

MOUTH BREATHING CAN AFFECT SLEEP, TONSILS

If left untreated, mouth breathing can also cause facial and dental abnormalities in children
DAKSHANA BASCARAMURTY

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Erik Wojciechowski dreaded bedtime. The five-year-old tossed and turned, snored, and was often up before the sun. He wore the marks of a rough night's sleep on his face, his mother, Lisa Leonardi, says.

"He would get up with circles under his eyes. He looked like a raccoon."

She wrote off her son's restless nights as "little boy behaviour." She also assumed he'd grow out of his cranky disposition, frequent temper tantrums and poor performance at school.

She was skeptical when her son's dentist suggested all these problems were caused by one of Erik's habits she'd dismissed as a minor nuisance.

When her son was parked in front of the TV, or listening to a bedtime story, his mouth was agape. She could hear every little inhalation and exhalation. Erik was a mouth breather.

His Westampton Township, N.J., dentist, Yosh Jefferson, recently published an article in the medical journal *General Dentistry* about the range of health problems that stem from mouth breathing, including abnormal face development and disordered sleeping.

"People never saw mouth breathing as a major medical problem. ... If you don't see something as a problem, you don't diagnose it," Dr. Jefferson says. "It has to be a multidisciplinary treatment."

If left untreated, mouth breathing can cause facial and dental abnormalities, he says, citing studies that compared facial development of nasal-breathing children to mouth breathers. When an individual consistently breathes through his mouth, the muscle groups on the face and jaw are pulled in an abnormal way, which over time can cause bone deformities. Mouth breathing also irritates gum tissue, which can lead to inflammation (gummy smile) and gingivitis.

A more critical side effect of mouth breathing is disordered sleeping, says Dr. Jefferson. Growth hormones are released during deep sleep, so children with sleep disorders often have stunted development.

Even more disconcerting is that mouth breathers are often misdiagnosed with attention deficit disorder and hyperactivity and prescribed unnecessary drugs, he says.

After Dr. Jefferson diagnosed Erik as a mouth breather, he referred him to an ear, nose and throat specialist. Breathing through his mouth had irritated the tissue lining his mouth, which caused his tonsils and adenoids to swell. They were removed, which did half the trick. Dr. Jefferson also made a dental appliance to expand Erik's small, narrow palate.

"Maybe around three or four months afterwards, he would complain that his mouth would hurt," Ms. Leonardi says. "So I'd be like, 'Okay, so something is going on.'"

Erik's teeth and jaw were taking on a new shape, one that opened up his sinuses and allowed him to finally breathe through his nose, Dr. Jefferson explains.

Erik, now nine, sleeps at least 10 hours each night, snore-free. His behaviour and academic performance have improved greatly, his mother says. "When I put him in activities, he does well. He's a pleasure to be around," she says. "Before that, it was like, 'He's a nasty little stinkpot!'"

Dr. Jefferson says dentist should reach beyond their roles as "tooth doctors" and routinely check for mouth breathing, since patients see them more often than other health care providers.

Markham, Ont., dentist Susie Ang says she examines tonsils as part of dental check-ups and has diagnosed mouth breathing in many of her patients – both children and adults.

"They come in every six months and don't have a cold, but their tonsils are like meatballs," Dr. Ang says. "If they breathe through their mouth, the tonsils are the gatekeepers (of their immune system). If it's swollen, it's an indication that they're working hard."

Like Dr. Jefferson, she refers patients with inflamed tonsils to ear, nose and throat specialists.

One of Dr. Ang's patients, a middle-aged woman, had been a mouth breather for most of her life – something she chalked up to allergies. Dr. Ang noticed she had a narrow palate, which had restricted her upper airway, so she crafted a dental appliance for her.

Though treatment is far more effective with children than adults, this patient returned to Dr. Ang after a month, raving that she was now able to breathe through her nose. The widening of her jaw also alleviated a long-term ear problem.

"Health care is very fragmented," she says. "You take kids to see the doctor when they have a cold. You hear that they have a recurring ear infection or recurring tonsillitis, they take antibiotics and it doesn't work. ...You have to look at the body as a whole and not just parts."