

## Evaluation of Sleep Disorders

### Tips

- Obstructive sleep apnea syndrome (**OSAS**) occurs equally among boys and girls.
- The presence of large tonsils/adenoids does not necessarily indicate OSAS.
- Loudness of snoring does not necessarily correlate with the degree of OSAS.
- Children with OSAS experience obstruction primarily during REM sleep, which occurs predominantly in the early morning hours when parents are not observing them
- Nocturnal polysomnography (sleep study) is the gold standard for distinguishing between primary snoring and OSAS.

### Recommendations for Diagnosis and Management

1. Pediatrician should ask if the patient snores. An affirmative answer should be followed with a more detailed evaluation.
2. Complex, high risk patients should be referred to a specialist.
3. Patients with cardiorespiratory failure cannot await elective evaluation.
4. History and physical examination have been shown to be poor at discriminating between primary snoring and OSAS. Polysomnography is the diagnostic test of choice.
5. Adenotonsillectomy is the first line treatment for most children. Continuous positive air pressure (i.e., CPAP) is an option for those who are not candidates for surgery or do not respond to surgery.

**These recommendations are meant for uncomplicated OSAS in the obese child 1 year or older.**