SLEEP PROBLEMS IN CHILDREN

A child who has trouble sleeping rarely suffers alone. The whole family is likely to share the burden. Whatever the child's age, both the child and the parents have undoubtedly already survived several bouts of disturbed sleep. Parents may wonder what pattern of sleep is normal for children. What will help resolve a child's sleep problems faster, and how can parents help children learn good sleep habits?

The first year of life

Newborn babies average 16 to 18 hours of sleep a day, spread out in about five sleep episodes. The sleep hours are not random. Within just a few days of birth, babies usually sleep longer at night than during the day. By 2 months of age, nearly half stay asleep or rest quietly for at least five hours during the night, giving parents a chance to return to a more normal sleep schedule.

By the end of the first year, most children are down to one long sleep period at night and a morning and afternoon nap - altogether about 12 to 14 hours of sleep a day.

Some general guidelines stated below might assist parents in helping a baby adapt to a regular sleep schedule:

- Schedule night as "sleep time" and day as "wake time". Avoid play and entertainment at night. Confine those activities to the preferred waking hours.
- Help the baby learn the connection between bed and sleeping. The baby should be tucked into bed at bedtime. Avoid establishing a pattern of allowing the child to fall asleep on the living room couch or in the parent's arms. Also, resist the temptation to use a pacifier or a bottle to lull the child to sleep.
- Lights should be off or turned low at night.
- If the baby cries, go in but don't make a fuss. Offer reassurance with a part, or change a diaper if necessary (do this without taking the child out of bed, if possible). Don't turn on bright lights, and keep noise and conversation to a minimum.

Ages 1 to 3

These are years of growing independence. Children learn to walk, talk, feed and dress themselves, and master toilet skill. Learning to fall asleep independently and return to sleep quickly after awakening at night is important, too. As with walking, the first steps are often shaky.

Bedtime crying and middle - of - the night tearful awakening are moving the most common problems brought to pediatricians and specialists in children's sleep. Parents find these problems exasperating. They often report that they've "tried everything," and are usually surprised to learn that their best efforts to soothe the child may in fact be perpetuating the problem. For example, parents often take a crying child of out bed. They rock the child, sing, offer food, read stories and even bring the child into their own bed. Sometimes they let the child fall asleep in front of the TV. All of these measures establish conditions for falling asleep that require the parent's presence. They don't teach a child to fall asleep independently.

A strategy recommended for dealing with bedtime protests is to put the child to bed awake in a darkened room. Some children need a special blanket or a favorite toy as they fall asleep initially and to provide comfort on awakening during the night. You should say goodnight and leave the room.

If the child cries, wait 5 minutes before going back and stay in the room only briefly. Don't pick the child up. Keep conversation to a minimum, then leave, even if the child is still crying. If crying continues, wait 10 minutes before returning. Stay briefly, and leave again. If the crying still continues, wait 15 minutes before returning. Use the same routine during middle - of - the night awakenings and at naptime. On subsequent nights, add 5 minutes of each waiting period. A parent's coming and going will proved reassurance and show the child that the parent is not going away forever. Although allowing the child to cry during the learning process is stressful for parents, experts say it is not psychologically damaging to the child.

Bedtime routines remain important. A bath, quiet play and a story can ease the transition from waking to sleeping. Such activities also serve as a special time for sharing. Children thrive on direct, personal interaction with parents; watching TV together is a poor substitute. Experts advise that parents take the following steps to establish a peaceful bedtime transition for children: Avoid exciting activities and scary stories before bedtime. Always let the child know when it's almost time for bed. Resist requests for "one more story" or "another drink of water". Be consistent from night to night. A child will learn the rules only if parents stick to them.

If the child won't stay in bed, a parent can use the "door closing" approach - either the child stays in bed, or the door will be closed. Don't lock the child in; that's too scary. Simply hold the door closed for a minute before opening it and restating the rule; As long as the child stays in bed, the door stays open. It's then in the child's control. If the child won't stay in bed, keep the door closed longer. Parents can talk through the closed door to provide encouragement.

