

Some other symptoms of sleep disorders that you may want to discuss with your doctor include, but are not limited to:

- Nighttime bedwetting** • **Snoring**
- Restlessness at night** • **Frequent nightmares**
- Problems with falling asleep/staying asleep**
- Waking up too early** • **Unusual nighttime behaviours**



ADDITIONAL PATIENT BROCHURES BY SLEEP EXPERTS

- **Dental Appliances**
- **Sleep in Aging**
- **Sleep Bruxism**
- **Drowsy Driving**
- **Insomnia**
- **Human Circadian Rhythms**
- **Strategies for Night Shift Workers**
- **Narcolepsy and Cataplexy**
- **Dreams and Nightmares**
- **Obstructive Sleep Apnea**
- **Patient Guide to Sleep Studies**
- **Positional Therapy for Obstructive Sleep Apnea**
- **Children**
- **Restless Legs Syndrome**
- **Sleep and Post-Traumatic Stress Disorder**
- **Normal Sleep**

Please note that the content of these brochures are copyrighted by Canadian Sleep Society, unless otherwise indicated. Rev 15/05/2020

“HEALTHY SLEEP FOR HEALTHY CANADIANS”

The Canadian Sleep Society is a national organization committed to improving sleep for all Canadians through: support for research, promotion of high quality clinical care, education of professionals and the public, and advocacy for sleep and sleep disorders medicine.

For more information visit www.canadiansleepsociety.com or email info@css-scs.ca

Canadian Sleep Society



Société Canadienne du Sommeil



If a child naps when he or she no longer needs to do so, the additional daytime sleep may lower the sleep pressure he or she accumulates by nighttime, leading to difficulties in falling asleep on time and delaying bedtime. Therefore, it is better to avoid daytime naps beyond the age of 4 or 5, once the child no longer needs a daytime nap on a regular basis.

WHAT ARE SOME COMMON SLEEP PROBLEMS?

The following are examples of disorders that can cause difficulty falling asleep or staying asleep.

Sleep association disorder: This problem is common in infants, toddlers and young children. The problem occurs when a child needs to have certain conditions to fall asleep that therefore obliges the caregiver to provide. Following arousals that occur during the night, your child cannot get back to sleep without these conditions being present. The conditions may include things like: rocking your child, feeding him/her, rubbing his/her back, and lying in bed with him/her. When you do these things, your child falls asleep quickly, but during the night you have to repeat the same habits to get him/her to fall back asleep.

Delayed Sleep Phase Syndrome: This is a common sleep problem in older children and teenagers, but can occur at any age. Teenagers with delayed sleep phase are “night owls” and prefer to go to bed very late, wake up late (especially on weekends) and routinely skip breakfast. If you let him/her sleep on their own schedule, he/she will get enough sleep, but this will likely conflict with other daytime responsibilities, especially school. Some teenagers can cope with this routine but others will have trouble falling asleep at a reasonable hour and waking up in the morning.

Another type of sleep problem is called *aparasomnia*, which means an unusual behaviour or experience during the night. Examples of this type of problem are sleep walking and sleep terrors.

Both these related sleep problems happen primarily in the preschool and early school-age years; both occur during the slow wave sleep period (NREM). This is the stage of sleep that is most common in young children. These problems can also occur but are less common in older children, teenagers and adults. Your child may wake up 1-3 hours after falling asleep looking frightened, sweaty, and may scream. When you try to

console him/her, he/she looks right through you. In the morning he/she will not remember this episode. The majority of this sleep state is in the first third of the night, and that is why people who have night terrors have them within a few hours of falling asleep. parasomnia, which means an unusual behaviour or experience during the night. Examples of this type of problem are sleep walking and sleep terrors.

Both these related sleep problems happen primarily in the preschool and early school-age years; both occur during the slow wave sleep period (NREM). This is the stage of sleep that is most common in young children.

