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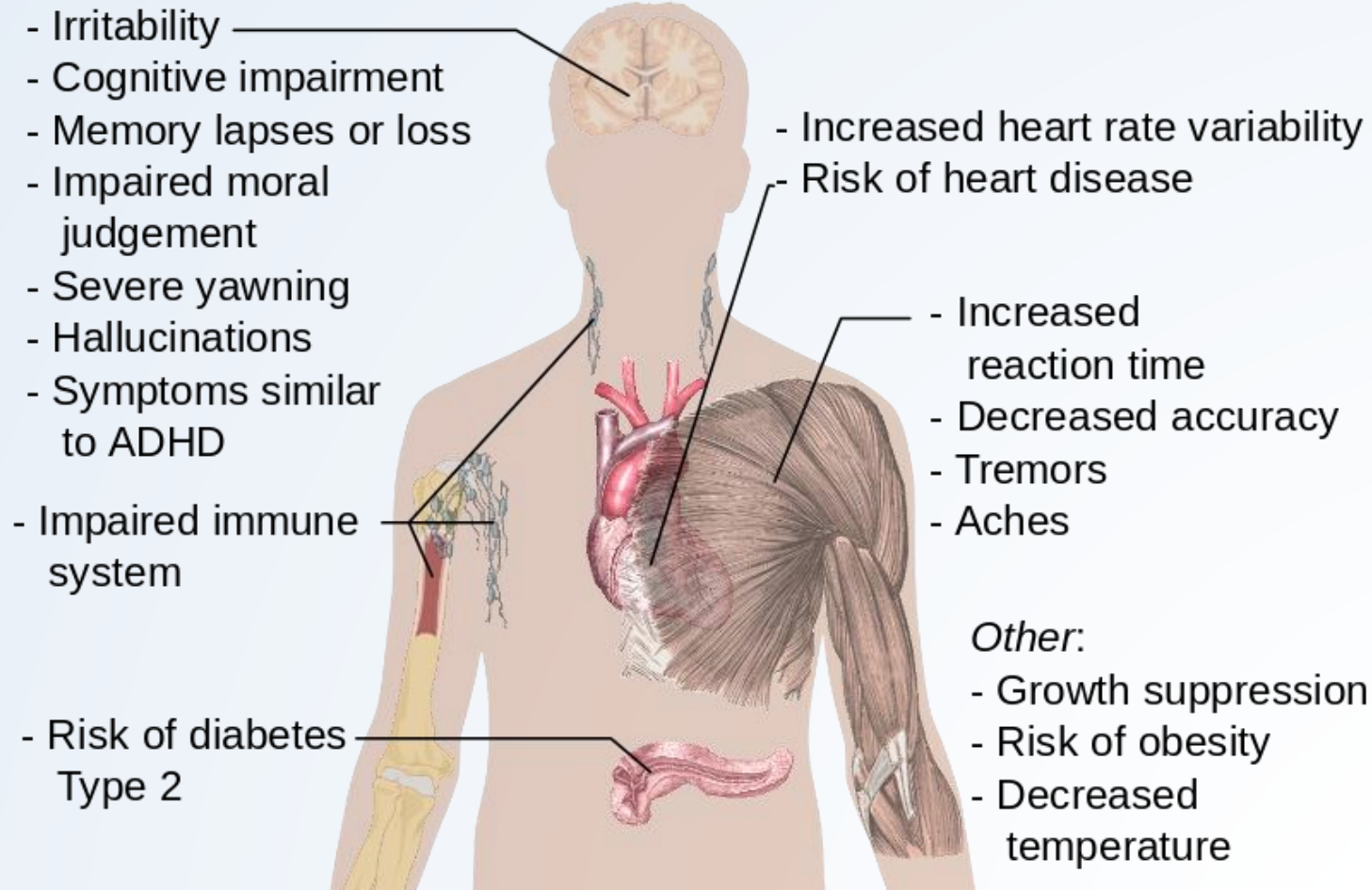
The Mystery of Sleep



The Mystery of Sleep

- ❖ Why- still remains a mystery
- ❖ We sleep less now
- ❖ Sleep problems are common
- ❖ Sleep problems are preventable
- ❖ Sleep problems are highly treatable
- ❖ Sleep affects every aspect of our health

The Effects of Sleep Deprivation



Ghrelin and Leptin Imbalance

Enough Sleep



LOW GHRELIN LEVELS

- ❖ Normal Appetite.

HIGH LEPTIN

- ❖ Satisfied after eating.

