

Sleep Problems in Children

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Sleep problems occur in 20% - 30% of children. Sleep disorders have a wide span that range from common behavioral problems to specific genetically based sleep disorders¹. The disorders that present in children may have significantly different causes and require different mode of treatment. Symptoms can also present differently, depending on the age of individuals. In order to assess and treat children, a comprehensive evaluation must be done on both sleep and waking behaviors. The age-dependent responses to treatment must be also taken into consideration. Some small children are more adaptive than the older ones and thus it is easier to treat their sleep disorder symptoms.

Most of sleep problems in children are under diagnosed². These are some signs of problems that should be the parent's common complaints, e.g., the mother spends too much time helping the children to fall asleep; the child wakes up frequently throughout the night. The child's behavior and mood are affected by poor sleep which also troubles the parent-child relationship. These are common sleep related problems in children younger than 3 years old³. The problems are so called sleep-onset association disorder, excessive night time feedings and limit setting problems.

Sleep-onset association disorder

When the child wakes up repeatedly during the night hours sometimes become worrisome to parents. All of us wake up briefly a number of times during the night, especially during rapid eye movement sleep. We are usually not aware of these disruptions and return to sleep quickly. But young children respond differently, they may cry and feel insecurity during the awakenings. The parent may incorrectly conclude that repeated nocturnal waking is abnormal and they are obliged to help their child return to sleep by rocking, feeding, holding or lying down with their child. The child may become accustomed to the intervention and become unable to fall asleep without their parents help, instead of learning to overcome the discomfort by themselves. It is important for parents to know that children can and will learn to fall asleep on their own once they are given a chance to do so. Children with this disorder often rapidly respond to a simple gradual behavioral intervention. This technique help the child learn to sleep without other's help. The child should be placed awake or drowsy in the bed after a quiet bedtime routine. If the child is still crying after 2 minutes, the parent can return to the room and comfort the child

with words and by placing the hand on the children's back to show that the child is safe. Then leave promptly, i.e., the parent should not stay in the room longer than 2 minutes. When the plan is followed consistently, significant improve is usually seen after 3-5 nights.

Nighttime eating /drinking disorder

This is often a problem for infants and young children. Excessive nighttime feedings mean several feedings during the night when the child is a few months old, or even one nightly feeding after the age of six to seven months. Repeated waking for ingestion directly disrupt the functioning of circadian-modulated systems. Frequent waking, three or more times per night in a child over 6 months may cause sleep fragmentation that is harmful to the child. The diagnosis of this problem can be made from the characteristic history such as multiple nighttime waking, return to sleep only with feeding, significant fluid intake during the night, and extremely wet diapers. To eliminate this habit, start by gradually reduce the number and frequency of feedings. As feedings are decreasing over the couple of weeks, sleep consolidation usually occurs.

Limit -setting problems

Limit -setting problems usually begin after the age of two. The child refuses to go to bed, stall or make it difficult for the parents to leave the bedsides. Typical bedtime struggles may consist of request for water, stories, use of bathroom, and adjustment of the lights. The parents are unable to enforce nighttime rules with enough consistency to keep the child in bed. Parents have to learn to be firm in their limit setting. A gate or the door-closing technique should be used for the child who refuses to stay in bed. A warning that the parents would close the door may motivate the child to stay in bed. A reward system such as sticker or star chart, as well as other prizes for staying in bed, may elicit the positive response.

By the pre-school /school - aged years, children gain sufficient independence to handle sleep transitions. The sleep-related breathing disorders that appear during this age group seem to increase awareness^{4,5,6}. Childhood obstructive sleep apnea syndrome is significant associated with nighttime and daytime symptoms. Nighttime symptoms include snoring, retractions, observed apnea, observed difficulty, cyanosis during sleep, or disturbed sleep. Daytime symptoms include nasal obstruction, mouth

breathing, behavior problems, or excessive daytime sleepiness. The sleep-behavior link depends on the concept that snoring, sleep apnea and other breathing problems during sleep diminish the quality of sleep, repeatedly reduce oxygen levels, and affect daytime behavior⁷. A study shows that children who snore regularly are twice as likely as non-snorers to have hyperactivity or attention issues at the same time⁸. The result of this disturbance can have a major impact on health, behavior and quality of life of the children and their parents.

So sleep is a precious thing. The value of children's sleep can be measured by their smiling face, happy nature and natural energy. Any child who does not sleep well can turn an entire family's life into a bad dream. Getting enough sleep and adopting good sleep habits can have a huge impact on the life of a child. The better the child sleeps, the happier the entire family is likely to be.

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