



# Snoring and sleep apnoea

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Most people know what snoring is, but may not know what it means in children, and most won't know the difference between snoring and sleep apnoea.

**Snoring** occurs in 3-12% of children, and up to 50% of adults.

It is common to snore when children have a cold, hayfever, or other illness that blocks or restricts their breathing. This will usually pass once the illness passes or hayfever clears.

Some children snore fairly gently, while others will be loud. It may be that a parent or other relative snores, so it is seen as harmless. However, as we research sleep and snoring more, it has become clear that persistent snoring (more than 50% of the time) in children should always be investigated.

**Sleep apnoea** (otherwise known as Obstructive Sleep Apnoea, or OSA) occurs in 1-10% of children, and around 2-4% of adults. When we sleep, our muscles relax, including the muscles in our throat. For children with sleep apnoea, this can reduce the amount of air they can breath.

For many children, they are more likely to be affected by snoring or sleep apnoea if they have enlarged tonsils and adenoids, if they are overweight, or if there is a family history of sleep apnoea.

The main difference between simple snoring and OSA is in the breathing. When snoring, the breathing is restricted, where as it will briefly stop in sleep apnoea. Most parents will not know that their child has stopped breathing, but may recognise a snort or gasp, which is the sign they have started breathing again.

In both snoring and sleep apnoea, the person will have disturbed sleep

quality. Snoring and sleep apnoea prevents them getting into a deep sleep, so even if they have been asleep through the night, they may wake feeling tired.



Clear Airway



Blocked Airway

## Symptoms to investigate

Many of the symptoms affecting children who snore or have sleep apnoea are consistent with poor sleep generally, so it could be easy to miss. Your child may:

- Snore, and may also appear to snort or gasp
- Be sleepy during the day, particularly when they have slept through the night
- Wake with a headache and/or dry throat
- Wake up thirsty

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## Symptoms to investigate (continued)

- Move or shift position a lot during the night. You may notice they move or extend their head and neck a lot
- Wet the bed. This won't always happen, but is worth checking out if this starts again after they have been dry
- Be very hot and sweat a lot, even in a cool room with light bedding
- Be more prone to coughs and colds
- Seem hyperactive (more in younger children)

## How can I get a diagnosis?

Your GP can make a referral to:

- 1) Ear, Nose and Throat (ENT), who can assess the area around your child's upper airway (the nose and throat), including their tonsils and adenoids.
- 2) A respiratory (breathing) specialist for a sleep study. This study may take place in a local hospital, or they may give you equipment to use at home. This study will give you and your doctor a better idea of what is happening with your child's breathing while they are asleep.

Please be aware that the waiting times for these specialists can be very long.

## What treatment is available?

- For children who snore with enlarged tonsils and adenoids, often the recommendation will be to remove them. This treatment is effective for the majority of children.
- For children who snore but don't have enlarged tonsils and adenoids, your GP may prescribe nasal drops or a spray.

- For some children, such as those with Down's Syndrome, removing tonsils and adenoids doesn't always resolve their sleep apnoea. In those cases, a positive airway pressure machine (called CPAP or BiPAP) is used. This involves a mask and a machine pushes air (just air from the room, not oxygen) through the airway to keep it open.

Children who need them and have one of the above treatments usually see a dramatic improvement in their sleep fairly quickly.

## Can I do anything?

- It can be helpful to bring along a video of your child snoring, as well as the [checklist on OSA symptoms from Asthma and Lung UK](#) to help your GP decide where to send the referral. Our understanding of sleep apnoea in children is still developing, so many GPs find this additional information useful.
- While you are waiting for a referral, your child may find their symptoms lessen if they sleep on their front or side rather than sleeping on their back. Alternatively, sleeping slightly propped up can help avoid the airway closing. However, this is only for older children - babies should always be laid to sleep on their back, on a flat surface. Talk to your health visitor about keeping your baby's sleep environment safe.

The sleep support we advise at Sleep Action - good bedtime routine, calm activities before bed, a varied diet, and plenty of exercise etc - are all beneficial generally, but will not be enough if your child is experiencing disturbed sleep because of snoring or sleep apnoea.

While some children who snore or have sleep apnoea may grow out of it, it may take years. It is treatable for the majority of children, so it is always worth seeking a referral to a specialist if you suspect it is happening.