Behavioural Sleep Problems in Children

On-the-spot management

INFORMATION FOR HEALTH PROFESSIONALS

Sleep Health
Primary Care
Resources

Definition

Sleep problems in young children are often behavioural in origin and include problems getting to sleep, problems staying asleep, or a combination of both. Parents also complain about early morning waking. Sleep problems affect many children and are associated with poorer behaviour, learning, social-emotional functioning and quality of life. They are also associated with poorer parent mental health. Sleep problems are more common in children with Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorders.

Typical presentations

Limit setting disorder

- Preschool or primary school aged child
- Comes in and out of bedroom repeatedly before falling asleep, with multiple requests to parent ("I want a drink, I want to go to the toilet, I want to talk to you, I'm scared...")
- Parents find it challenging to set limits around these "curtain call" behaviours

Sleep onset association disorder

- Toddler through to school aged child
- Falls asleep readily if particular associated person (e.g. mother), object or environmental factor (e.g. television noise) is there; in its absence, struggles to fall asleep
- Typically wakes 1+ times during the night, wanting the same association available in order to re-settle back to sleep

What to ask

- Is there a bedtime routine? If so, what is it, and how often is it followed? (e.g. bath, then brush teeth and bed). How long does it take?
- How, where and with what environmental factors present does the child fall asleep? (e.g. with parent on couch, then carried into bed)
- Does each parent/caregiver behave consistently when settling their child or is the child getting inconsistent messages / routines? Is there conflict between parental approaches?
- Do one or more caregivers find it hard to set limits at bedtime?
- How long does it take for the child to fall asleep, and at what time does this occur?
- Do they wake overnight, and if so, how many times and for how long, with what behaviour displayed? What is the parental response?
- What time does the child wake for the day, and do they wake themselves or need to be woken? Is the time different on weekends / holidays?
- Does the child nap during the daytime; if so, how many times, for how long and when?

Other Key Questions

- Does the child snore overnight? Does this occur ≥3 nights per week when well? Are there also pauses in breathing?
- Is the child continually restless or frequently kicking during sleep? Is there leg discomfort?
- **Note:** Behavioural sleep problems can coexist with sleep disorders such as obstructive sleep apnoea and periodic limb movements of sleep.

What to examine

- Check for enlarged tonsils
- Undertake a general examination to rule out medical causes of night waking e.g. poorly controlled asthma, eczema or ear infections.

What investigations to order

Generally, no investigations are required for behavioural sleep problems in children; investigations may be useful if the presentation fits with an underlying non-behavioural sleep disorder.

Treatment approach

Establish parent goals

Identify what parents want to attain for their child's sleep. Be guided by what is attainable (e.g. no night-waking in a 6-month old may not be realistic)

Focus on one behavioural sleep problem at a time.

Educate

Discuss normal sleep and sleep cycles. Explain that sleep is cyclical and that children arouse regularly with sleep cycles e.g. every 40-50 minutes. Explain that the way a child falls asleep at the start of the night is the way that they expect to go back to sleep when they naturally arouse overnight. For example, if the last thing a child remembers is being patted to sleep or having mum lie there, this may be what they expect when they wake overnight.

Discuss good sleep hygiene principles, including establishing a bedtime routine, having a set bedtime, keeping the bedroom and hour before bedtime screen-free, and avoiding drinks and food that contain caffeine, especially in the afternoon/evening. In limit setting disorder, the bedtime routine may be too long (ie > 30 minutes) as a result of parents being unable to say 'no' to their child's demands.

What to do initially – limit setting disorder

Limit the child to 1-2 requests at the start of the night. The use of the 'bedtime pass' method can help this; child gets 1 'pass out' to use at the start of the night and thereafter, needs to stay in their room until they have fallen asleep.

Sleep onset association disorder

Identify the sleep association (e.g. parental touch) and gradually phase this out of the night settling routine. This can be done by one of several methods, including:

Checking method – the parent settles their child, leaves the room for 1-2 minutes, and promises to return to check on their child briefly after this time. The parent can gradually lengthen the amount of time spent outside their child's room. Eventually the parent returns to find their child has fallen asleep.

Camping out method – parents place a bed or chair next to the child's cot/bed. For the first few nights the parent settles their child as they normally would, or by patting. After a few nights, when the child is settling to sleep readily, the parents remain next to them in their own chair/bed but does not touch the child. The parent then gradually moves their chair/bed away from the child over a period of 7-10 nights. When the child wakes overnight, the parent returns to the designated bed/chair until the child falls asleep again.

A minority of children temporarily increase their troublesome behaviour in response to parental attempts to modify behavioural sleep problems ("extinction burst"); parents should be informed about this and told to persist with their efforts.

Rewards

Consider rewarding the child for being compliant with the chosen method (e.g. for staying in their room after using the pass out only once). Rewards should be simple and cheap eg stars/stickers for younger children and raffle tickets that can be cashed in for a dollar for school aged children.

Create a plan and follow-up

Document an agreed-upon plan which parents/caregivers can take and use, to promote consistence and adherence. Arrange for follow up 2-3 weeks later. Consider having parents complete a sleep diary for their child so they can track progress. At follow up, troubleshoot any issues (e.g. is a consistent bedtime routine established?).

What if…?

… the child keeps coming out of their bedroom despite having used up their bedtime pass?

Parents should return their child to the bedroom with minimal interaction and remind them they will only get their reward when they use the bedtime pass once.

… the child is sick?

Parents should stop any settling strategies if their child is unwell and restart when their child is well. If a child has a runny nose but is otherwise well, parents can continue.

When to refer

If the above strategies are not effective, refer to a general paediatrician, or sleep physician/centre, or child psychologist for further management. For some children, anxiety or a neurodevelopmental disorder may be an underlying contributor to sleeping difficulties. If comorbid obstructive sleep apnoea is suspected, referral to an ENT specialist may be warranted, especially if tonsillar enlargement is evident.

Further resources:

Raising Children Website:
www.raisingchildren.net.au
This Australian Government-funded website has a collection of articles on evidence-based management of common childhood behavioural sleep problems suitable for use by practitioners and parents.

Sleep with Kip:
www.sleepwithkip.com/strategies
This website developed by the Murdoch Children's Research Institute has click-on links to strategies (arranged by behavioural sleep problem presentation) that parents/carers can utilize

Videos: vimeo.com/user48274901
This series of short videos are useful for practitioners and parents, and cover common childhood sleep issues, including setting a good bedtime routine, establishing good sleep hygiene habits, night waking, night terrors & nightmares, and bedtime battlers and worriers.

Podcast: www.mcri.edu.au/impact/watch-listen-download/listen/sleep-podcast
This collection of podcasts helps parents/carers identify sleep problems in children, and gives easy to understand steps to improve their sleep and overall health. The podcasts cover common behavioural sleep challenges.

Further reading for clinicians:

A Clinical Guide to Pediatric Sleep: Diagnosis and Management of Sleep Problems Second Edition, by Jodi A. Mindell PhD (Author), Judith A. Owens MD MPH. Lippincott Williams & Wilkins, Philadelphia, USA, 2010.

www.researchgate.net/publication/263246752_Sleep_disorders_in_children_and_adolescents_a_practical_guide

Australasian Sleep Association:
Obstructive Sleep Apnoea in Childhood
sleep.org.au/common/Uploaded%20files/Public%20Files/Professional%20resources/Paed%20resources/Obstructive%20Sleep%20Apnoea%20in%20Children.pdf

Prepared by members of the ASA Paediatric Council; reviewed by the GP Education Subcommittee; endorsed by the Education Committee and ASA Board.