

### Reflection on the Role of Dentist in the Management of Sleep Disorders in Children



Sleep is a state of reversible unresponsiveness to the environment, in which the brain is relatively more responsive to internal than to external stimuli; and contrary to common beliefs, it is an active physiological central nervous phenomenon with cyclical changes. It still requires much awareness about the effects and adversities in different clinical conditions in both patients and treating physicians. Good sleep, sleeping and breathing well affect the quality of attention and memory from birth through young childhood and up to adulthood, making for better and happier living. Sleep disorder alters the nature of sleep, which in turn alters the breathing pattern, ventilation and gas exchange. Sleep disordered breathing (SDB) in children is common. The impact of SDB on the growth and development of child may have detrimental effects on health, neuropsychological development, quality of life, and economic potential; therefore, SDB in children should be recognized as a public health problem as in the adult population. Obstructive sleep apnoea occurs much more frequently in clinical practice than formerly diagnosed, and that this condition represents complex challenges for difficulty in mask ventilation, laryngoscopic intubation, accelerated arterial desaturation, postoperative monitoring and discharge status. The individual experiences cycles of sleep, obstruction, arousal, restoration of breathing and falling asleep again. This results in poor quality sleep. Patients with OSA commonly report increased daytime sleepiness. Furthermore, individuals with

OSA may have morning headaches. The peak prevalence of childhood OSA is at 2-8 years, which is the age when the tonsils and adenoids are the largest in relation to the underlying airway size; endoscopy has shown that the site of collapse is most often at the level of the adenoid. Now, American academy of sleep medicine (AAOSM) has recommended oral appliances for OSA, hence the therapeutic interventions that are directed at the site of airway obstruction in the maxillofacial region are within the scope of dentistry. There is uncertainty regarding perioperative management of OSA patients however; sleep study should be evaluated in patients with primarily non-respiratory conditions, similar to patients who are prone to cerebrovascular or cardiovascular diseases and identify any underlying respiratory insufficiency increasing risk of the disease. SDB in children should be recognized as a public health problem as it is in the adult population. In early diagnosis, dentists can play an important role by noting the size of the tonsils when looking into child's mouth and informing the child's parents and the primary care physician when enlarged tonsils are observed. So, I would like to conclude by stating that reflection on the role of dentistry is necessary for the diagnosis and treatment planning of these disorders in the current scientific arena.

**Dr. Fátima Rosana Albertini**

MDS in Child and Adolescent Health  
Faculty of Medical Sciences of  
UNICAMP, Campinas, SP, Brazil.  
E mail: albertini.rosana@yahoo.com.br

**This article can be cited as:** Albertini FR. Reflection on the Role of Dentist in the Management of Sleep Disorders in Children. J Adv Med Dent Sci Res 2014;2(3):1.