Ages 6 through 12

During these years, the sleep problems of early childhood usually subside, and most children fall asleep fast, sleep soundly, and are fully alert throughout their waking hours. Some children are "lark", or morning people, and others are "owls", or evening people. These lifelong traits can manifest themselves quite early. The major problem during these year often proves to be bedtime rather than sleep. A child may push back bedtime to watch TV, read or do homework. There is no set number of hours of sleep that is best for everyone and some children, like some adults, need less sleep than others.

It's a mistake to make children go to bed long before they are ready for sleep, but a sleepy child is a cause for concern. Insufficient sleep can make a child irritable or cranky. Teachers may report that the child fails to pay attention in class or even falls asleep. The first step in remedying this problem is to enforce earlier bedtimes.

It's reasonable to anticipate sleep disturbances at times of unusual activity, such as going away to camp, illness or family events such as moving or the birth of a sibling. Even very young children benefit from talking about their worries. Restrict such discussions to daytime to keep bedtime worrying from becoming a habit.

Age 12 to 20

These years are the most - rapid body growth and development after infancy. Studies show that teenagers need to sleep an hour longer each day then they did in their pre-teen years. If permitted to sleep as long as they wanted, teenagers would average about 9 hours of sleep a night, buy they usually sleep 1 or 2 hours less. The predictable consequences of this sleep loss is dozing in class and sleeping late on weekends to catch up. The typical teenager's sleep habits make it hard for parents to know what is or isn't normal sleep behaviors. Late hours, a heavy after-school work schedule, and the use of drugs (including alcohol) may be harmful to a teenager's sleep.

Other childhood sleep Disorders

Sleepiness in children may also be the first symptoms of another disorder, such as delayed sleep phase syndrome, narcolepsy, or sleep apnea. Symptoms of any of the theses disorders demand a visit to a healthcare practitioner.

Delayed Sleep Phase Syndrome

Children with delayed sleep phase syndrome - most commonly teenagers - complain that they cannot fall asleep until 3 or 5 a.m. and that they have trouble getting out of bed for school. This problem is particularly hard on parents, who complain that they must drag their child out of bed each morning.

Teens often do well with weekend "crash" treatment: if they stay up all night on Friday, then stay awake all day on Saturday, they should feel sleepy enough on Saturday night to fall asleep around midnight. They should then get up on Sunday at the time they'd usually awaken for school. From then on, they need to adhere closely to the same bedtimes and wake times 7 days a week.

Narcolepsy

Children with narcolepsy show sleepiness far beyond that of a normal child. Narcoleptic children may fall asleep while talking, eating, or even while riding a bike. They experience uncontrollable attacks of sleep several times a day, bizarre auditory or visual hallucinations as they are falling asleep, episodes of being unable to move or speak at the time of falling asleep and an awakening, and attacks of sudden muscle weakness brought on by laughter or becoming excited. These attacks can last from a few seconds up to 30 minutes.

During the early stages of narcolepsy, children often have great difficulty getting up in the morning. When awakened, they can become confused, aggressive or verbally abusive. It is important to diagnose narcolepsy early, since sleepiness can affect classroom performance. It may also lead teachers - as well as the child - to attribute symptoms to laziness or dullness. Children with narcolepsy often benefit from regularly scheduled naps and often from stimulant medication.

Sleep Apnea

Children with sleep apnea may snore loudly and complain of morning headaches. They may also frequent upper airway infections.

Abnormal behavior at night

Several sleep disorders can occur in people of all ages, although they are more common in children.

Sleep walking

The typical episode of sleepwalking involves merely sitting up in bed. Some children, however, actually walk in their sleep, and even make what appears to an observer to be attempts to "escape". They may also engage inappropriate behavior, such as urinating in a closet.

