BHIPP BULLETIN

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ASSESSMENT OF SLEEP DISORDERS

This will be the first of a three-part series discussing the assessment of and treatment for sleep disorders.

Why should we care about sleep? Approximately 25% of children will suffer from some type of sleep problem. Sleep problems can be quite upsetting to families and can lead to family/caregiver distress, maternal ill health, marital discord and increase the risk for child abuse. Additionally, it may affect the child's physical development, learning/memory, attention, activity level and lead to aggression. Sleep problems can

FROM THE BHIPP TOOLBOX

- 'BEARS' sleep screening tool
- Sample <u>sleep diary</u>

be mistaken for other disorders and this may lead to unnecessary treatment, particularly the use of medications. Common pediatric sleep concerns include bedtime problems (refusals, limit setting), night awakenings, nighttime fears, nightmares, insomnia, parasomnias and enuresis.

In evaluating a child with sleep difficulties, it is important to first rule out underlying medical conditions such as obstructive sleep apnea, upper respiratory/ear infections, allergies, pain, colic and medication side effects. The next step is to obtain a detailed history from the child and/or caregiver regarding sleep patterns.

A useful screening tool is the BEARS sleep screening tool which assesses **B**edtime problems, **E**xcessive daytime sleepiness, **A**wakenings during the night, **R**egularity of evening sleep time and morning awakenings, **S**leep-related breathing problems or **S**noring. Twice as many sleep problems are identified using BEARS as compared to a routine clinical exam.

Additional history may include: How many hours does the child sleep? When does the child go to sleep? With whom does the child sleep? How long does it take to fall asleep? Are there nighttime awakenings? What happens when the child wakes up? Are there bedtime rituals to help initiate sleep? Is the child refreshed after sleep? Is the caregiver distressed? A sleep diary/log is useful to include to complete over the course of 1-2 weeks to document sleep onset, waking and assistance given at transition which then can be compared to developmental norms.

Sleep problems may also be a symptom of another mental health concern. For this reason it is useful to assess for a history of anxiety, separation anxiety, trauma and depression. Completing a thorough sleep assessment is an important first step in the treatment of sleep problems in children. The information obtained will help guide the provider to the appropriate intervention.



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