These problems can also occur but are less common in older children, teenagers and adults. Your child may wake up 1-3 hours after falling asleep looking frightened, sweaty, and may scream. When you try to console him/her, he/she looks right through you. In the morning he/she will not remember this episode. The majority of this sleep state is in the first third of the night, and that is why people who have night terrors have them within a few hours of falling asleep.

ANSWERS TO COMMON QUESTIONS

How do I know if my child is getting enough sleep? Sleep apnea syndrome?

Children are not always like adults when they are tired, and your child may show his or her fatigue in different ways. Sometimes children who do not get enough good quality sleep do not look tired. They might even be hyperactive/overactive. They may have poor behaviour, be aggressive or display short attention spans. Children who are difficult to wake up in the morning and are slow to become alert may not be getting enough sleep or might have poor quality sleep. Of course, there are other explanations for these problems with waking up, but poor sleep should be considered. Conversely, if your child wakes up naturally and appears well rested, it is likely that he or she is getting a good quality sleep.

What should I do if I recognize these problems in my child?

If you recognize these or other worrisome sleep problems, you may find help in self-help books available on children’s sleep in your library or bookstore. If the problem persists, you should speak to your doctor or healthcare provider.



Société Canadienne du Sommeil



Canadian Sleep Society

Children

WHAT TO KNOW ABOUT SLEEP IN CHILDREN

WHAT HAPPENS WHEN MY CHILD SLEEPS?

GOOD SLEEP HABITS

COMMON SLEEP PROBLEMS

Shelly Weiss, MD, FRCPC
 Pediatric Neurologist, Hospital for Sick Children
 Professor, Dept. of Pediatrics,
 Faculty of Medicine, University of Toronto,
 Toronto, Ontario, Canada

Reut Gruber, PhD, Psychologist
 Director, Attention, Behaviour and Sleep Lab,
 Douglas Mental Health University Institute
 Associate Professor, Dept. of Psychiatry,
 Faculty of Medicine, McGill University,
 Montreal, QC, Canada

www.canadiansleepsociety.com

Atlantic Sleep Centre
Saint John Regional Hospital
506-648-6178



INTRODUCTION

Sleep problems are one of the most common concerns for parents. In fact, sleep problems have been estimated to affect 30% of children. Sleep is important for both physical and cognitive growth in children. Both the quality and quantity of your child's sleep is important. There are many different parenting styles in which children are raised, which can effect when, where, and how your child sleeps. The sleep environment also affects sleep. It is important to ensure that your child's sleep is not disturbed by light or noise.

No matter which style your family chooses, it is important for parents to learn what normal sleep patterns are in children, how to establish good sleep habits, and how to recognize and start to improve your child's sleep if a problem exists. It is also important to recognize common sleep problems in children and adolescents.

WHAT DO I NEED TO KNOW ABOUT SLEEP IN CHILDREN?

How are sleep timing and duration regulated?

Two processes regulate sleep:

The first is called the homeostatic process which is a measure of sleep pressure that accumulates during wake period and dissipates during sleep. It is good to make sure your child has accumulated a strong enough sleep pressure at bedtime, as it will help him or her fall asleep quickly.

The second is the circadian process. This regulates when your child falls asleep and wakes up, and contributes to determining his or her sleep schedule. These two process together shape the quality and quantity of your child's sleep. Ideally, if your child accumulates sufficient sleep pressure by the desired bedtime and follows a consistent bedtime and wake up routine, he or she will benefit from a good night's sleep at all ages.

1

WHAT HAPPENS WHEN MY CHILD SLEEPS?

- For all age groups, there are two different types of sleep stages at night and we cycle through them naturally from bedtime until morning. These two types of sleep states are called REM (rapid eye movement) or dreaming sleep, and NREM (non-rapid eye movement, which includes deep restorative sleep). All humans need both types of sleep to be healthy and well rested every day.
- When children and adults move from one cycle of sleep to the next, there is a brief period of semi-awakening or arousal. These arousals occur between 5-7 times through the night and you are not usually aware of these awakenings but return quickly back to sleep. During these arousal periods, children who have learned to "self-soothe" can usually go back to sleep without any parental help, while children who have not learned this skill often become more awake and need help to go back to sleep.
- As children grow and develop, the amount of sleep they need changes. The time spent in sleep decreases from 16-20 hours per 24 hours in newborns, to 10-11 hours for preschoolers and school-aged children. Teenagers continue to need approximately 9 hours of sleep. Therefore, it is equally important to make sure your teenager gets enough sleep, as it is for your toddler.
- Another thing that changes as children grow and develop is the way in which sleep is distributed across the day and night: daytime napping gradually declines (most children stop napping between 3 and 5 years of age) and sleep becomes consolidated into a single nighttime period.



