

Sleep Problems 7 in Childhood

Factsheet for parents and teachers

One of the most common problems in toddlers and young children is sleeplessness. The child may have difficulty settling to sleep, or wakes in the night and wants a parent. Very young children often fear being left alone at night. This 'separation anxiety' is normal at a young age.

Difficulties in sleeping are due to a number of reasons such as napping too much in the daytime, bedtime fears and bedwetting (see Factsheet 8 about children who soil or wet themselves). You might find that when your child gets very tired, they get irritable, aggressive or even overactive – not sleepy (hence the phrase 'overtired'!).

Older children and teenagers can also have problems with sleeplessness. They might find it hard to sleep if they are worried, drinking too much tea or coffee, cola or energy drinks, or are using illegal drugs. Some will just get into the habit of going to sleep very late. After a while, they find that they can't get to sleep at an earlier time. It is important that your child has a regular sleep routine:

- *Decide on regular times for going to bed and getting up.*
- *Stick to these times.*

Sometimes, difficulty in sleeping is part of a severe depression (see Factsheet 34 on depression in children and young people).

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Daytime sleepiness

This can simply be caused by your child not getting enough sleep at night. Reasons for this might include:

- Going out too late with friends, working or studying.
- Stress or worry.
- Less commonly, loud snoring can wake a child - this is called **obstructive sleep apnoea**. It can be caused by large tonsils and adenoids at the side and back of the throat. Taking them out can sometimes help.
- Some young people sleep too much if they are depressed.
- Drug or alcohol misuse may be a factor.
- **Narcolepsy** is an unusual condition that causes unpredictable attacks of sleep during the day. People with narcolepsy may also have sudden attacks of weakness - this is called **cataplexy**.

Nightmares

Most children have nightmares occasionally. These are vivid and frightening dreams. Children will usually remember the dream, and will need to be comforted so that they can get back to sleep. Nightmares can also be caused by worry, by nasty accidents, by bullying and by abuse of any kind. You can help by encouraging your child to talk about the dream or draw a picture of it. This will help you to find out the cause of the upset and work out what help or support your child needs.

Night terrors

Night terrors most commonly affect children between the ages of 4 and 12 years. They are completely different from nightmares or anxiety related dreams. Unlike nightmares, they happen to young children an hour or two after falling asleep. The first sign is that your child is screaming uncontrollably and seems to be awake. In spite of appearances, your child is still asleep. They will not be able to recognise you, will be confused and unable to communicate, and it is usually hard to reassure them. It is best not to try and wake them, but sit with them until the night terror passes, usually after about 5 minutes.

Try not to feel upset yourself. It can be very distressing to see your child so disturbed, but they appear not to be consciously aware, will not remember it in the morning. Children usually grow out of this.

Restless or Interrupted Sleep

Some children have naturally brief and/or irregular sleep patterns. They may need less sleep than you do, which is taxing for a parent. If they are generally apparently refreshed in the morning, and not chronically fatigued, or if their pattern is several restless nights followed by a deep "catch-up" sleep which restores them, you may have to just go with the flow. You should still establish bedtime times ("in bed" is not necessarily "asleep"), and rules about staying in bed (or at least quietly in the bedroom) during the family "night time" shows.

Sleepwalking

Sleepwalking is similar to night terrors, but instead of being terrified, the child gets up out of bed and moves around. The main thing you can do to help is to make sure that they don't hurt themselves. You may need to take practical precautions, like using a stair-gate, making sure that windows and doors are securely locked, and that fires are screened or put out. This is also something that children tend to grow out of.

Why sleep problems matter

Sleep problems are very common. Most children's sleep problems happen only occasionally. They are not serious and get better on their own, with time. If they don't, you need to take them seriously. As well as being upsetting, they may interfere with your child's learning and behaviour. There may be an underlying health problem, physical or mental.

What can I do to help?

There are some simple things you can do to help your child sleep better:

- Develop a consistent, relaxing bedtime routine with your child. This should start with quiet time to help your child to wind down - for example, a bath followed by a short bedtime story before you say goodnight. This helps children to settle, and should end with your child falling asleep without the need for you to be with them.
- It is important to be loving, but firm, about when it is time for your child to settle down for the night. When your child cries out, it is important to be sure that they are not wet, ill or in pain. It is best to do this quickly, while still comforting and reassuring them. Don't spend too much time with them or take them into your bed, because this will reward them for being awake.
- A dummy can help to comfort young infants who wake needing to suck. Once you have weaned your child on to solid foods, it is best not to give them a bottle or dummy at night - if they wake and can't find it, they will probably start crying. A cuddly toy or favourite blanket can often help young children to cope with their separation anxiety.

Where can I get help?

Your general practitioner (GP) or health visitor can offer advice and help. If things don't get better, it is worth thinking about asking for a specialist opinion from a paediatrician or child psychiatrist. This will help to find out exactly what the problem is and how it can be best resolved.

Your GP or another professional can refer your child to the local child and adolescent mental health service - the team will include child psychiatrists, psychologists, social workers, psychotherapists and specialist nurses.

ACKNOWLEDGE:

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