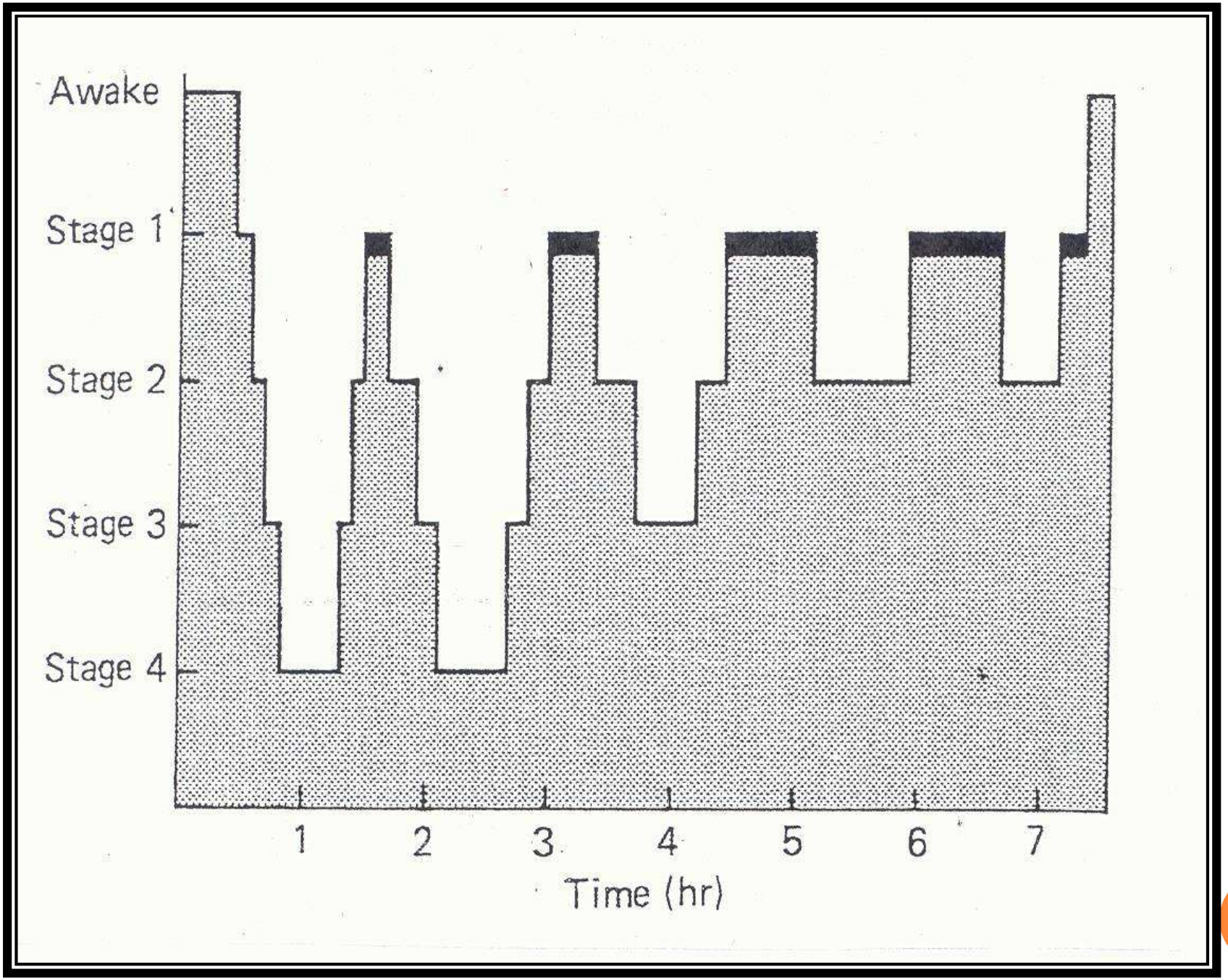
SLEEP DISORDERS

PROF A. VENTER

TO SLEEP, PERCHANCE TO DREAM


Awake
Stage 1
Stage 2
Stage 3
Stage 4
1
2
3
4
5
6
7
Time (hr)

Sleep disorders

- Organic causes
- Duration of sleep
- Incorrect management of a child
- Other causes:
  - Fear
  - Concerns/worries
  - Separation anxiety
  - Excitement
  - Negativism
  - Social circumstances

Sleep disorders

Test crying:

Young babies' cry just after being put to bed. Do not react to this!

