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from primary snoring to obstructive sleep apnea syndrome (OSAS). Preliminary evidence suggests that children	management of childh([Pediatrics. 2002	
but do not have severe upper airway obstruction. Participants included 16 children referred to the Ear. Nose and	Neuropsychological and psychosocial	
Throat/Respiratory departments of a Children's Hospital for evaluation of snoring and 16 non-snoring controls	function in children with [J Pediatr. 2005]	
aged 5-10 years. Overnight polysomnography (PSG) was carried out in 13 children who snored and 13 controls. The PSG confirmed the presence of primary snoring in seven and very mild OSAS (as evidenced by chest wall	Review Inflammation and sleep disordered brea [Pediatr Pulmonol. 2008]	
paradox) in eight children referred for snoring while controls showed a normal sleep pattern. To test for group	See reviews	
measures of intelligence, memory, attention, social competency, and problematic behavior were collected. Compared to controls, children who snored showed significantly impaired attention and, although within the	See all	
normal range, lower memory and intelligence scores. No significant group differences were observed for social competency and problematic behavior. These findings suggest that neurocognitive performance is reduced in abildren who appears but are otherwise healthy and who do not have severe OSAS. They further imply that the	Cited by 49 PubMed Central	
impact of mild sleep disordered breathing on daytime functioning may be more significant than previously realized with subsequent implications for successful academic and developmental progress.	Correlates to Problem Behaviors in Pediatric Narco [J Clin Sleep Med. 2017]	
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