pain. We are dedicated exclusively to non-surgical treatments for Sleep Apnea and Craniofacial Pain. We understand the unique needs of both adult and pediatric patients, and we are committed to the highest standard of care.

Orthodontics/Orthopedics for Treatment of OSA

Adult therapies for the management of OSA are not suitable for children. Therapies such as CPAP (Continuous Positive Airway Pressure) and (OAT) Oral Appliance Therapy have been known to arrest skeletal development of the growing child. The good news is, with proper diagnosis and communication between medical and dental providers. Pediatric OSA can be cured!