2

WHAT ARE THE CONSEQUENCES OF SLEEP DEPRIVATION?

Poor or insufficient sleep can affect your child's mood and behaviour, put him or her at higher risk for emotional and behavioural problems, and negatively affect his or her ability to pay attention, learn, and be successful in school.

It can also affect your child's physical health, increase the risk for chronic diseases such as obesity and cardio-metabolic problems, and make him or her more prone to accidents. In addition, children who do not develop good sleep habits may become adults who sleep poorly.



THINGS I CAN DO TO HELP MY CHILD LEARN GOOD SLEEP HABITS

Environment: By following some simple steps, you can help your child's biological clock work properly, ensuring that he or she has the ability to fall asleep easily at night and be awake and alert in the morning. Here are some simple steps to follow: In the evening, help your child's brain know it is *night time* by ensuring that the bedroom is quiet (with no television, music or other electronic devices), dark and set at a comfortable temperature. If you use a nightlight, it should remain at the same low level throughout the night. Light of any kind can suppress the secretion of melatonin, but blue light at night does so more powerfully. Experts recommend decreasing the amount of blue light displayed on the screen of your child's device/s in the evening by installing a blue-light filter. In the morning, help your child's brain know it is *morning time* by exposing him/her to natural sunlight and encouraging him or her to be active.

Family habits: After about 4-6 months of age, children can learn to fall asleep on their own, without mother or father rocking, feeding or soothing them to sleep. It is important that the conditions under which your child falls asleep at bedtime are also available when your child wakes up during the night. Your child should fall

3

asleep in the same location where he/she will sleep throughout the night. Examples of problematic bedtime habits would be if your child needs you to help him/her fall asleep by rocking, driving in a car, or with music or television while falling asleep. Some children are comforted by a transitional object (e.g., familiar blanket or teddy bear).

Consistent sleep and wake schedule: Bedtime and waking time should be similar every day and not vary by 30 minutes between the weekday and weekend.

Bedtime routine: A quiet soothing, predictable short (15-30 minute) routine will help your child make the transition from daytime activities to bedtime.

Meals: To promote healthy sleep at the right time of night, it is important to eat breakfast every morning. A light carbohydrate snack at bedtime (e.g., cheese and crackers) can be helpful to fall asleep. You should not feed your child a heavy meal close to bedtime.

Exercise during the day: Moderate to vigorous exercise during the day is important for a healthy sleep routine.

THINGS TO AVOID TO HELP MY CHILD LEARN GOOD SLEEP HABITS

No caffeine: It is best for children to stay away from caffeine altogether, but particularly within 6 hours of bedtime. This includes chocolate, cola beverages, tea, and coffee. You need to check the ingredients, especially soda pop that may contain caffeine.

No vigorous exercise at night: Strenuous exercise should be avoided within 3 hours of bedtime. This is because vigorous exercise increases arousal and may make it more difficult to fall asleep.

No electronic devices: Children should avoid exposure to electronic devices, including tablets, phones, computers and gaming consoles in their bedroom. Having these devices in the bedroom may delay your child's bedtime. In addition, the light exposure (from the devices) may stimulate brain activity making it more difficult to fall asleep.

No napping after the age of 5: As a child ages, sleep becomes more consolidated, and instead of small intervals of sleep/naps being needed, one stretch is sufficient to ensure that he or she is well rested. Many children and adults will take occasional naps, but children who get adequate sleep do not need to nap after the age of 5.

4