CENTRE FOR SLEEP™ & HUMAN PERFORMANCE
the science of sleep ...for the art of living.
106, 51 Sunpark Drive SE
Calgary, AB T2X 3V4
PH: 403.254.6663
F: 403.254.6693
patients@centreforsleep.com
CENTREFORSLEEP.COM

CHILDHOOD SLEEP DISORDERS

Sleep problems are common in children. 80% of preschooler parents would like to improve their child's sleep. This handout provides an overview of common childhood sleep disorders. You may contact a pediatric sleep center for help for your child's sleep problems and to develop a behavioral sleep plan. Sleep issues can lead to behavior problems, irritability, tantrums, aggression, anxiety, and/or attention or learning problems. Here are two sleep scenarios:

SUBOPTIMAL SLEEP SCENERIO	OPTIMAL SLEEP SCENERIO
A child who has always been a terrible sleeper. A child who only sleeps two-three hours a night. A child who seems to "fight" sleep. Bedtime that is an hours long ordeal. A child who is afraid of sleeping alone in her room, so her caregiver(s) lets her sleep in their room; even so, everyone is exhausted.	Calm bedtimes of reasonable length. A child who can self-comfort/ self soothe to sleep. A child who can stay in his/her bed all night long. A child who does not wake up too early.

INSOMNIA

There are two common reasons for insomnia in children and they both involve parents:

Behavioral insomnia of childhood, sleep onset association type

This occurs when parents stay with children until they fall completely asleep. If parental assistance to fall asleep is needed at bedtime, children will often need this assistance again after each waking during the night.

Behavioral insomnia of childhood, limit setting type

This occurs in children when their parents grant too many requests after lights out at bedtime. These rewards "wake behaviors" and lets children keep the party going…

Strategies for dealing with insomnia may include:

- Preparing the bedroom for great sleep
- Designing a consistent bedtime routine to settle the child.
- Teaching your child to self-comfort as parental presence is tapered.
- Limiting extra requests after lights out.
- Managing night and early morning awakenings

SLEEP APNEA

Common symptoms for sleep apnea include snoring, choking, breathing pauses, sleeping with neck extended, morning headaches, crowded airway, and a high BMI. There is often a family history of sleep apnea as well. Sleep apnea can "look like" ADHD and treatment of sleep apnea may improve the symptoms of ADHD. Sleep psychologists can prepare your child for a sleep study and assist if CPAP therapy is needed.

RESTLESS LEGS SYNDROME (RLS)

RLS is often characterized by a creepy, crawly sensations in limbs and it is relieved by movement. Iron deficiency can be a cause of RLS. Strategies for managing RLS may include:

- Maintaining consistent sleep schedules, stretching, iron supplementation, hot baths, massage, exercise, hot/cold packs, vibrating pads, as well as avoidance of caffeine.
- Medications used in children may include antihistamines, cold medication, and specific medication for RLS.

Copyright © 2021 Centre for Sleep & Human Performance. All rights reserved.

CENTRE FOR SLEEP™ & HUMAN PERFORMANCE
the science of sleep ...for the art of living.
106, 51 Sunpark Drive SE
Calgary, AB T2X 3V4
PH: 403.254.6663
F: 403.254.6693
patients@centreforsleep.com
CENTREFORSLEEP.COM

SLEEP TERRORS/NIGHTMARES

Sleep terrors are a normal part of growing up and not sign of psychopathology. A child who suffers from sleep terrors will have no recall of the dream whereas a child who experiences nightmares will remember the dream. Strategies for dealing with sleep terrors may include:

- Harness age-appropriate creative ways of reducing fears about nightmares or fear of the dark i.e., "monster-proofing spray". Make it fun.
- Are nightmares being used as an "admission ticket" to master bedroom?
- Keeping sleep schedule consistent and get adequate sleep.
- Considering a sleep study if these do not resolve with time.
- Trying scheduled awakenings for sleep terrors.

SLEEP WALKING

The number one concern with sleep walking is SAFETY! Strategies for dealing with sleep walking may include:

- Putting the bed on first floor of home or have the child sleep on the bottom bunk of a bunkbed.
- Using gates/motion sensors and securing windows and exit doors.
- Ensuring a clutter-free bedroom, hallways, and stairways
- Childproofing the kitchen
- Providing the opportunity for your child to have adequate, consistent sleep.

NOCTURNAL ENURESIS (after age 6-7)

Strategies for dealing with bedwetting may include:

- Employing a bedwetting alarm. The parent must listen for the alarm.
- Charts are useful for tracking progress.
- Do not punish your child for bedwetting. It is not his/ her fault. They are unaware of wetting the bed when it happens as they are in a deep sleep.
- Initiate treatment when your child is motivated i.e., sleepovers or summer camp.

HYPERSOMNIA/ NARCOLEPSY

Common symptoms include excessive daytime sleepiness, sleep paralysis, vivid dreams, irresistible daytime napping, cataplexy, hypnogogic/hypnopompic hallucinations (REM intrusion into wake). Strategies for dealing with this condition may include:

- A trial of appropriate medications prescribed by your sleep physician.
- Supervised high risk activities (driving, solo sports, cooking)
- Creating a personalized napping schedule for your child
- Keeping consistent bedtimes and rise times.
- Eating small low carb meals and managing weight

CIRCADIAN RHYTHM DISORDER

This is a disruption in adolescent's circadian rhythm resulting in academic or social problems. The most common circadian rhyme disorder is **Delayed sleep phase (DSPS)** or "teenager syndrome". Your teenager may have no sleep issues when they can sleep at desired phase. Strategies for dealing with DSPS may include:

- Sleep hygiene and keeping a sleep diary.
- Strong *zeitgebers* i.e., caffeine, activity, sunlight exposure and breakfast at the desired rise time

References

Lynelle Schneeberg, PsyD, Fellow, AASM, Assistant Professor of Clinical Psychiatry, Yale School of Medicine, Director, Behavioral Sleep Program, Connecticut Children's Sleep Center

Copyright © 2021 Centre for Sleep & Human Performance. All rights reserved.