



# CHILDHOOD SNORING AND SLEEP APNEA

- A child who snores may have sleep apnea, but not all children who snore will have sleep apnea.
- Sleep apnea is a condition where breathing stops for short periods while asleep.
- These events may happen many times per night.
- They disturb sleep and can result in problems during the day.
- In children, the most common cause is larger than normal tonsils or adenoids. This can be treated with surgery.

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at [www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)

## How are snoring and sleep apnea related?

A child with sleep apnea almost always snores. They may struggle to breathe and have restless sleep. There are often breathing pauses which may end with a gasping or choking noise. As the child struggles to breathe, they may wake up briefly. In young children the chest may be sucked in at this time. This may lead to the child sleeping in strange positions. They may sweat a lot when they sleep. In some cases they will wet the bed. In the morning they may wake up with a dry mouth, a headache or confusion.

## What is sleep apnea?

Sleep apnea is where the child stops breathing for a short time when they sleep. It tends to happen repeatedly during the night. Each time lasts from 10 seconds to a minute or so. Usually such apneas occur due to the airway being blocked. In children, the cause is most often big tonsils and adenoids. This is called Obstructive Sleep Apnea. A less common form of apnea is called Central Sleep Apnea. Central Sleep Apnea results from a problem with the way that the brain controls breathing.

## What are the symptoms of sleep apnea during the day?

Because of the events during sleep, the child with sleep apnea may have a number of problems during the day. Infants may feed poorly, fail to gain weight and be delayed developmentally. Older children may have problems with their behaviour, e.g. being hyperactive, aggressive, having trouble learning and/or not being able to focus well. Being sleepy during the day may lead to personality changes, not doing well at school and problems with how they get on with others. A child with sleep apnea may lag behind in many areas of development. They may get frustrated and depressed. In the long term, if sleep apnea is not treated it may cause heart problems and high blood pressure.

## How does this affect the child's family?

Sleep apnea in a child may be very worrying for the family. Possible behavioural problems, combined with potential problems at school, can be stressful for the whole family.



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[www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au)

## What is the cause of sleep apnea?

In a child, the most common cause of snoring and sleep apnea is larger than normal tonsils and adenoids. Obesity can play a part as well. Other risk factors are the shape of the skull and the size of the tongue e.g. a child with Down syndrome has a larger tongue that may block the airway. In children with a small or receding jaw, sleep apnea is more common. Children who have had surgery on a cleft palate may also be at a higher risk for sleep apnea.

## How is sleep apnea diagnosed?

A doctor might suspect this if they see large tonsils and adenoids and certain symptoms are reported. This could include the child snoring, feeling sleepy and possibly having episodes of breathing obstruction. However the best way to be really sure about the problem and its severity is with a [Sleep Study](#). The study is conducted in a special area of the hospital. The child has some fine wires attached to the surface of the skin, which are connected to a computer which measures sleep, breathing and oxygen levels. Studies may be done at night in older children or in the daytime in babies. None of the measurements are uncomfortable or painful and children usually manage to sleep. Parents generally stay with the child.

## How is sleep apnea treated?

If a child's sleep apnea is thought to be due to the size of their tonsils or adenoids, the first thing that is normally done is to take them out. In many cases this will cure the sleep apnea. If the reason is an abnormality of the facial bones, surgery may sometimes be done to fix this. If surgery is not an option, then the best treatment is [CPAP - Continuous Positive Airway Pressure](#). This involves a small pump that provides air under gentle pressure through a mask worn over the nose. It only needs to be used at night and the treatment starts working straight away. With the right support, most children do well with CPAP. If the sleep apnea is due to the child being overweight, losing weight may help or even cure the apnea.

## Can it be treated with drugs?

For milder sleep apnea, a trial of steroid spray into the child's nose may help. Usually these trials last between 6-8 weeks. The steroids act within the child's upper airways to help shrink down the tonsils and stop the apnea.

## What about sleep habits?

Although sleep apnea usually requires a treatment such as already outlined, it is also very important that the child has good sleep habits. A regular time to go to bed and to wake up should be set. Before bed, the child should avoid anything that stimulates them (e.g. games, TV). The bedroom should be quiet and dark. In the afternoon and evening you should avoid giving caffeine drinks (including cola and hot chocolate) to your child. See [Good Sleep Habits](#) for more on this.

## What other sleep problems can a child suffer from?

Although snoring and sleep apnea are common conditions, children may also suffer from other sleep disorders. Parasomnias such as sleep walking and night terrors are common in childhood and can be distressing to the parent rather than the child, who tends to be asleep when they happen. Underlying medical conditions such as epilepsy, asthma or cystic fibrosis may also cause sleeping problems. See these fact sheets for more; [Sleep Problems and Sleep Disorders in School Aged Children](#) and [Behavioural Sleep Problems in School Aged Children](#).

## Should I seek help?

If you are worried about snoring or sleep apnea in your child, you should speak with your GP. A referral will be needed to see a sleep physician. See our [Sleep Specialists](#) page.

## Where can I find out more?

[www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=8678](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=8678)

[www.aafp.org/afp/2004/0301/p1147.html](http://www.aafp.org/afp/2004/0301/p1147.html)

For information on over 60 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at [www.sleephealthfoundation.org.au](http://www.sleephealthfoundation.org.au). The underlined topics in this article are covered in detail there.



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