Accent on health

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Mouth breathing can signal problems

By Dr. Thomas J. Honl

Many parents and healthcare professionals are unaware that persistent "mouth breathing" in children may indicate a serious health condition. Mouth breathing, by day or while sleeping, is likely a sign of an upper airway obstruction resulting in Sleep Disordered Breathing (SDB).

Children whose mouths remain open to breathe commonly develop abnormal facial growth; long, narrow faces, gummy smiles, narrow dental arches, dental malocclusions and less attractive overall facial appearance. Proper facial development and proportionate anatomy means more than just a pretty face favored in our society. It can impact a person's self-esteem and success, but more importantly, their overall health and well-being.

Mouth breathing prevents a child from inhaling beneficial nitric oxide produced and obtained in the nasal sinuses. Research in the 1990's proved that nitric oxide was found to increase lung function, decrease bacterial and viral growth, increase oxygen exchange, decrease inflammation and was important in the function of most vital organs, including the heart.

Likewise, teeth grinding (bruxism) in children should be considered more than a risk of damage to primary teeth. A bruxing child may be compensating for a collapsing airway by bruxing to tighten the oral and throat muscles in order to breathe.

Bed-wetting is also common in older children with untreated SDB. Struggling to breathe triggers the nervous system, responding to the body's demand for oxygen, often resulting in a bed-wetting incident. With the airway issue corrected, the bed-wetting will likely cease.

Children who struggle with SDB and "mouth breathe" can suffer from sleep apnea much like adults. However, a sleepy child does not respond like an adult, but rather copes by reacting with constant activity to compensate for fatigue. They often have trouble paying attention in school and exhibit behavioral problems. These children are often labeled and treated for ADHD (attention deficit hyperactivity disorder) when in fact, they are responding to a breathing disorder. A more appropriate first line of treatment to medication, may be to correct the airway issue, and watch for measurable improvement.

Treatment of an upper airway obstruction and "mouth breathing" starts with a screening by an experienced sleep dentist or sleep physician. The screening includes a thorough examination and observation of the child, along with a careful medical history.

Most of the time, surgical removal of the large tonsils and adenoids by an ENT (Ear, Nose & Throat physician) will correct the problem. Left intact, tonsils and adenoids generally decrease in size as children move through the teen years. However, early intervention and surgery in children who suffer from SDB can prevent years of unnecessary and irreversible damage to their physical and mental growth. Interestingly, in one out of five cases, surgery fails to achieve desired results, and orthodontic expansion of the palate (palatal expansion) can further enhance the upper airway, achieving success.

It is my hope that parents and health professionals alike will assist me in raising the awareness of SDB in children, and understand the importance of early diagnosis and treatment.

Bi-line: Dr. Thomas Honl has practiced dentistry in Stevens Point since 1975. Today, his practice in Stevens Point, Wisconsin focuses exclusively on helping people with Obstructive Sleep Apnea, TMJ problems, and Head & Neck Pain. He is a Master in the American Academy of General Dentistry, has achieved a Fellowship in the American Academy of Craniofacial Pain, and is Diplomate eligible in the American Board of Dental Sleep Medicine. He is a member of the National Sleep Foundation, the American Academy of Orofacial Pain, and the Wisconsin Sleep Society. For additional information regarding sleep apnea, TMD and Head & Neck Pain, contact Dr. Honl at (715) 341-5001 thonl@adcofsp.com www.adcofs.com