

Questionnaires help dentists screen for sleep-disordered breathing in children

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According to new research that will receive the Graduate Student Research Award on Saturday, June 5, at the 19th Annual Meeting of the American Academy of Dental Sleep Medicine, questionnaires can help dentists screen for sleep-disordered breathing (SDB) in a pediatric population. SDB includes obstructive sleep apnea (OSA), upper-airway resistance syndrome, and snoring.

The researchers evaluated two SDB [questionnaires](#) in children undergoing orthodontic treatment in the undergraduate program at the University of British Columbia.

The study included 189 children, of which 48.2 percent were male. The patients ranged from seven to 15 years of age.

Craniofacial abnormalities, such as small jaw, narrow upper arch, or high palatal, are considered a common cause of SDB in children. Each child underwent a routine orthodontic examination of the upper, lower and total face height, hyoid position, soft palate length, mandibular length, vertical airway length, overjet and overbite to determine craniofacial characteristics.

Each parent or guardian completed two sets of questions for his or her child: the OSA 18 and the Pediatric Sleep Questionnaire (PSQ). Both questionnaires evaluated SDB symptoms.

Questions on the OSA 18 were divided into five domains: sleep

disturbance, physical symptoms, emotional symptoms, daytime functions and caregiver concerns. Scores greater than 60 indicated a greater probability of SDB and/or a reduced quality of life. The PSQ questionnaire included 22 "yes, no, or don't know" type questions. If the number of "yes" responses surpassed eight, it indicated a high risk of SDB.

The OSA 18 suggested that two children were at risk for SDB while the PSQ suggested that 11 [children](#) were at risk. Twenty percent of the subjects reported snoring, which is a common symptom of SDB.

Lead author Hiroko Tsuda, DDS, PhD, explained that dentists have more opportunity than physicians to detect pediatric SDB because they see patients on a regular basis.

"Based on this study, family dentists may find the preliminary risks of SDB by using simple questionnaires," said Tsuda.

Tsuda emphasized that SDB must be properly diagnosed by a [sleep](#) specialist.

Provided by American Academy of Sleep Medicine

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