

# Sleep Apnea in Children

## What Every Parent in Dubai Should Know

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*You put your child to bed at 8pm. They sleep a full ten hours. And yet by 9am the next morning, they're irritable, unfocused, and exhausted — as if they barely slept at all.*

Or maybe you've noticed your child snoring. Not every night, but often enough that it's started to worry you. You've mentioned it to your GP, who smiled reassuringly and said most kids snore a little. But something still feels off.

You might be right to pay attention. Sleep apnea in children is more common than most parents realise — and far more commonly missed. In my clinic at American Hospital Dubai, I see children who have been struggling for years with what parents assumed were behavioural problems, learning difficulties, or just 'not being a morning person.' In many cases, the real culprit is that their sleep has been fragmented and disrupted, night after night, by a condition nobody had thought to look for.

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## What Is Sleep Apnea in Children?

Sleep apnea means that during sleep, breathing repeatedly stops — sometimes for just a few seconds, sometimes longer. Each time this happens, the brain partially wakes to restart breathing. Your child may not wake up fully, and they may have no memory of it in the morning. But those hundreds of micro-arousals across the night mean their sleep is never deep, never truly restorative.

In adults, sleep apnea is strongly linked to weight. In children, it's a different story entirely. **The most common cause is enlarged tonsils and adenoids** — the soft tissue at the back of the throat and behind the nose. When these are enlarged, they can partially block the airway during sleep, especially when the muscles relax. It's remarkably common in children aged 2 to 8. Other causes include allergies causing nasal congestion, jaw structure, and in some children, low muscle tone.

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## Signs You Might Be Missing

This is the part I most want parents to read carefully, because sleep apnea in children rarely looks the way you'd expect.

### The obvious signs:

- Loud snoring, especially if it's frequent
- Breathing that pauses during sleep — you notice your child holds their breath, then gasps
- Very restless sleep, lots of tossing and turning
- Sleeping with the neck stretched back or the mouth wide open
- Sweating heavily during sleep

**The signs most parents don't connect to sleep:**

- Waking up with headaches (a sign of low oxygen overnight)
- Bedwetting in a child who was previously dry — a classic and consistently overlooked sign
- Mouth breathing during the day, not just at night
- A permanently 'bunged up' nose
- Daytime tiredness despite seemingly adequate sleep
- Difficulty concentrating at school — often mistaken for ADHD
- Behavioural problems: hyperactivity, emotional outbursts, moodiness
- Slow growth in younger children

I've had parents come to me after their child had been referred to a psychologist, a developmental paediatrician, or put on a waiting list for ADHD assessment — when what the child actually had was obstructed sleep, and treating that resolved most of the concerns.

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## A Word About Dubai Specifically

Dubai's environment adds a layer of complexity that I think about a lot in my practice here. The combination of air conditioning (which dries out nasal passages), dust and sand in the air (especially during shamal winds), and high levels of indoor allergens like dust mites creates the perfect storm for nasal congestion in children. Congested nasal passages mean mouth breathing. Mouth breathing worsens airway obstruction during sleep. It's a cycle — and it means children here are somewhat more vulnerable to sleep-disordered breathing than children growing up in temperate climates.

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## Practical Things You Can Do at Home

### 1. Control the bedroom environment

Keep the room at a comfortable temperature — not excessively cold. A cool-mist humidifier can help if the air is very dry. Change bedding frequently to reduce dust mite exposure.

### 2. Address nasal congestion

A saline nasal rinse before bedtime can make a real difference. It's safe, simple, and underused. If your child has known allergies, speak to your GP about a nasal steroid spray.

### 3. Sleep position

Children with airway obstruction often do better sleeping on their side rather than their back. Encourage side sleeping with a rolled towel behind them or a body pillow.

### 4. Avoid smoke exposure

Even secondhand smoke significantly worsens airway inflammation and congestion. This includes shisha smoke.

### 5. Watch and record

If you're concerned, record a short video of your child sleeping on your phone. Bring it to the appointment — children rarely oblige by snoring in a clinic setting.

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## When to See a Specialist

See a paediatric pulmonologist or sleep physician if:

- Your child snores loudly most nights
- You've witnessed pauses in breathing during sleep
- Your child is a habitual mouth breather
- They're excessively tired despite enough sleep
- There are unexplained behavioural or concentration problems
- They've started wetting the bed again after being dry

Don't wait to see if they 'grow out of it.' Some children do — but many don't, and in the meantime, disrupted sleep during childhood affects brain development, growth, and wellbeing in ways that compound over time.

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## What Happens When You Come to My Clinic?

I'll ask about your child's sleep patterns, daytime symptoms, and any relevant history. I'll examine their nose, throat, and neck, and look at their breathing. In many cases I'll arrange a **sleep study (polysomnography)** — an overnight test that monitors breathing, oxygen levels, brain activity, and movement. It's not scary, and most children manage it well once they understand what it involves.

Based on the results, we discuss options:

- Adenotonsillectomy (removal of tonsils and adenoids) — often highly effective
- Nasal treatments for allergy-driven obstruction
- CPAP therapy in some cases — a gentle pressure device worn during sleep
- Watchful waiting with a clear review plan, for mild cases

**There is almost always something we can do. Your child does not have to spend their childhood exhausted.**

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