



Dr. Bill Moorcroft



Sleep Problems Update

Number 11

Overview: Sleep Problems in Children and Teenagers

Instead of presenting a case, for this edition of the Sleep Problems Update I would like to talk more generally about sleep problems in children and teenagers. Insufficient or disturbed sleep resulting in daytime sleepiness “is a major contributor to mood, behavior, academic, and health problems in childhood.” This makes it “an important issue for the health care provider to recognize and address.” (Mindell & Owens, *A Clinical Guide to Pediatric Sleep*, Lippincott, Williams, & Wilkins, 2003, p. 1)

There are four categories of sleep problems in children and teenagers: insufficient sleep quantity, poor sleep quality, inappropriate timing of the sleep period, and undesirable events that accompany sleep.

Insufficient sleep quantity

Bedtime Resistance / Prolonged Sleep Onset Parents often need professional guidance on how to effectively deal with their child who regularly resists going to bed or has difficulty falling asleep quickly.

Nightwakings Parents can benefit from professional consultation on how to effectively deal with their child who frequently has trouble getting back to sleep after waking during the night.

Nighttime Fears Parents often need professional advice on how to effectively deal with their child who expresses bedtime or middle of the night fears.

Insomnia Parents often require professional guidance on how to effectively deal with insomnia in their child.

Inadequate Sleep Hygiene Parents will need professional guidance on how to effectively deal with practices that increase arousal or are inconsistent with sleep organization. These include caffeine intake, excessive TV or video games close to bedtime, rough play at bedtime, napping late in the day, excessive time in bed, and others.

Restless Legs When the child complains of unpleasant, tingling, or creepy-crawly feelings in the legs with an irresistible urge to move that is worse around bedtime, professional treatment is merited.

Poor sleep quality

Snoring / Sleep Apnea Requires professional evaluation at a sleep disorders clinic and treatment (usually adenotonsillectomy).

Narcolepsy When a child has sleep attacks and/or bouts of muscle weakness, most typically beginning in the mid-teens to early twenties, evaluation and treatment at a sleep disorders clinic is indicated.

Inappropriate timing of the sleep period

Delayed Sleep Phase With delayed sleep phase disorder the child, most often a teenager, is unable to get to sleep until the early morning hours and is extremely difficult to awaken at normal

morning hours. In this case, the parents and teenager often need professional guidance on how

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to effectively deal with this problem.

Irregular sleep schedule Parents often need education and professional guidance on how to be effective in helping a child or teenager who does not maintain a regular sleep schedule.

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Undesirable events that accompany sleep

Sleeptalking Parents may need to be educated that sleeptalking is benign and self-limiting and thus can be ignored.

Headbanging / Rocking Parents may need to be advised that headbanging and/or rocking is benign and self-limiting thus can usually be ignored.

Teeth Grinding Bruxism by a child is usually self-limiting; thus, treatment in children and adolescents is rarely warranted. However, possible sources of stress should be explored and eliminated. Referral to a dentist is appropriate if there are any dental concerns.

Nightmares Parents can usually help their child manage nightmares, but may need to be educated about the nature of nightmares and how to talk with their child about them.

Sleep Terrors Parents may need to be educated about the nature of sleep terrors, especially that they are benign and self-limiting thus are best ignored.

Sleepwalking Parents may need to learn about the nature of sleepwalking - that it is usually benign and self-limiting; thus, is usually best ignored. However, insuring child safety is important. If extreme or very frequent, professional help may be required.

Nocturnal Enuresis Parents often need professional guidance on how to effectively deal with bed wetting.

Taking a Pediatric Sleep History

An easy way to do a sleep history in children or teenagers is to remember "BEARS."

BEARS: Bedtime

Question: *"Does your child have any difficulty going to bed or falling asleep?"*

BEARS: Excessive Daytime Sleepiness

Question: *"Is your child difficult to wake in the morning, act sleepy, or seem overtired a lot?"*

BEARS: Awakenings (Nighttime)

Question: *"Does your child have numerous or unusual awakenings at night?"*

BEARS: Regularity and Duration of Sleep

Question: *"What time does your child go to bed and get up on schooldays? weekends?"*

BEARS: Snorings/Obstructive Sleep Apnea

Question: *"Does your child have loud or nightly snoring?"*

Did You Know?

- *Approximately 25% of all children experience some type of sleep problem.*
- *Over 30% of school-aged children and 40% of adolescents have significant sleep complaints.*
- *In most cases, a sleep problem in a child causes problems for the whole family.*
- *Although it is common wisdom that a child will "grow out of their sleep problem," too often this is not the case and the problem leads to chronic sleep problems.*
- *Highly effective medical and behavioral interventions for sleep problems in children are available.*

What about medications for children's sleep?

Many sleep disturbances in children can be managed with behavioral methods alone. However, there are some clinical situations that call for pharmacological intervention. For problems with initiating and maintaining sleep, there are a variety of drug alternatives. However, there is little objective, scientific data upon which to base their use in this population, and there are concerns about their safety and efficacy in children and teenagers. Furthermore, there are no studies to demonstrate long term effectiveness and consequences of the pharmacological approach.

"There may be clinical situations in which a combination of severity, chronicity, and resistance to behavioral treatment of the sleep problem, family variables including stress and parental exhaustion, and characteristics of the child (including comorbid medical and developmental/neurological issues) may make it appropriate to consider the use of medication, in combination with behavioral therapy and good sleep hygiene, for sleep problems in children." (Mindell & Owens, *A Clinical Guide to Pediatric Sleep*, Lippincott, Williams, & Wilkins, 2003, p. 171)

In most cases, if the use of a medication for sleep in a child seems to be indicated, the only thing that can be done is to carefully interpolate from the guidelines for the use and dosage in adults and then closely follow the child and make adjustments as necessary.