

WHAT IS SLEEP DISORDERED BREATHING (SDB)?

As a root cause to many common conditions, what are the signs and symptoms?

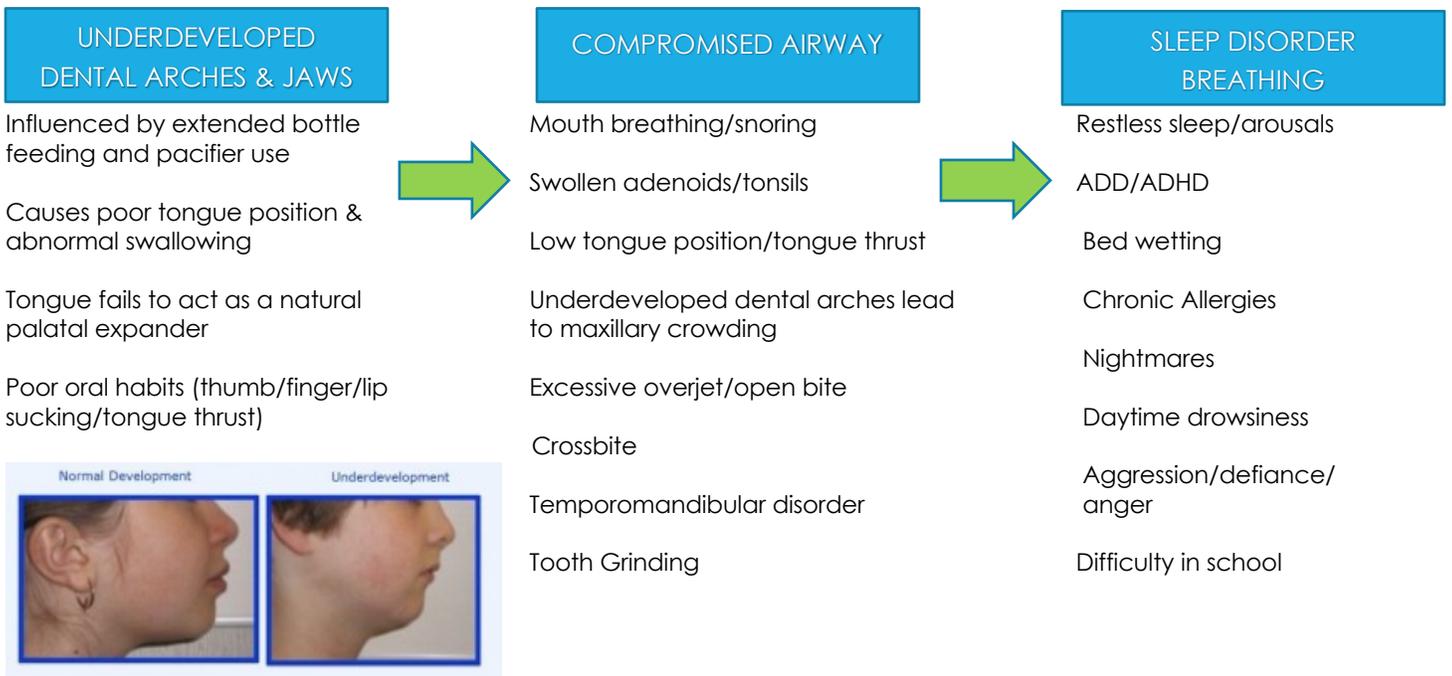
COMMON SIGNS AND SYMPTOMS ASSOCIATED WITH SDB

| | |
|------------------------------|---------------------------|
| ADD/ADHD | Difficulty in school |
| Aggressive behavior | Delayed or stunted growth |
| Depression/Anxiety | Dark circles under eyes |
| Bed wetting | Asthma |
| Mouth breathing/snoring | Chronic allergies |
| Restless sleep | Swollen adenoids/tonsils |
| Nightmares | Tooth grinding |
| Frequently wakes up at night | Digit sucking |
| Daytime Drowsiness | Obstructive sleep apnea |



HOW DOES SLEEP DISORDERED BREATHING CAUSE THESE ISSUES?

- Mouth breathing reduces air flow and oxygen and increases CO2.
- Unlike nasal breathing, mouth breathing fails to warm, filter and humidify air or release nitric oxide (NO), which kills dust mites and helps prevent inflammation.
- Most prominent symptoms are waking up during the night, restless sleep talking, and easily or frequently falling asleep watching tv or on car rides.
- Affects the brain by reducing REM sleep, lessens toxin removal, and reduces daytime electrochemical transmission between brains cells.
- Affects memory, judgement, attention, awareness, and alertness, causing poor school performance, attention deficit, speech issues and depression/anxiety.
- Affects the immune system by increasing allergies, infections, illnesses, middle ear infections, eczema and asthma.





Interesting Facts

Children 6-9 years old with <10 hrs sleep were 1.5-2.5x more likely to be obese.

3 consecutive nights of 4-5 hrs of sleep can cause irreversible brain cell damage.

Antibody levels increase 56% for each additional hour of sleep.

1 night of incomplete sleep can affect endocrine and immune system.

90% of the brain is developed in the first 5 years of life, so don't delay having your child thoroughly evaluated for SDB.

WHAT SHOULD I DO IF I THINK MY CHILD HAS SLEEP DISORDERED BREATHING?

Identify and partner with a multi-disciplinary treatment team with leading expertise in pediatric sleep-disordered breathing

Have comprehensive evaluation

Review planned treatment, alternatives, risks, expectations, and other questions

Begin treatment with the multi-disciplinary team

TO SCHEDULE YOUR CHILD FOR A SLEEP/AIRWAY/TONGUE TIE CONSULT, CONTACT DR. BRYNN LEROUX AT:

INFO@AIPDBR.COM

(225) 924-6622

WHAT COULD I EXPECT IN A COMPREHENSIVE EXAM?

Pediatric sleep screening and complete medical history review

Soft tissue evaluation, including lip and tongue tie

Caries risk assessment

Patient & parent education

Discussion of appropriate oral appliances that could include but are not limited to: oral habit appliances, myo munchee appliance, or orthodontics

Potential referral to appropriate therapist and/or orthodontist

Potential referral to ENT surgeon for further airway evaluation

Collaboration with current medical team

