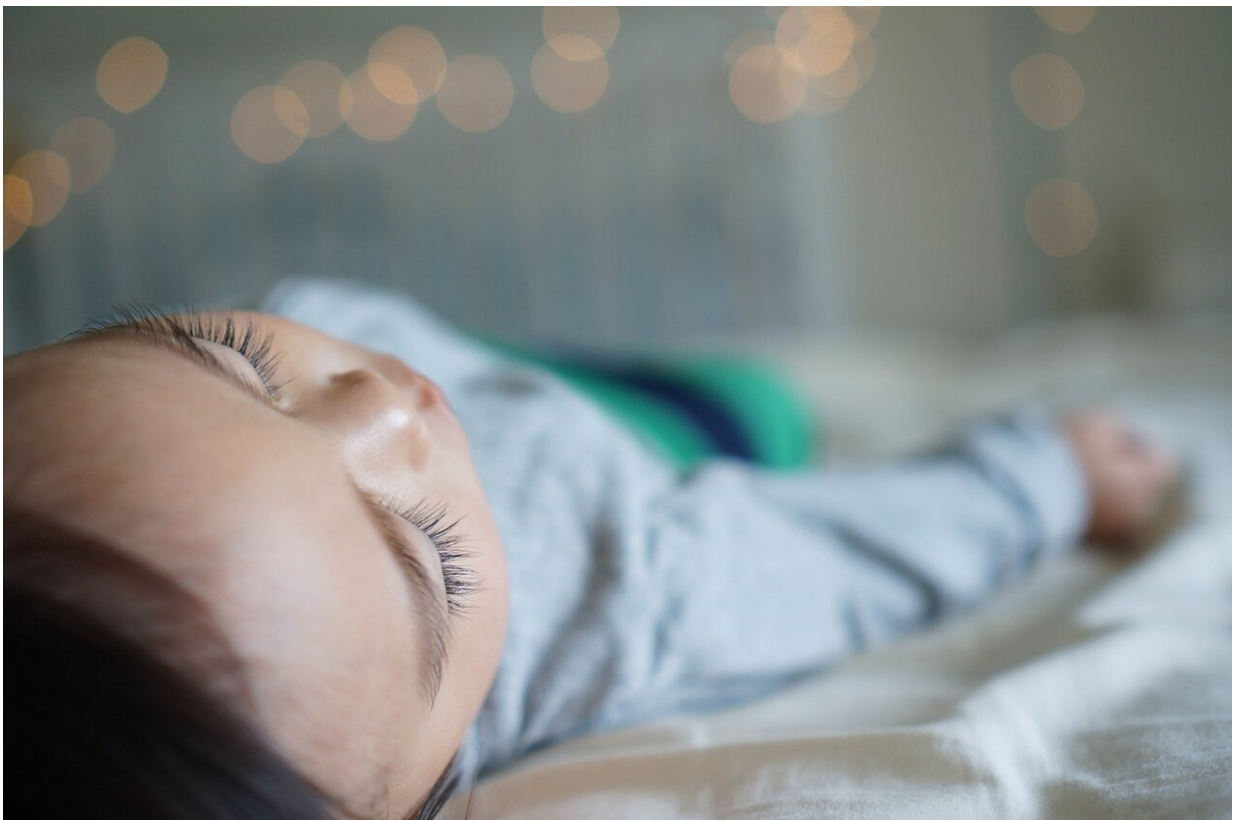


# Sleep studies in children with sleep disordered breathing could influence treatment

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A new study recommends healthy children with symptoms of sleep disordered breathing, such as snoring or temporary cessation of

breathing, should consider undergoing a sleep study (polysomnography) and should discuss the potential benefits of this with their pediatrician or otolaryngologist to possibly manage the child's symptoms medically and before surgery.

Sleep disordered [breathing](#) is common in children and ranges from mild snoring to severe sleep apnea. Doing a sleep study provides more information on the severity of the condition. Often doctors suggest adenotonsillectomy (removal of both the adenoids and tonsils) to improve the condition. There are conflicting guidelines on the potential benefit of sleep studies.

To determine the prevalence and characteristics of children with normal elective sleep studies for obstructive sleep disordered breathing, researchers performed a retrospective study on patients aged two to 18 who underwent diagnostic polysomnography for sleep disordered breathing between 2012 and 2018.

"We found that many children (44.7 percent) who would theoretically proceed to surgery without a preoperative sleep study if the guidelines were strictly followed, had normal sleep studies, potentially calling into question the need for [surgery](#)," explained corresponding author Michael Cohen, MD, assistant professor of otolaryngology-head & [neck surgery](#) at Boston University School of Medicine (BUSM).

They also found Caucasian children, children older than four years old, children without respiratory symptoms other than snoring and [children](#) with smaller tonsils, were more likely to have normal sleep studies.

According to coauthor Jessica Levi, MD, associate professor of otolaryngology and pediatrics at BUSM, this research demonstrates that obtaining sleep studies can affect [management decisions](#) on whether to proceed with an adenotonsillectomy, or medically manage the child's

symptoms. "The potential delays in care and cost associated with obtaining polysomnography should be weighed against parental concerns and the possibility that the outcome could change management. These factors should be discussed with the family of each patient with a goal of shared decision-making," adds Levi, who is also director of pediatric otolaryngology at Boston Medical Center.

These findings appear online in the journal *Annals of Otology, Rhinology & Laryngology*.

Provided by Boston University School of Medicine

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