

# Does your child suffer from a sleep disorder?

## What can you do to help?

### Information for parents

It is estimated that as many as 30% of children experience a sleep disorder at some point during childhood or adolescence. Sleep disorders have implications both for social-emotional adjustment and for school performance. For this reason it is important for parents to understand how sleep works and how disruptions in normal sleep patterns can affect children and teenagers.

### Adolescents and sleep

When parents or teachers have concerns about poor attention or behavior problems, sleep problems may be an issue. This is because side effects associated with sleep disturbance or deprivation include inattention, irritability, hyperactivity, and impulse control problems.

Throughout childhood children typically get about 10 hours of sleep a night. This drops significantly at adolescence, but less for biological reasons than for socio-cultural reasons. Sleep researchers studying the optimal sleep periods of teenagers have found that when the sleep-wake cycle is studied in the laboratory under controlled conditions, teenagers typically sleep 9 hours a night. In the real world — especially during the school year — very few teenagers get this much sleep and thus are constantly coping with sleep debt to a greater or lesser degree.

Adolescents experience changes in the biological clock (also called circadian rhythms) with the onset of puberty and begin to experience a sleep phase delay such that they develop a natural tendency both to fall asleep later in the evening and to wake up later in the morning. Even youngsters who have experienced sleep deprivation (and therefore accumulated some sleep debt) tend to feel more alert in the evening, thus making it more difficult to go to bed at what parents might consider a reasonable hour.

Research shows that the pattern of melatonin secretion makes it hard for teenagers to fall asleep early in the evening and to wake up early in the morning. Schools with early start times (anytime before 8:30 a.m.) place students at a disadvantage in terms of

arousal and alertness — not only for early morning classes but throughout the day because the adolescent's biological rhythms are out of sync with typical school routines.

### Recognizing sleep disorders

Sometimes adolescents just need help developing better sleep habits, but sometimes there is something more serious going on. Sleep disorders are generally diagnosed either by a pediatrician or a sleep specialist. If parents are concerned about possible sleep problems, they may want to begin by discussing their concerns with their child's physician. Not all pediatricians recognize the variety of sleep problems children and teenagers experience, and if parents are not satisfied after meeting with their child's physician, they may want to request a referral to a sleep specialist or to a sleep clinic.

### Treating Sleep Disorders

Some sleep disturbances are mild, fairly common, and fairly easy to treat. Others may be more stubborn, or there may be signs of potential physical problems that could have long-term consequences if left untreated.

*Night terrors.* Night terrors are sudden, partial arousal associated with emotional outbursts, fear, and motor activity. Occurring most often among children ages 4–8 during NREM sleep, the child has no memory of night terrors once fully awake. If your child experiences night terrors, make sure he or she is comfortable but do not wake the child. In extreme cases, night terrors may require medical intervention.

*Sleep walking.* Sleep walking is most common among 8–12 year-olds. Typically, the child sits up in bed with eyes open but unseeing or may walk through the house. Their speech is mumbled and unintelligible. Usually children will outgrow sleepwalking by adolescence. In the meantime, take safety precautions (e.g., using a first floor bedroom), but keep efforts to intervene to a minimum. Awakening the child on a regular schedule can reduce or eliminate episodes.



*Sleep-onset anxiety.* Sleep-onset anxiety refers to difficulty falling asleep because of excessive fears or worries. The problem may be caused by stressful events or trauma or because of ruminating on more commonplace issues of the day. This type of sleep problem is most common among older elementary school children. Intervention strategies include reassurance, calming bedtime routines, and, in some cases, cognitive-behavioral therapy, which is designed to help children develop effective coping strategies to address their worries.

*Obstructive sleep apnea.* Although more common in adults, 1–3% of children experience difficulty breathing because of obstructed air passages. Symptoms include snoring, difficulty breathing during sleep, mouth breathing during sleep, or excessive daytime sleepiness. In children this type of sleep disturbance is usually not serious, but most children benefit from removal of the tonsils and adenoids. When this is not effective, the condition can be treated (by a physician) with a procedure known as nasal continuous positive airway pressure (CPAP).

*Narcolepsy.* This is a rare but potentially dangerous, neurologically based genetic condition that may include sleep attacks (irresistible urges to sleep), sleep-onset paralysis, or sleep-onset hallucinations. It affects 1 of every 2,000 adults and may first appear in adolescence. If this disorder is suspected, refer the child to a sleep specialist. Treatment may include ensuring a full 12 hours of sleep per night or more, scheduled naps, or medication.

*Delayed sleep-phase syndrome.* This is a disorder of sleep (circadian) rhythm that results in an inability

to fall asleep at a normal hour (e.g., sleep onset may be delayed until 2–4 a.m.) and results in difficulty waking up in the morning. Symptoms among children include excessive daytime sleepiness, sleeping until early afternoon on weekends, truancy and tardiness, and poor school performance. Treatment might include light therapy (exposure to very bright light in the morning), chronotherapy (gradually advancing the child's sleep schedule 1 hour per night until a normal routine is achieved), maintaining a consistent sleep schedule, or a short course of sedative medication to help achieve a new schedule.

## Help for children and families

A sleep disorder not only results in a sleepy, cranky, and often poor-performing student at school, but also an irritable, unhappy child or teenager at home. A youngster with a disrupted sleep pattern more than likely is wreaking havoc on the sleep and patience of other family members. If you suspect that your child or teen has a sleep problem that goes beyond a few nightmares or restless nights, do not delay seeking help. Start with your family physician. The earlier a sleep problem is identified and treated, the more quickly a normal sleep routine can be restored — for everyone.

*Source: This handout was excerpted from an article by Peg Dawson, Ed.D., NCSP Seacoast Mental Health Center, Portsmouth, NH, as it appears on the website of the National Association of School Psychologists: [www.nasponline.org](http://www.nasponline.org).*

### Websites

The American Academy of Sleep Medicine — [www.aasmnet.org](http://www.aasmnet.org)  
The National Sleep Foundation — [www.sleepfoundation.org](http://www.sleepfoundation.org)



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