

ability to learn. In addition, children who do not develop good sleep habits may become adults with sleep problems.

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

Children are not always like adults when they are tired. Sometimes children who do not get enough sleep do not look tired. Children may show their fatigue in different ways. Children who do not sleep well may have poor behaviour, be aggressive or show short attention spans. Children who are difficult to awaken in the morning and slow to become alert may not be getting enough sleep. There are of course other reasons that children have these same problems, but poor sleep should be considered.

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

- nighttime bedwetting
- snoring
- extreme restlessness at night
- frequent nightmares
- other problems with falling asleep, staying asleep, waking too early or unusual nighttime behaviours

References

Howard BJ, Wong J. Sleep Disorders. Pediatrics in Review, Oct. 2001

Mindell JA, Owens JA. A Clinical Guide to Pediatric Sleep, Lippincott Williams & Wilkins, 2003

Owens JA, Witmans M. Sleep Problems. Curr Probl Pediatr Adolesc Health Care. April 2004

This brochure has been prepared for the
Canadian Sleep Society by:

Shelly Weiss, MD
Hospital for Sick Children
Toronto, ON, CANADA



Malvern Sleep Clinic
1371 Neilson Road, Suite 306, Scarborough, ON

Driving directions from 401 Eastbound (Ajax / Pickering / Whitby / Oshawa):

Exit 401 at Neilson Road and proceed Northbound on Neilson Road to McLevin Avenue. The sleep clinic is on the Southeast corner of Neilson Road and McLevin Avenue.

Driving directions from 401 Eastbound (Toronto / Mississauga):
Exit 401 at Neilson Road and proceed Northbound on Neilson Road to McLevin Avenue. The sleep clinic is on the Southeast corner of Neilson Road and McLevin Avenue.

Driving directions from 404 Southbound (New Market / Richmond Hill):

Take 404 southbound and proceed towards 401 east. Exit 401 at Neilson Road and proceed Northbound on Neilson Road to McLevin Avenue. The sleep clinic is on the Southeast corner of Neilson Road and McLevin Avenue.

Driving directions from DVP Northbound (Toronto / North York):
Take DVP northbound and proceed towards 401 east. Exit 401 at Neilson Road and proceed Northbound on Neilson Road to McLevin Avenue. The sleep clinic is on the Southeast corner of Neilson Road and McLevin Avenue.

Driving directions from Markham / Unionville:

Take Markham Road southbound and proceed to Finch Avenue. Turn east (Left) on Finch Avenue and proceed to Neilson Road. Turn south (Right) on Neilson Road and proceed to McLevin Avenue. The sleep clinic is on the Southeast corner of Neilson Road and McLevin Avenue.



Malvern Sleep Clinic

Sleep in Children



1371 Neilson Road, Suite 306
Scarborough, Ontario M1B 4Z8
Tel: 416-282-9119 • Fax: 416-282-4141
Email: malvernsleep@rogers.com
Web site: www.malvernsleepclinic.com

Introduction

Sleep problems are one of the most common concerns for parents. In fact sleep problems have been estimated to affect 25% 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 family styles in which children are raised, which can affect when, and how your child sleeps. However, 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?

- At all ages, there are two different types of sleep at night and we cycle in a predictable way through the types from bedtime to morning. These two types of sleep 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 each 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 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 needed changes. The time spent in sleep decreases from 16-20 hours per 24 hours in newborns to 10-11 hours for pre-school and school-aged children. Teenagers continue to need between approximately 9 hours of sleep. Therefore, it is equally important to make sure your teenager gets enough sleep, as it is for your toddler.

How can I help my child to learn good sleep habits?

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

- **Bedroom environment:** The bedroom should be quiet (no television or music when falling asleep), dark and at a comfortable temperature. If you use a nightlight, it should be at the same low level throughout the night.
- **Falling asleep alone:** After about 4 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 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).
- **Sleep and wake schedule:** Bedtime and waking time should be similar every day and not vary by 30 minutes between the weekday and weekend.
- **Meals:** To promote healthy sleep at the right time of the 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.
- **Another food tip – avoid 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 of soda pop that may contain caffeine.
- **Exercise/Sunlight:** Regular exercise during the day and exposure to natural sunlight in the morning is important to regulate sleep-wake patterns. Strenuous exercise should be avoided within 3 hours of bedtime. This is because vigorous exercise raises your core body temperature and may make it more difficult to fall asleep.
- **Daytime sleep:** After the age of 5 years, most children stop daytime napping. Many children and adults will have the occasional nap, but in general, children who are getting adequate sleep will not need to nap after this age. What are some common sleep problems? One type of sleep problem is called a dysomnia, or problem with the timing

of sleep. 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 has to have certain conditions when falling asleep that a caregiver has 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, 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 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 skip breakfast routinely. 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 in the morning.

Another type of sleep problem is called *parasomnia*, which means unusual behaviour during the night. Examples of this type of problem are sleep waking and night terrors.

Both of these related problems happen primarily in the preschool and early school-age years; sleep walking is about 10 times more common than night terrors. 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.

What are common questions that parents ask about sleep in children?

What will happen if my child does not get enough sleep? Poor sleep can affect your child's mood, behaviour and