Generic management of children who wake up/cry/get up often at night:

- **Determine a *specific time* to go to bed.**
- **Go through *rituals* with the child before this time**
- **Put child in bed, read a story (if applicable), pray, etc. Parents may lie in bed with child during this period.**
- **Now *switch lights off* – nightlight may be left on.**
- ***Child must lie down*, not talk.**

Generic management of children who wake up/cry/get up often at night:

- ***Parents are not allowed to lie*** **down with child on bed at this stage.**

- **Parents sit in a chair next to bed until child goes to sleep.**

- **If child gets up, let him lie down again, tuck him in and soothe him (verbally).**

- **Every time child wakes up the *ritual is repeated*.**

- **The child should have a good sleeping pattern by 7 days.**

Generic management of children who wake up/cry/get up often at night:

- "Crying out" - not recommended
- Sedation only in exceptional circumstances

ADHD AND SLEEP DISORDERS

ADHD and sleep

- 78% of children with ADHD have sleep problems, and it is increasing (Weiss) – more common in girls Hvolby, Christensen et al, 2020
- 96% of children medicated for ADHD have at least one sleep disturbance (55% in normal population)
- Mostly adolescents and young adults
- They sleep on average 6.5 hours at night (not 9 hours)

ADHD and sleep

- Shortened sleep duration causes sleepiness and oppositionality in Adolescents with ADHD Becker, Epstein et al, 2018
- Sleep used as a “baby sitter”
- Problem with two household families
- Children and adolescents medicated for ADHD present with less deficient emotional self regulation and sleep problems than the medication naïve Sanabra, Gómez_Hinojoso et al, 2021

ADHD and sleep

- **Reasons why patients cannot fall asleep:**
  - Medication
  - Poor sleep hygiene
  - Substance abuse – Marijuana, alcohol
  - Improper sleep schedules
  - Arousing activities close to bed time
  - Uncomfortable sleep environment
  - Hungry or cold
  - Restless legs syndrome – Srifuengfung, Bussaratid et al, 2020
  - ***Screens***

ADHD AND SLEEP

Take home messages (Weiss):

1. Need to figure out what is problematic, as it requires different interventions
2. The functional outcome of patients are related to the treatment of both sleep difficulties and ADHD
3. Sleep interventions are family based and individualistic
4. 28% of children with ADHD will respond to sleep hygiene intervention, 90% will respond to Melatonin (dreams and nightmares)
5. Behavioural interventions improve sleep onset, but not duration

ADHD AND SLEEP

Lessons from research in adults (Kooij):

5. Variability of sleep schedules
6. Restless leg syndrome (35-44%) – also in children and adolescents (11%) Srifuengfung, Bussaratid et al, 2020
7. Nightmares
8. Sleep apnoea

ADHD and sleep

1. Depression (winter depression)
2. Anxiety
3. SUD
4. Personality disorders
5. Eating disorders – binge eating (86%) – carbohydrate craving

ADHD AND SLEEP

1. Obesity – diabetes, vascular disease
2. Bipolar disorder
3. Increased inflammation – malignancy?
4. Decreased quality f life, productivity and increase health care use van Andel, Ten Have et al 2020

ADHD AND SLEEP

1. Psycho-education
2. Improve sleep hygiene
3. Melatonin
4. Light therapy
5. Treat co-morbidities
6. Exercise and diet
7. Limit drinks after 20h00
8. No napping for more than 30 minutes during the day