

Updated recommendations for sleep apnea in children

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The American Academy of Pediatrics is revising its recommendations for the diagnosis and management of obstructive sleep apnea syndrome in children and adolescents, according to a clinical practice guideline published online Aug. 27 in *Pediatrics*.

(HealthDay)—The American Academy of Pediatrics (AAP) is revising its recommendations for the diagnosis and management of obstructive sleep apnea syndrome (OSAS) in children and adolescents, according to a clinical practice guideline published online Aug. 27 in *Pediatrics*.

Carole L. Marcus, M.B.B.Ch., from the AAP's Subcommittee on Obstructive Sleep Apnea Syndrome, and colleagues reviewed 350 relevant articles from 1999 to 2010, most of which were level II to IV, and used these data to revise the clinical practice guidelines.

The subcommittee recommends that all children/adolescents be screened for snoring, and that polysomnography should be performed in

children/adolescents with snoring and symptoms/signs of OSAS. Adenotonsillectomy is the first-line treatment of choice for patients with adenotonsillar hypertrophy, with reevaluation recommended postoperatively to determine whether further treatment is required. If adenotonsillectomy is not performed or if OSAS persists postoperatively, continuous positive airway pressure is recommended as a treatment. For overweight or [obese patients](#), weight loss is recommended in addition to other therapy. For children with mild OSAS in whom [adenotonsillectomy](#) is contraindicated or for mild postoperative OSAS, intranasal corticosteroids should be considered.

"There is a great need for further research into the prevalence of OSAS, sequelae of OSAS, best treatment methods, and the role of obesity," Marcus and colleagues conclude.

Several subcommittee members disclosed [financial ties](#) to the pharmaceutical and respiratory device industries.

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