

Parkinson's Disease conference scheduled in Lansing

The Michigan Parkinson Foundation will host a statewide conference for people with Parkinson's Disease and their families Saturday, Sept. 14, at the Lansing Center in Lansing. It is the first time an exten-

sive program of this kind will be presented in Michigan. Presentations will cover a variety of topics, including updates on both medical and surgical treatments, staying healthy, exercise and coping with stress, communication

and prevention of falls, and coping emotionally as a person with Parkinson's and as a care partner.

Presenters include some of the state's leading movement disorder specialists, rehabilita-

tion therapists, mental health professionals and people who have Parkinson's Disease in their families.

Pre-registration is required and limited to the first 250-300 people. The fee is \$20 per per-

son, with scholarships available. Hotel reservations can be made at the Holiday Inn South, (517) 694-8123, or the East Lansing Marriott, (517) 337-4440.

For more information on the conference, call the Michigan Parkinson Foundation at (248) 433-1011 or (800) 852-9781; fax: (248) 433-1150; e-mail: mpfeducat@aol.com; or visit www.parkinsonsmi.org.

Undiagnosed sleep problem may cause kids' hyper behavior

Like adults, most children have times when they find it difficult to sleep.

But for some children, sleep problems occur on a nightly basis and they may not even know it. Pediatric sleep apnea is a condition that causes on-and-off breathing interruptions during nighttime sleep. The condition often goes undiagnosed and untreated in children, leaving parents to cope with inattentive and overly energetic behavior during the day.

"There is emerging evidence that there are a number of kids with symptoms similar to those of attention deficit disorder who may have significant nighttime problems," says Timothy Hoban, M.D., a pediatric sleep specialist in the Division of Pediatric Neurology at the University of Michigan Health System. Hoban says sleep apnea affects one to three percent of all children.

Because of the condition, a child may stop breathing during sleep for a short period of time, usually from about ten seconds to a minute or longer. The interruptions can occur many times during the night. With each interruption, the brain briefly awakens the child so that he or she can resume normal breathing, resulting in a fragmented and less than optimal night's sleep.

While not getting a good night's sleep means grogginess the next day for most adults, Hoban says that's not the case with many kids. "It's surprising to learn that sleepiness is not one of the common symptoms in children. In fact, many kids may actually be inattentive, energetic

or even hyperkinetic," he says. The result is difficulty paying attention and/or learning, similar to the problems experienced by children with attention deficit disorder.

Research shows that males and overweight individuals are more risk for developing sleep apnea than other parts of the population. But in children, Hoban says enlarged tonsils and adenoids are most often to blame. The enlarged tissues tend to collapse and close off the back of the throat during sleep, forcing children to breathe through a partially obstructed airway.

While the child can still move some air, the situation creates a significant disturbance in the overall quality of nighttime sleep.

Heavy snoring may be an indicator of sleep apnea in children, says Hoban. In fact, a recent study at the University of Michigan found that one-third of the children with attention deficit issues who were studied snored at night. Snoring was three times more likely among these children than it was among other children in the study.

While snoring may be indicative of a sleep condition, Hoban notes that the relationship between snoring and sleep apnea is complex.

"About 10 to 12 percent of children snore on a fairly habitual basis," he says. "But only about one to three percent of children have sleep apnea, which means not every child that snores has the condition."

That's why researchers at the U-M are looking for other symptoms beyond snoring, including restless nighttime sleep, mouth

breathing during sleep and excessive sweating during nighttime sleep. Other warning signs of sleep-related breathing problems include labored breathing during sleep, gasping for air, sleeping in unusual positions and changes in color.

So what can you do to help your child breathe easier at night? Hoban says the most consistent treatment for pediatric sleep apnea is surgery on the tonsils and adenoids.

"For the majority of children, this seems to cure the condition," he says.

While surgery is the most common cure, it's not the only one. Hoban says a large number of children get treatment for their condition using a bedside air pump machine called a CPAP. Using this machine involves placing a mask over the child's nose and mouth during sleep. The mask provides continuous positive air pressure to keep the airway from collapsing.

"If used on a nightly basis, the machine can be very effective," says Hoban.

Finally, Hoban says that younger children may be at greater risk than older children. However, younger children may also have a better chance of outgrowing the condition. "Children between the ages of 2 and 6 tend to have the largest tonsils and adenoids compared to the size of their airway," he says. "This is often less of a problem as kids grow older."

If you are concerned that your child is exhibiting signs of sleep apnea, consult with your child's pediatrician, your family physician or other healthcare provider.

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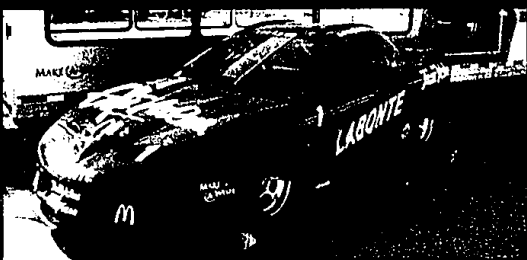
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