

PS1.281

How often do you ask... “Does your child snore?” - an approach proposal of children’s obstructive sleep apnea

Joana Tendais-Almeida(1), M Almeida(2), T Barbosa(3), M Rios(3)

(1) USF Serpa Pinto, ACeS Porto Ocidental, Porto, Portugal

(2) Centro Hospitalar Alto Ave, Guimarães, Portugal

(3) Centro Hospitalar do Porto, Pediatric Department, Porto, Portugal

Corresponding author: Dr Joana Tendais-Almeida, ACeS Porto Ocidental, USF Serpa Pinto, Porto, Portugal. E-mail: joanatendaisalmeida@gmail.com

Obstructive Sleep Apnea (OSA) is a breathing disorder during sleep that affects children and adolescents, but it is more frequent among 2-6 years old children. It is characterized by prolonged partial upper airway obstruction and/or intermittent complete obstruction that disrupts normal ventilation and sleep architecture. Without proper treatment, this condition is associated with significant morbidity such as cognitive impairment, behavior problems, growth failure and, less frequently, systemic and pulmonary hypertension.

The aim of this poster is to aware Family Physicians (FP) for this condition regarding its early diagnosis and to propose an easier and faster approach to these children.

According to American Academy of Pediatrics recommendations, the first step to diagnose OSA is by inquiring the child’s parents if he/she snores as part of routine health maintenance visits. If the answer is affirmative, FP should continue the investigation questioning about other typical nocturne and daytime symptoms, such as gasping, apnea episodes, frequent awakenings, headaches, poor attentiveness, irritability or other behavior problems. If OSA is suspected, the child should be referred to a sleep-specialist in order to obtain a polysomnogram. However, since the major cause of OSA in pediatric age is adenotonsillar hypertrophy and the first-line treatment in this case is to preform adenotonsillectomy, we propose that children over 2 years old, with OSA suspecting symptoms and adenotonsillar hypertrophy, without any other comorbidities, may be referred to otolaryngologist to be submitted to adenotonsillectomy, without previous evaluation by a sleep specialist. In conclusion, OSA is a common condition in childhood and may have severe consequences threatening the child’s normal physical, psychological and social development. Therefore, FP have an essential role in suspicion, diagnosis and early orientation of these children in order to relieve their symptoms, improve their quality of life and prevent sequelae.