



Sleep Problems and Sleep Disorders in School Aged Children



There are a number of common sleep problems and sleep disorders that are known to affect children. These include:

You find it hard to get your child to settle into sleep at a reasonable time in the evening. Or your child wakes you more than once at night.

Your child might have a behavioural sleep problem.

These tend to be linked with some inappropriate behaviours around the time your child goes to bed. It means it is hard to get them to go to bed, go to sleep and stay asleep. See [Behavioural Sleep Problems in Children](#). For information on hours of sleep you could expect at different ages see [Sleep Needs across the Lifespan](#).

You notice that your child snores at night, has very restless sleep and wakes in the morning but does not look refreshed.

Your child may have Obstructive Sleep Apnoea Syndrome. They will need to see a *paediatric* sleep specialist. This is to look at your child's breathing and sleep.

Obstructive Sleep Apnoea Syndrome (OSAS) is a breathing problem during sleep. There are many things that may give clues that your child has OSAS e.g. loud snoring, noisy breathing, having to make more of an effort to breathe, or not breathing consistently with pauses and

Important Things to Know About Sleep Problems and Sleep Disorders in a Child

- More than a third of school aged children may have sleep problems.
- Disturbed sleep at night makes it harder to function during the day. It raises the risk of problems with how a child behaves and learns.
- Problems to do with a child's sleep might not be noticed for some time. Parents often find it hard to detect that something is wrong.
- Most sleep problems and sleep disorders can be treated. Most can be cured. Some can't be cured, but can be managed.
- There are sleep units that specialize in children's sleep. These have children's sleep specialists to work out what is wrong with the child's sleep and how to treat it.

gaps every now and then. OSAS causes a restless sleep pattern. In turn, this leads to poor quality sleep. OSAS can also be linked with night sweats, mouth breathing, sleeping in strange positions and morning headaches. A young child with OSAS might grow and gain weight slowly. When children with OSAS wake up, they don't look refreshed. They may have behaviour and learning problems during the day and perform poorly at school. OSAS in children tends to be caused by large tonsils and/or adenoids. A [sleep study](#) in a children's sleep unit can work out how bad the OSAS is. This is done overnight. Surgery is a common way to treat OSAS in children. The tonsils and adenoids are taken out. Some children have a higher risk of OSAS. Risk factors are if he or she is obese, has narrow bone structure in their face, Down Syndrome, neurological problems, weak muscles or has had cleft palate. See also [Childhood Snoring and Sleep Apnoea](#).

Your child finds it hard to settle into sleep. They complain that their legs don't feel comfortable. Or they have to move or get out of bed to walk around.

Your child may have Restless Legs Syndrome (RLS).

This is a movement disorder. It causes strange feelings in the legs. These come when the legs are at rest, or when your child is lying down ready for sleep. These feelings make the child want to move the legs or walk around. When they move their legs, they will feel better for a short time. But the feelings will come back after a short time. These tend to occur in the time before sleep. This means RLS can make it hard to get to sleep and stay asleep. It can make their sleep worse. This can lead to behaviour and learning problems during the day. A paediatric sleep specialist can tell if your child has RLS and if so how bad it is. They can then arrange to treat it, if your child needs it.

Your child moves frequently during sleep and wakes in the morning but does not look refreshed. This is even though they were in bed long enough to have enough sleep for their age. Your child is also having problems during the day with their behaviour and learning.

Your child may have periodic limb movements (PLMS) during sleep.

These are when your child moves a body part during sleep. It is most common in the legs. The limb moves or jerks over and over, then stays still for a time. After a while, the limb starts moving again. This can disturb their sleep. They might wake up at night. This can cause daytime problems with behaviour, learning and sleepiness. A paediatric sleep specialist needs to look at your child to be sure if they have PLMS or not. They will need to do an overnight sleep study. The sleep study can see how much of an impact the PLMS is having on sleep as well. There are a number of ways to treat PLMS e.g. iron supplements, exercise and / or medications. PLMS may occur together with Restless Legs Syndrome.

Your child wakes up all of a sudden at night. They look anxious or in distress. You may have seen them moving their arms and legs over and over. Or they may sleep in a strange position. At night, they might go stiff or call out.

This may be due to a parasomnia.

