

SleepCaptions

Children & Sleep

Sleep problems are among the most common issues parents face. Children's sleep habits change according to their age and individual factors, especially during the first five years of life. An understanding of normal sleep habits as well as the types of sleep-related issues that arise will increase the likelihood of getting your child to sleep well-throughout their childhood years.

Sleepwalking and Sleep Terrors peak during the preschool years.

School-Aged Children (5 to 12 years) consistent nighttime sleep of ten to eleven hours per night. Demanding school work and extra-curricular activities may interfere with sleep if not monitored. If sleep deprivation becomes chronic, school performance will suffer significantly. Childhood sleep disorders are prevalent in this age group.

Teenagers (12 to 18 years): consistent nighttime sleep of eight to nine hours per night. Demanding school activities and social pressures peak and very often curtail sleep. A circadian need to sleep and arise later further interferes with sleep. Teenagers are prone to developing Advanced Sleep Phase Syndrome by their later years.

Normal Sleep Habits

Newborns (birth-2 months): irregular patterns of wakefulness and sleep. Periods of wakefulness last for one to three hours according to the need to be fed, changed, or nurtured. Sleep lasts for a few minutes to several hours at a time.

Infants (3 to 12 months): a gradual shift toward sleeping throughout the night for nine to twelve hours. Daytime naps of 30 minutes to 2 hours are taken one to four times daily. Fewer naps are needed as the infant reaches age one. Nighttime awakenings are still common but should gradually decrease throughout the first year.

Toddlers (1 to 3 years): regular nighttime sleep of eleven to thirteen hours. Morning naps are replaced with only one afternoon nap per day. Resistance going to bed sometimes develops because of fear or self-determination. Nightmares appear occasionally.

Preschoolers (3 to 5 years): consistent nighttime sleep of eleven to thirteen hours with no daytime naps by five years of age. Difficulty falling asleep and waking up during the night happen occasionally but lessen by five years of age.



Does My Child Have a Sleep Problem?

My child can be heard snoring, breathing loudly, or gasping for air during sleep.

My child has difficulty falling or staying asleep.

My child has been tired and irritable during the day.

My child refuses to go to bed without being forced.

My child experiences episodes of nighttime terror.

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Childhood Sleep Issues

The following list, though not comprehensive, describes the most common sleep issues faced by children:

Bedwetting (Enuresis):

frequent bedwetting or urination during sleep, especially in children. This parasomnia results from a failure to awaken when the bladder is full or a failure to prevent the bladder from contracting. Most children should gain bladder control by five years of age. Bedwetting is not considered a sleep disorder unless it occurs at least twice per week in a child at least five years old. The child may or may not have accomplished nighttime dryness in the past. If no physical cause is found by a pediatrician or sleep specialist, then enuresis may be treated using behavioral therapies such as positive reinforcement, fluid restriction, periodic waking from sleep to urinate, or alarm therapy, which arouses children enough to prevent urination (without waking them).

Behavioral Insomnia of Childhood:

an unwillingness to go to bed on time without an enforced bedtime. If forced to go to bed, the child will sleep normally. With no bedtime rules, the child will keep herself awake for as long as physically possible. Children sometimes direct a parent's behavior away from enforcing an earlier bedtime by not appearing tired. Parents who rock their children to sleep reinforce behavioral insomnia by not allowing the child to learn how to sleep on her own. This disorder will stop when the parent enforces bedtime rules in a manner that is gentle but consistent. If not addressed, the child may become seriously sleep-deprived.

Childhood Sleep Apnea:

pauses or obstructions of breathing during sleep. In children, this often results from enlarged tonsils or adenoids which block the upper airway as airway muscles relax. Most children with OSA snore, although they do not arouse from sleep as much as adults with OSA. The child may sleep in odd positions or move in response to the apnea episodes. A young child's rib cage will move inward while inhaling air. If untreated, some children develop a "funnel chest".

Childhood OSA may lead to attention deficit disorder, aggressive behavior, or problems in school. If a sleep disorders evaluation at an accredited sleep disorders center reveals OSA, surgery may resolve the problem. Otherwise, CPAP therapy or dental appliances may help.

Primary Sleep Apnea of Infancy:

pauses or reductions in breathing that occur during infant sleep. Premature infants or those with brain injuries tend to develop mixed sleep apnea, which involves a combination of OSA and central sleep apnea. Older infants tend to develop central sleep apnea. Central sleep apnea occurs when the body diminishes or stops its "effort" to breathe. The hypoxemia (reduced blood-oxygen levels) that result are very dangerous to babies. A breathing machine or medications may be necessary until the infant outgrows symptoms.

Sleep Talking (Somniloquy):

talking out loud during sleep. It may occur by itself or be secondary to any of several sleep disorders including: REM Behavior Disorder, Sleepwalking, Sleep Terrors, or Sleep-Related Eating Disorder. The subject matter may be mundane or emotionally charged, nonsensical or coherent. It is common in children, although some adults also experience it. In some instances, it runs in families. Somniloquy is harmless and requires no treatment.

Sudden Infant Death Syndrome (SIDS):

the sudden, unexpected death of an infant under one year of age that remains unexplained after medical investigation. In most cases, the infant was considered healthy immediately before death. Common factors among infants include: sleep on the stomach; the use of soft bedding, blankets or pillows; placing blankets around the baby's face; mother's age under 20 years; smoking during pregnancy or around the infant; premature birth; and low birth weight. Research suggests a combination of risk factors are present in SIDS deaths.



Most Common Childhood Sleep Disorders

Bedwetting

Confusional Arousals

Sleep Terrors

Sleepwalking

Sleep Talking

Delayed Sleep Phase Syndrome

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Childhood Sleep Mechanics

Children are born with brains that have yet to communicate with the outside world. As a result, they have “free-running” circadian rhythms. The world newborns enter will gradually train their brains to make them feel sleepy at night, during darkness, and awake during the day, while it is light.

Evolution provides us with the tools to function in a day/night cyclic world. Once we are here, environmental cues nudge our inborn tendencies into place. A growing body needs more total sleep than it will as it gets older. By adulthood, we will need from 7-9 hours of sleep-at night.



Risks for Childhood Sleep Problems

- ✓ Physical illness or injury
- ✓ Psychological illness
- ✓ Another sleep disorder
- ✓ Poor sleep habits
- ✓ The use of caffeine or alcohol

Effects of Childhood Sleep Problems

- ✓ Daytime tiredness or napping
- ✓ Poor school performance or acting out
- ✓ Extreme irritability

Need more information?

Visit the SleepMedicine Education web site at: sleepmedicineeducation.com for additional publications. See also:

SleepIssues: “Children & Sleep”
“Sleep and Health”

SleepGuides: “Treating Sleep Disorders”

To schedule an appointment at any Sleep Medicine Centers location, visit www.sleepmedicinecenters.com or call:

(716)92-DREAM
(877)53-SNORE



Did You Know?

Children who drink caffeinated beverages lose an average of 3.5 hours of sleep per week, according to a Sleep in America poll.

More than two-thirds (69%) of all children experience one or more sleep problems at least a few nights per week, according to the NSF.

A study in the Journal Sleep reports that children with Attention Deficity Hyperactive Disorder (ADHD) who

stay up an extra hour lose the ability to remain vigilant and attentive

The National Sleep Foundation (NSF) reports that 19% of preschoolers and 18% of school-aged children snore on a regular basis.