Sleepwalking is most frequent in children between the ages of 4 and 8. It usually occurs in the first third of the night, the time of deepest sleep. Since children generally "outgrow" sleep walking, medical treatment is seldom necessary. Sleepwalkers may need safeguards to prevent injury, such as windows locks and gates across stairways, or attaching a bell to a child's door to alert parents to nocturnal wanderings.

Sleep Terrors

When a child's screams at night, parents may rush in to find their child sitting up in bed, flushed and sweating but not awake. Attempts to provide comfort may go unnoticed. If awakened, the child may be confused and disoriented, and is unlikely to relate "bad dreams". The child usually has no memory of the event in the morning. Sleep terrors are most common between the ages of 4 and 12. Like sleepwalking, sleep terrors usually occur during the first third of the night. There is little a parent can do, other than to offer reassurance that "everything's all right". Fortunately, sleep terrors usually subside, as a child grows older.

Nightmares

Here, tearful frightened children relate scary stories, such as being chased by a man with a knife, or being attacked by a monster. In contrast to sleep terrors, nightmares generally occur during a later phase of sleep, when dreaming sleep peaks. Nightmares rarely prompt talking, screaming, striking out, or walking during sleep. Nightmares are most frequent between the ages of 3 and 6, and then decline. Most adults, however, report at least an occasional nightmare.

Bed-wetting

One in three 4 -year - olds still wets the bed. Sleep specialists view bedwetting as a disorder only when it continues beyond age 5. Nonetheless, one in ten 6 -year -olds and one in twenty 10 - year olds continues to have difficulty staying dry at night.

A developmental lag is responsible for most cases of bed - wetting. Although parents and children are understandably concerned, bed-wetting usually disappears by itself over time. That doesn't mean, however, that it should be ignored. Worry and embarrassment may keep a child from spending the night with a friend or going to sleep - away camp and may lower a child's self-esteem. A healthcare provider, pediatrician, or a specialist in children's sleep disorders can make sure the problem does not have a medical cause, and can suggest a variety of bladder training and other effective behavior strategies.

Head banging and body rocking

Infants and toddlers sometimes engage in rhythmic movements as they drift off to sleep, presumably for their soothing effect. While the child may bang against the side of a crib or a headboard, making a noise that parent find worrisome, injuries are rare. The activity usually diminished by age 4.

When to Seek Help

If a child's sleep poses difficulties for the child or other members of the family, it's time to see healthcare provider. The parent's observations will be a big help to the specialist. After an appointment is made at a sleep center parents may be asked to log their child's sleeping and waking patterns for a week or two before their visit to the center. The specialists will need to know when the child goes to bed and gets up, what events disturb the child's sleep and how often and at what time of night these events occur. The specialists will also want to know how the child functions during the day.

At the sleep center, parents can expect a comprehensive physical and psychological exam. The next step is often a trial of strategies targeted at improving sleep behavior. While these strategies need to be tailored to each child, they are highly successful in correcting most common sleep disorders in children. Some symptoms, such as loud snoring or seizures, may require that a child spend a night or two undergoing sleep monitoring in a sleep center. This monitoring is sometimes the only way to uncover a disorder that occurs during sleep.

Technicians at the sleep center will position dime- seized sensors at various places on the child's head and body to record brain waives, muscle activity, leg and arm movements, heart rhythms, breathing and other body functions during sleep. These monitoring devices cause little or no discomfort and will not hamper the child's movements during the night. Sleep specialists will then compare the child's test results against norms for children of the same age.

The specialist may also wish to study the child's sleep during the day by providing a series of opportunities to nap at 2 -hour intervals. The speed with which people fall asleep on this test, known as the multiple sleep latency test, documents the extent of daytime sleepiness.

Teach children Good Sleep Habits

- Try to keep a regular schedule for bedtimes and wake times.
- Be consistent with bedtime routines. In early years, a bedtime story, and in later years, reading or another quiet activity can serve as cues for sleep.
- From the beginning, encourage children to fall asleep on their own, in their own beds.
- Parents should also pay attention to their sleep needs, making sure that they are getting enough sleep.