Top Ten Reasons Pediatricians (and Parents) Should Care About Sleep

1. Sleep problems are common
2. Childhood sleep problems are chronic
3. Pediatric sleep disorders are treatable
4. Sleep problems are preventable
5. Sleep problems in children impact the family
6. Sleep problems are a common parental complaint
7. Sleep is necessary for a child's optimal functioning
8. Sleep affects every aspect of a child's development
9. Sleep problems exacerbate medical, psychiatric, behavioral and developmental problems
10. Sleep is a public health issue

Infants and children require more sleep than adults. The table below summarizes a sleep needs for defined age groups:

	Sleep Duration	**Sleep Patterns**	**Sleep Physiology**
Newborns	16-20 hr	1-4 hr	Enter sleep through REM
Infants	14-15 hr	3-8 hr	Development of 4 sleep stages
Toddlers	12 hr	2-4 hr naps	REM sleep declines
Preschool	11-12 hr	Napping declines	Sleep cycles every 90 min
Middle Childhood	10-11 hr	No naps	High sleep efficiency
Adolescence	9 hr(ideal) 7 hr(actual)	Often irregular	Decline in slow wave sleep

Sleep Apnea

Characterized by repeated episodes of prolonged partial or complete upper airway obstruction during sleep and manifested by snoring and associated episodes of breathing cessation (apnea). Obstruction is most often related to adenotonsillar hypertrophy.

Multiple arousals resulting from these obstructive events lead to sleep fragmentation and consequently to daytime sleepiness or hyperactive, inattentive behavior. Obstructive sleep apnea in children may present solely with parental complaints of behavior problems, inattentiveness ("ADHD"), and academic failure.

If sleep apnea is suspected, an overnight sleep study should be performed. Why not just take-out the tonsils? No combination of symptoms and physical findings has been found to reliably distinguish obstructive sleep apnea from primary snoring. There is no reliable relationship between the size of the tonsils and adenoids and the presence of obstructive sleep apnea confirmed by polysomnography.

Adenotonsillectomy is the first-line treatment in children with significant adenotonsillar hypertrophy. CPAP should be considered when adenotonsillectomy is contraindicated or fails to resolve symptoms, and in children with additional risk factors such as obesity, craniofacial anomalies, or Down syndrome.

Narcolepsy

Narcolepsy usually presents in the late teenage years or early twenties. See the "Narcolepsy" section on this web site.

Restless Leg Syndrome

Restless leg syndrome can occur at any age and runs in families. See the "Restless Leg Syndrome" section on this web site.

Sleep Behavior Disorders

Sleep behavior disorders including enuresis and limit-setting sleep disorder are common. Limit-setting sleep disorder is characterized by the inadequate enforcement of bedtime limits by a caretaker, with resultant stalling or refusal to go to bed at an appropriate time. When limits (bedtimes) are not set and enforced or are enforced only sporadically, sleep will be delayed, and total sleep may not be enough to meet the child's sleep needs.

Night wakings

By 6 months of age, most babies are physiologically capable of sleeping throughout the night and no longer require nighttime feedings. Night wakings are commonly associated with sleep onset associations. Focus should be on training "self-soothing."

Nightmares are frightening dreams, occurring during REM sleep, that usually result in awakening from sleep. Approximately 75% of children report experiencing at least one nightmare. It is important for the pediatrician or sleep physician to differentiate nightmares from sleep terrors and psychiatric disorders which may require treatment. Sleep terrors are characterized by a sudden arousal from slow-wave sleep, accompanied by autonomic and behavioral manifestations of intense fear including a rapid heart rate, a rapid respiratory rate, and sweating.

Sleepwalking (somnambulism) is a benign and common behavior in children occurring during the first few hours of the night.

Headbanging and body rocking are rhythmic movement disorders common in young children and serve as self-soothing behaviors. They usually occur at sleep onset. Approximately 3-15% of children have significant headbanging. The most important aspect of management is reassurance.

The IHA Sleep Disorders Center will see children three years old and older.