

Sleep Problems in Children

Part II Common Sleep Problems



Common sleep problems

For a young child, many things can interrupt a good night's sleep. As a parent, you may be able to prevent some of them.

Nightmares

Nightmares are scary dreams that usually happen during the second half of the night, when dreaming is most intense. This may occur more than once a night. After the nightmare is over, your child may wake up and can tell you what occurred. Children may be crying or fearful after a nightmare but will be aware of your presence. They may have trouble falling back to sleep because they can remember the details of the dream.

How to handle nightmares:

- Go to the child as quickly as possible.
- Assure her that you are there and will not let anything harm her. Allow the child to have the bedroom light on for a short period to reassure her.
- If your child is fearful, comfort and calm her.
- Keep in mind that a nightmare is real to a young child. Listen to her and encourage her to tell you what happened in the dream.
- Once the child is calm, encourage her to go back to sleep.

Night terrors

Night terrors are more severe or frightening than nightmares, but not as common. They occur most often in toddlers and preschoolers. Night terrors come out of the deepest stages of sleep, usually within an hour or so after a child falls asleep. During a night terror, children usually cannot be awakened or comforted. Night terrors may also cause the following:

- Uncontrollable crying
- Sweating, shaking, and fast breathing
- A terrified, confused, and glassy-eyed appearance
- Thrashing around, screaming, kicking, or staring
- Child may not realize anyone is with him
- Child may not appear to recognize you
- Child may try to push you away, especially when you try to restrain him

Night terrors may last as long as 45 minutes, but are usually much shorter. Children seem to fall right back to sleep after a night terror, but they actually have not been awake. Like nightmares, night terrors may occur more often in times of stress or may relate to difficult feelings or fears. However, unlike a nightmare, a child will not remember a night terror.

How to handle night terrors:

- Remain calm. Night terrors are usually more frightening for the parent than for the child.
- Do not try to wake your child.
- Make sure the child does not injure himself. If the child tries to get out of bed, gently restrain him.
- Remember, after a short time, your child will probably relax and sleep quietly again.
- If your child has night terrors, be sure to explain to your baby-sitters what they are and what to do.

Keep in mind that night terrors do not always indicate serious problems. Your child will be more likely to have night terrors when he is overly tired and during periods of stress. Your child can become overly tired when he gives up a daytime nap, wakes up too early, or his nighttime sleep is interrupted. Try to keep your child on a regular sleep schedule or increase the amount of sleep he gets to prevent night terrors. Night terrors usually disappear by the time a child reaches grade school. If they do persist, talk to your pediatrician.

Sleepwalking and sleep talking

Like night terrors, sleepwalking and sleep talking happen when a child is in a deep sleep. While sleepwalking, your child may have a blank, staring face. She may not respond to others and be very difficult to awaken. When your child does wake up, she will probably not remember the episode. Sleepwalking children will often return to bed by themselves and will not even remember that they have gotten out of bed. Sleepwalking can be common, and tends to run in families. It can even occur several times in one night among older children and teenagers. If you have concerns or the condition persists, talk to your child's pediatrician.

How to handle sleepwalking and sleep talking:

- Make sure your child doesn't hurt herself while sleepwalking. Clear the bedroom area of potential hazards that your child could trip over or fall on.
- Lock outside doors so your child cannot leave the house.
- Block stairways so your child cannot go up or down.
- There is no need to try to wake your child when she is sleepwalking or sleep talking. Gently lead her back to bed and she will probably settle down on her own.

Sleepwalking and sleep talking are more likely to occur when your child is overly tired or under stress. Keeping your child's sleep schedule regular may help prevent sleepwalking and sleep talking.

Bed-wetting (also called enuresis)

Nighttime bed-wetting is normal and very common among preschoolers. It affects about 40% of 3 year olds and may run in families. The most common reasons your child may wet the bed include the following:

- A bladder that has not yet developed enough to hold urine for a full night.
- Your child may not yet be able to recognize a full bladder and wake up to use the toilet.
- Stress. Changes in the home, such as a new baby, moving, or a divorce can lead to a sudden case of bed-wetting for a child who has been dry at night in the past.

How to handle bed-wetting:

- Do not blame or punish the child for bed-wetting.
- Have your child use the toilet and avoid drinking large amounts of fluid just before bedtime.
- Until your child can stay dry during the night, put a rubber or plastic cover over the mattress to protect against wetness and odors. Keep the bedding clean.
- If your child is old enough, involve him in handling the problem. Encourage him to help change the wet sheets and covers. This will help teach responsibility and avoid the embarrassment of having other family members know about the problem every time it happens. Do not, however, use this as punishment for the child.
- Talk to your pediatrician about other approaches to bed-wetting, such as rewards for younger children or alarm devices for the older child.

Most importantly, don't pressure your child. Bed-wetting is beyond a child's control and he may only become sad or frustrated if he cannot stop. Set a "no-teasing" rule in the family. Make sure your child understands that bed-wetting is not his fault and it will get better in time.

Teeth grinding

It is also common for children to grind their teeth during the night. Though it produces an unpleasant sound, it is usually not harmful to your young child's teeth. It may be related to tension and anxiety and usually disappears in a short while. However, it may reappear with the next stressful episode.

Give it time

Handling your child's sleep problems may be a challenge and it is normal to become upset at times when a child keeps you awake at night. Try to be understanding. A negative response by a parent can sometimes make a sleep problem worse, especially if it is associated with a stressful situation like divorce, a new sibling, a tragedy in the family, problems at school, or some other recent change in your child's life.

If the problem persists, there may be a physical or emotional reason that your child cannot sleep. If you feel you need additional help, start a sleep diary and discuss the problem with your pediatrician. Keep in mind that most sleep problems are very common, and with time and your pediatrician's help, you and your child will overcome them.

Keeping a sleep diary

It may be helpful for you in preparation for discussing a sleep problem with your pediatrician to keep a sleep diary for your child.

Chart the following:

- Where your child sleeps
- How much sleep she normally gets at night
- What time she was put to bed
- What the child needs to fall asleep (favorite toy, blanket, etc)
- The time it takes for her to fall asleep
- The time that you went to bed
- The time awakened during the night
- How long it took to fall back to sleep
- What you did to comfort and console the child
- The time the child woke up in the morning
- The time and length of naps
- Any changes or stresses in the home

Keep in mind that every child is different and no two children may have the same sleep patterns or problems.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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