

SLEEP RELATED UPPER AIRWAY OBSTRUCTION (SrUAO) Key Points

(based on conference paper by Dr Martin Samuels at RSM conference April 2001)

- **Occurs in up to 60% of those with Down's syndrome**
- **Other disorders of breathing also found. 65-80% of children with DS have nocturnal hypoventilation and/or decreased oxygen saturation**
- **Most frequent clinical signs – snoring and chest wall recession. May also have abnormal sleep postures and frequent nocturnal arousals.**
- **Restless sleep features in many children both with and without Down's syndrome and with and without SrUAO**
- **May be adverse effects on daytime functioning, growth and development.**
- **Clinic protocols should include specific enquiry re symptoms of SrUAO on an annual basis.**
- **Assessment by observation of sleep (eg using video) and sleep studies as in other children/adults.**
- **Sleep study facilities/procedures fragmented and variable throughout UK. May need referral to specialist centre**
- **May exacerbate pulmonary hypertension in those with congenital heart disease.**
- **May lead to life threatening acute obstructive events particularly if given sedation for any reason.**
- **Treatment depends on the individual's clinical problem, but Ts and As may often help. Hospital admission recommended because of increased risk of post surgery airway problems**
- **Young children may improve with age**