

SLEEP PROBLEMS IN CHILDREN AND TEENS

Red Ladder Optimized Learning Staff

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Kids spend a lot of time sleeping. In fact, a person spends more time sleeping during the first three years of life than in all waking activities combined. We are becoming increasingly aware that good sleep is essential for health, emotional well-being, and learning. As 20% to 30% of young children experience some kind of sleep disturbance, it is important for parents and professionals to know about normal sleep and sleep problems.

The essential functions of sleep are not entirely known, but it is clear that sleep is integral to the development of mind and body. We commonly talk about sleep as a time for rest or recovery, but in fact sleep is a time of intense brain activity and the sleeping brain is often more active than the wakeful brain. The

normal sleep cycle consists of two different kinds of sleep REM (rapid eye movement or dreaming sleep) and four non-REM stages. Until about three months of age, the stages of a baby's sleep are not differentiated. After that, an infant's sleep shows all of the same stages as the sleep of an older person, although the sleep cycles are shorter for a few more months. Between one and two years of age, a child's sleep shows the same organization as that of an adult.

However, children and teens do need much more sleep than adults. While many adults need only eight hours of sleep, babies sleep for the majority of a 24 hour period, and preschoolers need about 12 hours. School-aged kids need ten hours, and teens need more than nine, although they rarely get it.

Types of Sleep Problems

A sleep problem is any sleep pattern that does not leave a person refreshed or that significantly disrupts the sleep of other people. Severe sleep disorders interfere with normal growth, learning, behaviour, and family functioning. In general, the longer a sleep problem continues, the more ingrained it becomes and the greater its effects. Like a snowball rolling down a hill, the problem can get bigger and bigger as time goes on.

Sleep pattern problems can be behavioural or medical in origin. They are categorized as dyssomnias, parasomnias, or sleep problems related to an underlying medical or psychological disorder.



Dyssomnias are problems related to the amount or quality or timing of the sleep a person gets, and they are the major cause of daytime sleepiness. In young children, problems are commonly behavioural.

Sleep-Onset Association Disorder. The difference between children who are "good sleepers" and sleep through the night and ones who are "poor sleepers" is often the ability to self-soothe after awakening. Small children who are put to bed while sleepy, but not fast asleep, learn to fall asleep alone in their own beds and are more likely to be able to put themselves back to sleep when they wake during the night. When children grow used to being rocked to sleep by their parents, or with a parent lying beside them, they may need these same conditions in place before they can fall asleep if they wake up during the night. Given that night-time waking is common, both children and their parents may lose a lot of sleep. Management of this difficulty includes teaching parents how to help their children fall asleep in their cribs or beds, and how to fall back to sleep during the night without a lot of help from parents.

In *Limit-Setting Sleep Disorder*, a child procrastinates going to bed and to sleep. Requests for one more television show or story, one more sip of water or a trip to the basement to look for a special toy to sleep with make bedtimes inconsistent.

Children may insist on going to bed with another family member or may demand that mom or dad stay with them in their room at bedtime. Bedtime resistance is stressful and makes bedtime later. Effective management includes parents setting and maintaining an appropriate, consistent bedtime, reinforcing an effective bedtime routine, and helping kids to feel secure in their own rooms and beds. Using a clear parenting approach both day and night is likely to be helpful. This said, such limit-setting sleep disorders may actually signal the presence of an underlying problem, such as ADHD or a medical illness.



Inadequate Sleep Hygiene. Adequate sleep hygiene involves activities that promote the initiation and maintenance of good sleep. It's important to avoid things that interfere with sleep. Don't watch TV or consume caffeinated

drinks or foods near bedtime. Develop a consistent, calming bedtime routine involving bath, reading, and singing. Don't keep your child's room uncomfortably cold or hot, bright or noisy. Make bedtimes and wake-up times consistent.

Insufficient Sleep Syndrome is when a child regularly fails to get enough sleep to feel awake during the day, and is either sleepy or shows cognitive or behavioural problems or both as a result of sleep deprivation. It is all too common for children to be up early and out of the house for drop-off at daycare, to put in a full day at school and an after school program, for dinner to be late because parents are home late from work, and for lessons, practice, sports and homework to run



long into the evening. In order for families to spend any time together at the end of the day, sleep time is sacrificed. In other cases, parents are so tired themselves at the end of the day that they don't have the energy to enforce bedtime rules properly. Adults frequently do not realize how pervasive and profound the effects of even a small amount of sleep loss can be on a child's learning and behavior. Family lifestyle changes often have to be made to help improve the quality of sleep of children in the home.

Anxiety. If it takes your child more than 30 to 45 minutes to fall asleep at night, if she wakes up several times each night (especially if she can't get back to sleep right away), or if she wakes up far too early in the morning, the resulting loss of sleep can cause problems. Sometimes a child seems to sleep well, but just doesn't feel refreshed. Worries keep many school aged children from sleeping well. Sometimes a fear of the dark or of being alone is the problem, or images from TV shows haunt sleep. Anxiety about measuring up at school, getting along with friends, or dealing with change or stress in the family can be hard. Illness can keep a child or teen from sleeping well, and so can the side effects of some medications. Insomnia leaves a child with low energy during the day and reduced concentration, and frustration with insomnia can worsen the sleep problem. Often help is required to overcome insomnia. A psychologist or physician may be able to help.

