

# Kids' sleep-related breathing problems

December 6 2012

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Children with sleep-related breathing problems (such as snoring or apnea) frequently have concurrent behavioral sleep problems (such as waking repeatedly)—and vice versa, according to research led by a scientist at Albert Einstein College of Medicine of Yeshiva University. However, children with one type of sleep problem are not routinely evaluated and treated for the other. The findings suggest that pediatricians, respiratory specialists and sleep medicine specialists should work together whenever a sleep problem is suspected. The study was published December 4 in the online edition of *Behavioral Sleep Medicine*.

"Our findings should raise awareness among [parents](#) and [physicians](#) that if a child is sleeping poorly, they should delve deeper to see if there is an unrecognized respiratory-related [sleep](#) problem," said senior author Karen Bonuck, Ph.D., professor of family and [social medicine](#) and of obstetrics & gynecology and women's health at Einstein. "The best way to make sure this happens is by taking an interdisciplinary approach to the care of these [children](#)."

According to Dr. Bonuck, little was known about the co-occurrence of behavioral [sleep problems](#) and sleep-disordered breathing (SDB). She and her colleagues carried out this study to find the prevalence and duration of behavioral sleep problems and of SDB – and the rate at which they co-occur – in a large, population-based sample of children (aged 18 months to nearly 5 years). The researchers analyzed data on more than 11,000 children enrolled in the Avon Longitudinal Study of Parents and Children, a project based in the United Kingdom.

In response to mailed questionnaires, parents reported their child's snoring and apnea at 18, 30, 42, and 57 months of age. For the same time intervals, parents were also asked whether their child refused to go to bed, and whether they regularly woke early, had difficulty sleeping, had nightmares, got up after being put to bed, woke in the night, or awakened after a few hours. Children with five or more of these behaviors simultaneously were considered to have a clinically significant behavioral sleep problem.

The prevalence of behavioral sleep problems over the 18to 57-month age reporting period ranged from 15 to 27 percent with a peak at 30 months of age. Among children with behavioral sleep problems, 26 to 40 percent had habitual SDB, again peaking at 30 months. Among children who had habitual SDB, 25 to 37 percent also had a behavioral sleep problem, peaking at 30 months.

While it is unlikely that behavioral sleep problems cause SDB, the converse may be true, noted Dr. Bonuck. Frequent night wakings initially related to SDB may be reinforced by the parents' anxious responses. These behaviors may, in turn, develop into a persistent behavioral sleep problem, despite adequate treatment for SDB.

"It's important that we pay attention to how our children are sleeping," said Dr. Bonuck. "There's ample evidence that anything that interrupts sleep can negatively affect a child's emotional, cognitive, behavioral and academic development. Fortunately, snoring and apnea are highly treatable, and there are many effective interventions for behavioral sleep problems."

**More information:** The paper is titled "Co-morbid symptoms of sleep disordered breathing and behavioral sleep problems from 18 - 57 months of age: A population-based study." The lead author is Melisa Moore, Ph.D. (Children's Hospital of Philadelphia, PA.)

Provided by Albert Einstein College of Medicine

Citation: Kids' sleep-related breathing problems (2012, December 6) retrieved 20 December 2022 from <https://medicalxpress.com/news/2012-12-kids-sleep-related-problems.html>

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