Managing Common Sleep Disorders in Children

For the general practitioner and paediatrician

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At the end of this talk participants will:

• Know the Prevalence of sleep problems
• Know about sleep requirements in children
• Have a framework for sleep screening in clinic
• Understand about screen time and sleep associations
• Be able to manage some common behavioural sleep problems in young children
What is a ‘Sleep Disorder?’

Sleep disorders are conditions, either internal or external, that interfere with the refreshing nature of a child’s sleep or that significantly disrupts other people.
Prevalence of Sleep Problems

- Worldwide
  - Paediatricians report <25% of patients#
  - Parents report 12% (half)*

- In Singapore
  - parents report problems in 44% of infants and toddlers (birth – 36 months) (10% Vietnam 70% China)

# Owens JA. The practice of pediatric sleep medicine; results of a community survey. Pediatrics. 2001;108(3):E51
‘Just Ask’ about the child’s sleep

• Sleep is commonly not addressed within family practice with low rates of prevention, identification and intervention
What do I ask?

• Most primary care physicians use a single global question about ‘sleep problems’ as a screener

• Why is this an issue?
Parents may not think sleep is a ‘problem’ in their child

• Parents may not raise problematic sleep symptoms or patterns due to a lack of knowledge about sleep, or cultural beliefs about what is appropriate to discuss with their family physicians

• There are gaps in parent knowledge about sleep
How much sleep are children in Singapore getting?

Children from predominantly-Asian countries had significantly later bedtimes, shorter total sleep times, increased parental perception of sleep problems, and were more likely to room-share than children from predominantly Caucasian countries/regions.

How much sleep are children in Singapore getting (0-36 months)?

<table>
<thead>
<tr>
<th></th>
<th>Singapore</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedtime</td>
<td>9:37 pm</td>
<td>7:42 pm</td>
</tr>
<tr>
<td>Nighttime sleep (hrs)</td>
<td>9.26</td>
<td>10.17</td>
</tr>
<tr>
<td>Waketime</td>
<td>7:28 am</td>
<td>6:35 am</td>
</tr>
<tr>
<td>Total sleep time including naps</td>
<td>12.36</td>
<td>13.16</td>
</tr>
<tr>
<td>Parent perceptions - problems</td>
<td>~44%</td>
<td>~31%</td>
</tr>
<tr>
<td>Co-sleeping</td>
<td>74%</td>
<td>27%</td>
</tr>
<tr>
<td>Consistent bedtime routine</td>
<td>60%</td>
<td>75%</td>
</tr>
</tbody>
</table>


P values < 0.001
How much sleep does your child need?

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommended hours of sleep/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>16-18 hours</td>
</tr>
<tr>
<td>Preschool Age</td>
<td>11-12 hours</td>
</tr>
<tr>
<td>School age children</td>
<td>At least 10 hours</td>
</tr>
<tr>
<td>Teens</td>
<td>9-10 hours</td>
</tr>
<tr>
<td>Adults</td>
<td>7-8 hours</td>
</tr>
</tbody>
</table>

*National heart, lung and Blood Institute, USA*
What do I ask in clinic?

Ask about the Quantity and Quality of a child’s sleep at every well child visit
‘BEARS’ tool

1. Bedtime problems
2. Excessive daytime sleepiness
3. Awakenings during the night
4. Regularity and duration of sleep
5. Sleep-disordered breathing
6. Screen Time

Owens JA, Dalzell V. Use of the BEARS sleep screening tool in pea pediatric residents’ continuity clinic: a pilot study. Sleep medicine. 2005;6(1)63-9
The ‘BEARS’ Sleep Screening Tool

<table>
<thead>
<tr>
<th></th>
<th>Toddler/preschool (2-5 years)</th>
<th>School-aged (6-12 years)</th>
<th>Adolescent (13-18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bedtime problems</td>
<td>Does your child have any problems going to bed? Falling asleep?</td>
<td>Does your child have any problems at bedtime? (P) Do you have any problems going to bed? (C)</td>
<td>Do you have any problems falling asleep at bedtime? (C)</td>
</tr>
<tr>
<td>2. Excessive daytime sleepiness</td>
<td>Does your child seem overtired or sleepy a lot during the day? Does she still take naps?</td>
<td>Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? (P) Do you feel tired a lot? (C)</td>
<td>Do you feel sleepy a lot during the day? In school? While driving? (C)</td>
</tr>
<tr>
<td>3. Awakenings during the night</td>
<td>Does your child wake up a lot at night?</td>
<td>Does your child seem to wake up a lot at night? Any sleepwalking or nightmares? (P) Do you wake up a lot at night? Have trouble getting back to sleep? (C)</td>
<td>Do you wake up a lot at night? Have trouble getting back to sleep? (C)</td>
</tr>
<tr>
<td>4. Regularity and duration of sleep</td>
<td>Does your child have a regular bedtime and wake time? What are they?</td>
<td>What time does your child go to bed and get up on school days? Weekends? Do you think he/she is getting enough sleep? (P)</td>
<td>What time do you usually go to bed on school nights? Weekends? How much sleep do you usually get? (C)</td>
</tr>
<tr>
<td>5. Snoring</td>
<td>Does your child snore a lot or have difficult breathing at night?</td>
<td>Does your child have loud or nightly snoring or any breathing difficulties at night? (P)</td>
<td>Does your teenager snore loudly or nightly? (P)</td>
</tr>
</tbody>
</table>

(P) Parent-directed question
(C) Child-directed question

Source: “A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems” by Jodi A. Mindell and Judith A. Owens; Lippincott Williams & Wilkins
Sleep Management Strategies

• Most problems with sleep are learned behaviours
  – Problems falling asleep (sleep initiation)
  – Frequent night-time wakening
1. Problems falling asleep

- Establish a good bedtime routine
- Sleep associations are important
- Put to bed awake
- Behavioural strategies include controlled crying & graduated extinction
2. Frequent Night time wakening

- Graduated Extinction
- Controlled Crying
- Camping out
- Scheduled Waking
# Sleep Diary

↓ When your child is placed in the bed or cot  
↑ When your child gets out of the bed or cot  
☐ When your child is asleep  
☐ When your child is awake

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Medications</th>
<th>Mn 1am 2am 3am 4am 5am 6am 7am 8am 9am 10am 11am</th>
<th>MD 1Pm 2Pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm 11pm MN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>19/5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Events

- Mon: 19/5
  - Wakes at 6am
  - Asan overnight
  - Wakes at 10am
  - Naps at 2pm and 4pm
  - Wakes at 7pm

Case 2: NP
Sleep Management Plan For :
Date: _____/_____/_____

Before Bed - Pre Bedtime Routine:
Bottle of milk. Remove milk bottle before child falls asleep

At Bedtime:
DO NOT OFFER BREAST. DO NOT ROCK. Place in cot and pat to sleep

How to Manage Crying or Protesting at Bedtime:
Stay with child until he falls asleep. DO NOT PICK UP FROM COT

How to Manage Night time Waking:
Reassure “mummys here”. Pat to sleep. DO NOT PICK UP FROM COT

Daytime Nap
SAME AS BEDTIME

Remember - stick with the plan and sleep pattern will improve.
Sometimes things will seem a bit worse before they get better. Hang in there.
In summary

- Children need much more sleep than adults
- Perceptions of sleep problems in children vary across predominantly Asian or predominantly Caucasian cultures
- Physicians to ask about sleep in the well child visit – use screening tools where possible