

## Focus on prevention and treatment of obstructive sleep disordered breathing in childhood

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### Rezumat

**Successful management of OSAS in obese children requires a combination of treatment modalities** <http://ow.ly/PkPf3>

In this issue of the *European Respiratory Journal*, treatment outcomes of obstructive sleep apnoea syndrome (OSAS) in obese community-dwelling children are reported by ALONSO-ÁLVAREZ *et al.* [1]. The results of the NANOS multicentre trial indicate that obese children have a high rate of persistent disease despite treatment with adenotonsillectomy, nutritional interventions or even nasal continuous positive airway pressure (CPAP). OSAS is the most severe form of obstructive sleep disordered breathing (SDB), which is a syndrome of upper airway dysfunction during sleep characterised by snoring and increased respiratory effort [2, 3]. A combination of one or more anomalies, such as adenotonsillar tissue hypertrophy, obesity, subtle or syndromic craniofacial abnormalities, or neuromuscular disease, contributes to increased upper airway resistance and pharyngeal collapsibility, predisposing to intermittent upper airway obstruction during REM and NREM2 sleep [2].