

CHILDREN'S SLEEP DISORDERS

Sleep is essential for healthy growth and development. However, it is estimated that up to 50% of all children have a sleep problem.

The most common sleep problem in children is lack of adequate sleep. Experts suggest that children in elementary school should sleep 10 to 11 hours each night and preschool-aged children should sleep 11 to 13 hours. Insufficient sleep is linked to mood and behavioral problems, memory, concentration and learning problems, poor performance in school, slower reaction times, and accidents. Some studies even indicate that sleep disturbed children have more depressive symptoms and anxiety disorders.



Common childhood sleep disorders include obstructive sleep apnea, parasomnias, and restless legs syndrome. Obstructive sleep apnea is a common cause of disrupted sleep in children. It involves partial or complete obstruction of the upper airway during sleep and is often associated with loud snoring, mouth breathing, short breathing pauses, and gasps for breath during sleep. An estimated 20% - 30% of children who snore have obstructive sleep apnea. According to the American Academy of Pediatrics: "All children who snore should have an overnight sleep test to rule out obstructive sleep apnea."

Obstructive sleep apnea occurs in 1% - 3% of children. It can develop in children at any age particularly if the child is obese, but it is most common in preschoolers. Obstructive sleep apnea often occurs between the ages of 3 and 6 years when the tonsils and adenoids are large compared to the throat.

Daytime symptoms in children with obstructive sleep apnea may be subtle, such as, hyperactivity, trouble concentrating, poor school performance, daytime sleepiness, or fatigue. Some researchers have charted a specific impact of sleep-disordered breathing on "executive functions" of the brain: cognitive flexibility, self-monitoring, planning, organization, and self-regulation of affect and arousal.

Studies have suggested that as many as 25% of children diagnosed with attention-deficit hyperactivity disorder may actually have symptoms of obstructive sleep apnea and that much of their learning and behavior problems may be the result of chronic fragmented sleep. Bed-wetting, sleep-walking, retarded growth, other hormonal and metabolic problems, even failure to thrive may also be related to sleep apnea.

Parasomnias, such as confusional arousals, sleepwalking, sleep terrors, nightmares, and sleep talking, occur in up to 50% of children. With sleep terrors, the child has a sudden arousal from sleep with extreme agitation, screaming, crying, increased heart rate, and dilated pupils. Like sleepwalking, sleep terrors seem to be linked to an immature central nervous system and are often outgrown.

Restless legs syndrome is not unusual in children 8 years of age and older and occurs in at least 2% of children. The disorder is characterized by an irresistible need to move the legs which prevents the child from falling asleep or staying asleep.

As children mature, they often outgrow many common sleep problems. Parents with ongoing concerns though should seek professional help.