

ELITE SMILES CHASTAIN Specialist in Orthodontics

Dr. Michael Sebastian, an ABO Board certified Orthodontist, has successfully treated over 15,000 patients.

As part of the overall assessment of each patient, an airway examination in included to assure proper airway and facial development.

For more on Dr. Sebastian, visit our website www.EliteSmilesChastain.com

Airway and Your Child





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AIRWAY AND YOUR CHILD

A ir, water, and food are the basic necessities of life. Without them, we will not survive and if we don't have sufficient quantities, we can't thrive. Upper airway constriction which includes the nasal, sinus and upper throat areas, is a primary cause of lack of adequate air (oxygen) to the body. If the airway is narrow or becomes blocked, then less oxygen can get through.

Sleep disorder breathing (SDB) is one of the first anomalies to develop as a result of upper airway constriction. Due to insufficient oxygen getting to the brain, the normal sleep cycle is disrupted, which results in poor sleep patterns and an inability of the brain and body to repair and develop to their maximum potential.



What has this got to do with your child?

More research confirming the connection between poor upper airway development and SDB is being published every day. Up to 30% of children can have some form of SDB. The consequences of which can be: weight gain, anxiety, depression, ADHD, inattention, insomnia, lethargy, and growth deficiency. Long term developments can include obstructive sleep apnea, gastric and heart issues including hypertension. The trouble is 80% of children with airway SDB go undiagnosed. This creates an erosion overtime of the mental and physical health of the child. An adult does not just wake up one day with sleep apnea; they develop it over a long time of injury to their narrow airway starting as a child.

How can an orthodontic practice help my child?

At Elite Smiles Chastain, as part of our overall service, we include upper airway diagnosis, treatment, and referral. Aided by our CBCT technology with airway mapping software, we can diagnose airway constriction.



When should I have my child evaluated?

5-7 years old is the perfect time. If there are any problems, you are catching them early enough to avoid irreversible changes to growth and development. Studies have shown if an airway constriction is allowed to continue for 9 months or longer, permanent irreversible changes can occur.

How do I check my child for Sleep Disorder Breathing (SDB)?

If during sleep, your child snores, breathes heavily, has long pauses in breathing, breathes through the mouth, is a restless sleeper, wets the bed, and/or grinds teeth. All of these are possible signs of SDB.

My child snores. Is that ok?

No, it is not normal to snore. Snoring is one of the primary symptoms of Sleep Disorder Breathing (SDB). Every child who has SDB does not snore, but a significant percentage of them do. If your child is hard to wake up in the morning, wakes up tired with headaches or a sore throat, breathes through the mouth, falls asleep during day, is inattentive in school, has difficulty organizing tasks, doesn't listen well, is overweight, and/or has stopped growing at a normal rate, then SDB should be considered.

Won't my child grow out of it?

No. As mentioned earlier, adults on CPAP machines with obstructive sleep apnea, didn't just wake up one day with it. They develop SDB as children.

The orthodontic connection

Airway disorders can alter the growth of a child's face. Their upper and lower jaws are more narrow than normal which often causes crowding. Their faces are often narrow and longer with recessed lower jaws. They often are mouth breathers (can't breathe through nose) and tongue thrusters. These are some of the oral and facial characteristics we look for in our orthodontic exam. Many of these characteristics, if corrected orthodontically, can either resolve an airway disorder or significantly reduce it. With our patented skeletal expander, specifically designed to not only correct crooked teeth but to help with enhancement of airway development, you can be assured your child is in the right place.

The best question to ask yourself is "if I don't do anything will it make a difference?"

Airway disorders have a range of expression from mild constriction to obstructive sleep apnea. Research, especially by Stanford University, has shown the milder forms like the severe, can have long term negative physical and mental health consequences. So if your goal is the optimum physical and mental development then airway optimization is critical to this success. You don't want to be asking yourself later "If I had done something earlier, would my child be different now?"

> Visit us at Elite Smiles, together we can "Build a Better Smile"