Parasomnias are a group of night time sleep problems. They are most common from 2 to 8 years of age. Common types are sleep terrors, confusional arousals, sleep walking, sleep talking and nightmares. Risk factors include if the child doesn't get enough sleep or feels stressed. It can also run in families: a child has a higher risk if a parent had a parasomnia as a child. Parasomnias

are usually thought of as normal in children. They do not normally need treatment, except if they are frequent or there is a risk that the child might hurt themselves. Parents should find out about these parasomnias. They should learn how to help their child during and after one. See Sleep Terrors, Sleep Walking and/or Nightmares.

OR

Your child may have nocturnal seizures.

These can occur as the child goes to sleep, during sleep or just after waking in the morning. They can happen even if the child has never had a seizure during the day. They are much rarer than night terrors. The child may move in the same way over and over. They may jerk and shake. They may or may not wake up. However, they tend to get in the way of a good night's sleep. This leads to daytime problems in behaviour and learning skills. If you suspect nocturnal seizures discuss this with your GP. They may refer your child to a paediatric sleep specialist or Neurologist.

Your child finds it hard to get to sleep and/or finds it hard to go back to sleep after they wake up at night. Or they wake very early in the morning.

Your child may have insomnia.

This is a sleep problem where it is hard to go to sleep and stay asleep. The cause is often behavioural sleep problems, anxiety, depression or stress. Or it could be that they cannot switch off the brain from thinking and let go of the day. This can cause daytime problems with behaviour and learning. Good sleep habits before and at the time they go to bed can make things better. See Sleep Tips for Children and/or Good Sleep Habits and/or Insomnia. This will fix the issue for most children. But if not then they should see your family doctor who may arrange a referral to a paediatric sleep specialist. They will look for more ways to improve your child's sleep.

Your child as a toddler got into a habit of going to bed at 10pm. But now they are going to school and they must go to sleep at 8pm. They are finding it hard to adjust to this earlier time.

Your child is most likely suffering from delayed sleep phase syndrome (DSPS).

DSPS is a sleep problem with the internal body clock. This is also known as the circadian rhythm. It controls the sleep times of the body. With DSPS, the body clock has been trained to go to sleep later through habit. But you can retrain it so your child can go to sleep earlier. To do this, get them to go to bed 15 minutes earlier each night for a week. Changing things step by step is easier than a sudden change. Be sure they get plenty of bright light (e.g. outdoor) as soon as they need to wake up. See Delayed Sleep Phase Syndrome. If this doesn't work then they should see a paediatric sleep specialist.

During the day your child is very sleepy. Also their muscles will go weak all of a sudden. When this happens, they fall to the ground. This seems to be set off by laughter or upsets. This can happen several times in a week.

Your child may be suffering from Narcolepsy

This is a neurological sleep problem. The brain can't control the desire to sleep while it's awake. If your child has it, they may feel very sleepy during the day. It may be linked with other symptoms such as cataplexy (sudden loss of muscle strength). In some people, it causes sudden sleep attacks during the day too. To work out if your child has it or not, they will need to visit a Children's Sleep Unit. Here they will do an overnight sleep study and daytime nap studies. A paediatric sleep specialist needs to do this. If they do turn out to have it, a management plan will be developed. Plans to manage behaviour and maybe some medication will be a part of this. See also [Narcolepsy](#).

Your child is very sleepy during the day, every day. But he/she has no periods when the muscles go weak all of a sudden.

There are a lot of things that could cause this.

See [Excessive Daytime Sleepiness](#). You may need to discuss this with your family doctor.

Your child is always hard to wake up in the morning. They still seem tired. During the day, your child seems hyperactive. They are quick to get upset. Your child is having problems at school with learning new things, concentrating and staying on task. They may also have problems socialising with other children.

Your child may have a sleep problem or sleep disorder.

A child can have a sleep problems and a sleep disorder for some time before it is noticed. You need to look at your child's sleep. Also look at how they function during the day. You need to see if you can find any clues that there may be a sleep problem. If you do suspect they have one, keep a diary of what you see and when you see it. You should see your family doctor to discuss your concerns. A referral to a paediatric sleep specialist may be needed.

Further Information

http://www.nasponline.org/resources/health_wellness/sleepdisorders_ho.aspx

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A voluntary group offering assistance and support to people and their families living with sleep disorders

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Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.

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