

Factors affecting quality of life of pediatric outpatients with symptoms suggestive of sleep-disordered breathing.

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OBJECTIVE: To determine the relationship between causative factors of sleep-disordered breathing (SDB) and quality of life (QOL) of children who presented with SDB.

METHODS: Prospective cross-sectional study was done. Pediatric outpatients with SDB were recruited. Patients with craniofacial, neurologic or syndromic anomalies and previous adenotonsillectomy were excluded. Data collected were clinical history, physical examination and lateral skull X-ray, along with QOL survey by using obstructive sleep apnea-18 (OSA-18) questionnaires. We assessed the association between clinical signs, the size of the tonsils and the adenoids, overweight/obesity and the OSA-18 scores to see the impact of these factors on QOL. **RESULTS:** Fifty-one children were enrolled. Mean age was 6.4+/-2.6 years. The most common clinical findings was mouth breathing (41.2%). Tonsillar hypertrophy (> or =3+) was found in 62.7 and 52.9% had adenoid-nasopharyngeal ratio greater than 70%. Overweight/obesity were found in 35.3% of the patients. OSA-18 scores ranged from 22 to 85. Tonsillar hypertrophy was significantly related to QOL ($p<0.05$). Adenoid hypertrophy had trends towards impact on QOL ($p=0.094$). Mouth breathing correlated well with QOL ($p<0.01$). Overweight/obesity and QOL had no statistically significant correlation. **CONCLUSION:** Tonsillar hypertrophy and mouth breathing were the clinical findings that affected most to the QOL of the children with SDB. Adenoid hypertrophy had trends towards the impact on QOL, although not statistically significant.

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