

Obstructive sleep apnea for youngsters causes digestive problems.

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Abstract

A cascade of symptoms from sleep apnea might result in digestive problems including acid reflux. Unfortunately, it can also result in more severe issues like colon cancer, irritable bowel syndrome, and inflammatory bowel disease. It is also thought that sleep apnea and celiac disease are connected. Similar to the general population, polysomnography remains the gold standard for diagnosis. Because individuals with DS may be more susceptible to cardiovascular and neurocognitive sequelae, early diagnosis and treatment of OSA is becoming increasingly important.

Keywords: Central sleep apnea, Drug-induced sleep endoscopy, Adenotonsillectomy, Down syndrome, Polysomnography, Comorbidities, Hypotonia, Obesity.

About 60 percent of people with sleep apnea have chronic acid reflux, also known as gastroesophageal reflux disease (GERD). Acid reflux occurs when the lower esophageal sphincter remains open and gastric acid backflows into the esophagus. As an example, the patient may admit to consistently falling asleep while reading, watching television, or even while operating a motor vehicle. In addition, embarrassing or inappropriate episodes of sleep may be reported (eg, at religious services, listening to lectures, or driving). Reviewing patient behavior away from the workplace is essential because daytime sleepiness can be masked by activity. Patients should also always be asked about behaviors that may mask sleepiness, such as caffeine consumption. Patients often experience non restorative sleep (ie, do not wake up feeling refreshed) and nocturnal restlessness in association with their complaint of daytime sleepiness [1].

Two main types of sleep apnea include obstructive sleep apnea (most common) and central sleep apnea. OSA is where your upper airway gets partially or completely blocked while you sleep. Central sleep apnea (CSA), cessation of respiratory drive results in a lack of respiratory movements. Morning headaches are reported by 10 to 30 percent of patients with untreated OSA. They are usually bi frontal and squeezing in quality, with no associated nausea, photophobia, or phonophobia [2]. They typically occur daily or most days of the week and may last for several hours after awakening in the morning. The cause of the headaches is not well-established and may be multifactorial; proposed mechanisms include hypercapnia, vasodilation, increased intracranial pressure, and impaired sleep quality. Early morning headaches may indicate severe disease, although a consistent association with disease severity has not been found [3].

A variety of conditions similarly present with excessive daytime sleepiness. In general, they can be distinguished from

OSA *via* clinical history and polysomnography (PSG) [4]. However, in many circumstances, home sleep apnea testing is not useful in evaluating for more complex sleep disorders that present with daytime sleepiness. The differential diagnosis and approach to daytime sleepiness is discussed in detail separately [5]. Many people who have sleep apnea at night breathe through their mouths. The body swallows more air when breathing through the mouth, which might make one feel bloated. For people with sleep apnea, Continuous Positive Airway Pressure (CPAP) machines can also make you feel gassier and make your stomach fill up with air.

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