

Virginia Mason Sleep Disorders Center
Pediatric Sleep Program – Frequently Asked Questions

My child snores. Should I be concerned?

The prevalence of snoring in children is between 3 and 12 percent. Snoring is a sign of turbulent airflow in the airway. The primary concern is whether the child with snoring has a more significant problem, obstructive sleep apnea. Sleep apnea is a condition where there is repetitive obstruction of the airway. Adults with this condition tend to present with daytime sleepiness. Studies have revealed that children with sleep apnea are more likely to present with neurocognitive deficits such as poor learning, behavioral problems and attention-deficit/hyperactivity disorder. In fact several studies have revealed improved school performance in children after treatment of obstructive sleep apnea.

How can I tell if my child has snoring or sleep apnea?

Unfortunately, these conditions can be difficult to distinguish by observation alone. A more detailed history including the presence of: labored breathing during sleep, observed apnea, nocturnal sweating, bed-wetting, restless sleep, and behavioral symptoms can be helpful. We frequently proceed to a sleep study to further distinguish between these two conditions.

How do you treat children with sleep apnea?

The most common treatment for sleep apnea in children is surgery. Removing the tonsils and adenoids usually resolves obstructive sleep apnea in children. CPAP is an option for children that are not surgical candidates.

My child has been diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD), and we are considering whether to start treatment with stimulant medication. Is there any relation to this diagnosis and sleep disorders?

The sleep of children with ADHD is often reported by parents to be disturbed. Whether ADHD itself causes sleep disturbance or whether a sleep disturbance contributes to ADHD is not completely clear. There are several studies that have revealed an increase in both restless leg syndrome (RLS) symptoms and periodic limb movement disorder (PLMD) during sleep in children diagnosed with ADHD. Whether an association between hyperactive behavior and PLMD might have medical significance remains uncertain, though some children with ADHD have shown improvement in behavior after treatment of RLS and PLMD. We generally recommend a thorough sleep history and physical exam in children that have symptoms of ADHD.

What is the youngest age patient that you see in the Virginia Mason Sleep Center?

Age 1 and above.