Obstructive sleep apnea syndrome (OSAS) is a disorder of breathing involving partial or complete upper airway obstruction during sleep, resulting in breathing problems and sleep disruption. The blockage may be caused by defects of the nose, larger-than-average soft tissues in the throat, or enlarged tonsils and adenoids, or from abnormal electrical signals from the brain to the muscles controlling breathing. OSAS affects about 2% of children and teens, with

preschoolers being most affected. Parents of kids with OSAS typically report that their child snores loudly, pauses while breathing at night, gasps or chokes, or breathes through his mouth. His sleep may be restless, with increased perspiration, and the resulting sleep loss can be serious. Morning headaches, excessive daytime sleepiness, hyperactivity, behavior problems, reduced academic performance, and reduced immune capacity are common. Children with suspected OSAS should be seen by a pediatric otolaryngologist. A range of treatments are available, including gadgets that keep sufferers in healthy sleeping positions, medication, and removal of tonsils or adenoids.

Some kids get twelve hours of sleep in a night, but still don't feel awake during the day and need several naps. Certain illnesses or medications can result in an increased need for sleep.

Parasomnias involve behaviors or physical events that disrupt sleep after a person goes to sleep. They're common between ages three and eight and mostly resolve with age. Parasomnias generally do not include insomnia or sleepiness during the day, but can worsen as a result of poor sleep schedules or inadequate sleep.

Confusional arousals occur when a child suddenly shifts from a very deep sleep to a lighter sleep. The child mumbles or makes faces, seems disoriented or behaves oddly, but generally doesn't wake up and doesn't recall the incident the next day. Episodes usually last two to ten minutes and end when the child drops back into a deeper sleep. Episodes are generally harmless. Parents should not awaken their child, but simply make sure the child is safe until the episode ends. If arousals persist or are frequent, it makes sense to tell your child's doctor about them.



Sleepwalking appears in about one quarter of people and usually starts between the ages of four and eight. It can continue into late adolescence and adulthood. Here, a child sits up in bed, walks around her room or the house, and may try to unlock doors and go outside. Her interactions with others don't make sense and she is easily agitated. It's hard to wake a sleepwalking person, and if she does wake up, she'll seem confused. It's important to remember that a sleepwalking child is actually asleep, and to intervene only by keeping her safe and redirecting her back to bed without waking her. She's unlikely to remember the event later. Parents of sleepwalking kids should lock doors and windows at night, put locks out of the child's reach, place barriers in front of stairwells, and possibly have the child sleep on the first floor of the house. Another idea is to hang a bell on the child's bedroom door to alert parents when she leaves her room.

Between one and six percent of children experience *sleep terrors*. These typically start after 18 months of age and disappear by age 6. In a sleep terror, a child is suddenly aroused from a very deep sleep during the first 3 hours of the night. The child is extremely agitated, confused, screaming, heart racing, pupils dilated, and seemingly inconsolable. Although the child seems awake, he isn't, and he doesn't interact with others or with his surroundings. It's hard to wake the child and he won't remember the event. Although terrifying for parents, sleep terrors are mostly a normal developmental phenomenon, but if they are violent or prolonged, evaluation makes sense.

As many as one-half of children aged three to six have *nightmares*. Unlike sleep terrors, these occur during REM sleep, and are more common during the second half of the night. Also, whereas children don't remember sleep terrors, they can wake up fully after a

nightmare and remember it in detail. While occasional nightmares generally aren't a problem, frequent or recurrent nightmares or nightmares with very disturbing imagery may signal excessive daytime stress, and can affect daytime functioning. Parents can gently question a child about television shows, social interactions or other daytime events that resemble the dreams, and take steps to help the child to understand the dream and reduce unnecessary stress.

Sleep rocking or head banging is seen in about 5% of children aged 9 months to 12 years. Here, a child moves large muscle groups rhythmically when he is sleepy or trying to fall asleep, or during the first stage of sleep. This usually starts before age two, is usually transient, and seldom requires treatment. However, in some cases, a doctor may need to rule out the presence of seizure activity.

Other sleep disorders are the result of an underlying psychological or medical problem. It's common for kids with ADHD, Tourette's Syndrome, juvenile bipolar disorder and other mood disorders, anxiety disorders, pervasive development disorders, and mental retardation to have more trouble sleeping than other kids. General medical problems such as gastroesophageal reflux disease (GERD), asthma, seizures, severe headaches, and blindness can also get in the way of sleep.

Management of sleep needs to be part of an overall treatment plan developed with a child's caregivers. □

Davis, K.F., Parker, K.P., Montgomery, G.L. (2004). Sleep in infants and young children: Part two: Common sleep problems. *Journal of Pediatric Health Care, Vol. 18 Number 3, pp. 130-137.*

