



Leading Edge Dental June Newsletter

Hi. Welcome to our first monthly newsletter. Let me start by saying they won't actually be "monthly". I'm not really sure why I'm calling them "monthly" to be honest. Probably because Leading Edge Dental Sporadic Newsletter doesn't exude the sort of gravitas one requires these days to raise one's message above the sea of spam that washes through the tortuous bowels of cyberspace.

Anyway, all (attempted) jokes aside, I really want you to read this month's newsletter. Ignore all subsequent newsletters if you like, but this one contains information that could easily change the life of a child you know for the better. It is the most important thing I ever tell anyone.

[Helping a Child Reach their Intellectual Potential](#)

Let me give you some scary statistics. 10% of children snore. Of those 10%, 33-50% will have sleep apnoea. Snoring in children is not like snoring in adults. A wheeze or whistle or heavy breathing in a child is snoring. If you can hear them breathing that means they have an obstruction. That means they could have sleep apnoea. A child with untreated sleep apnoea will be 10 IQ points below their potential. A child who snores until the age of 6 is 4 times more likely to be in the bottom 25% of the class at age 14. A child with sleep apnoea is 9 times

more likely to be in the bottom 10% of the class at age 6.

The earlier snoring in children is corrected the better. My little girl Sophie used to snore and was a very restless sleeper. I gave her a checkup when she was 2 and was horrified to see how large her tonsils were. I got her along to an ENT specialist (Dr Greg Lvoff) and a sleep physician (Dr Jim Papadopoulos) which is when I started really understanding how important, and under-diagnosed, snoring in children is. If I'd ignored Sophie's snoring she'd be 10 IQ points down on where she should be, not to mention all the other problems down the track. She got her tonsils and adenoids removed and now sleeps like a log.

48% of patients diagnosed by a sleep study with sleep apnoea have been started on stimulant management for ADHD. How bad is that?

So, what should you do?

1. If you have children or grandchildren listen to them sleeping. They should be breathing through their nose NOT their mouth, and they shouldn't be making any noise. If they breathe through their mouth or make any noise it needs to be checked.
2. If you have friends with children being treated for ADHD find out if they snore or mouth breath. You could be saving some poor kid from a lot of problems.

Sleep apnoea is often associated with mouth breathing which results in distorted growth of the teeth and jaws. Often we (dentists) are the first people to see subtle changes that can be indicative of a problem.

If you are concerned for your child (or anyone else's child) we're happy to assess them and refer them to the appropriate specialist if necessary.

Don't expect the child's GP to pick up on this problem. Most GPs only get to see kids when they're sick. It's very hard for them to assess ~~what's "normal" for a child when they're sick. We~~ dentists however generally get to see them when they're well, so we have a better chance of figuring out what's really going on.

The earlier these problems are recognised and treated the better. I'm glad I picked up Sophie's problem early. I've identified similar problems in lots of children since, hence the desire to put out this newsletter. I promise I'll try to be funnier in the future and pick less serious topics. This one however is near and dear to my heart.

Best Wishes

Dr Brett Taylor and the Leading Edge Dental Team