Not Enough Sleep



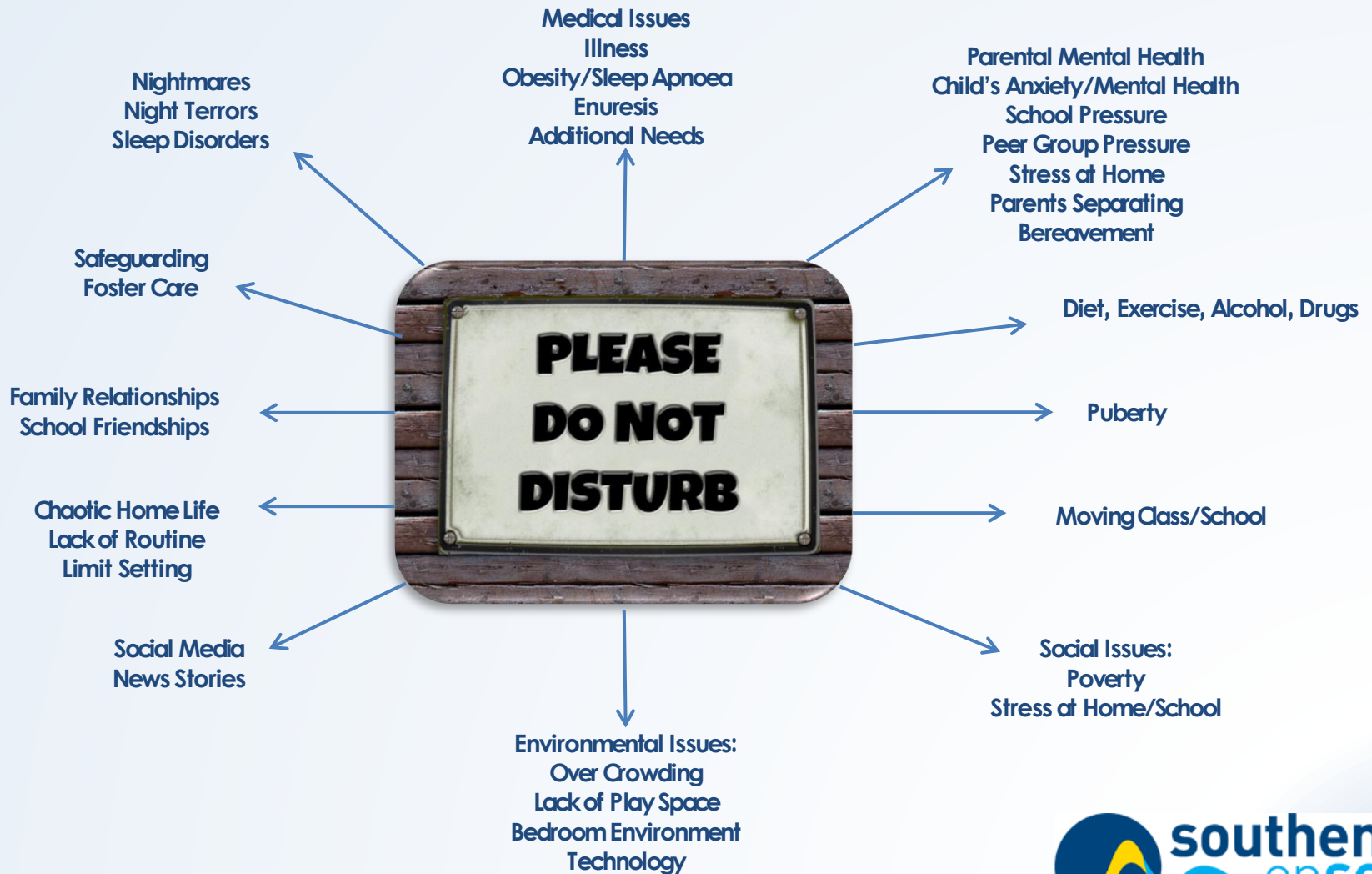
HIGH GHRELIN LEVELS

- ❖ Feel Hungry.

LOW LEPTIN

- ❖ Unsatisfied after eating a nutritious meal.

Factors that might Impact Sleep



Autism/ASD

Often have a high rate of sleep disturbance:

- ❖ Settling Problems
- ❖ Night Waking
- ❖ “Social Cueing” Problems
- ❖ Irregular Melatonin Secretion
- ❖ Sensory Issues
- ❖ Bedtime Drinks/Food
- ❖ Anxiety

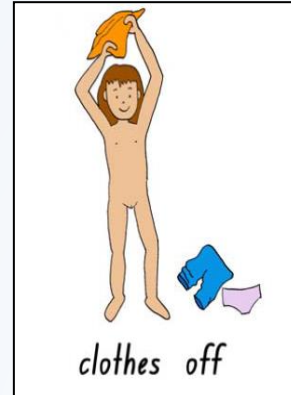
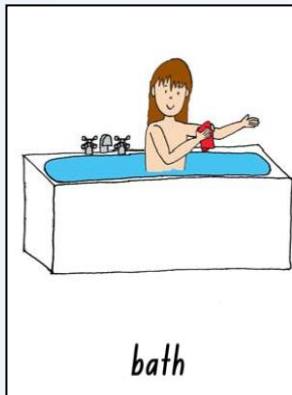
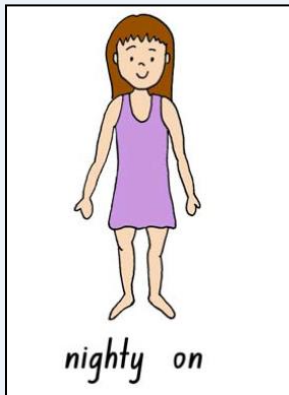
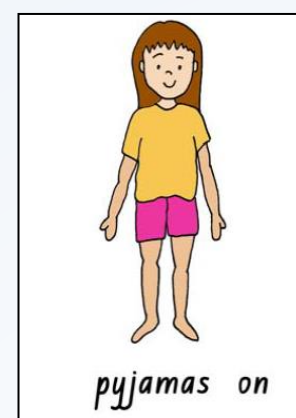
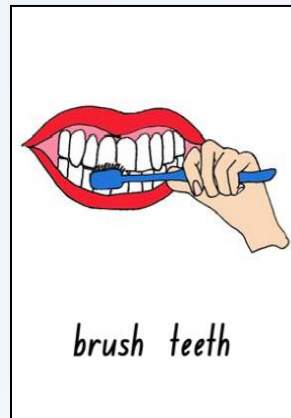
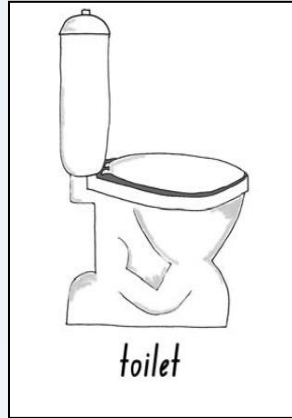
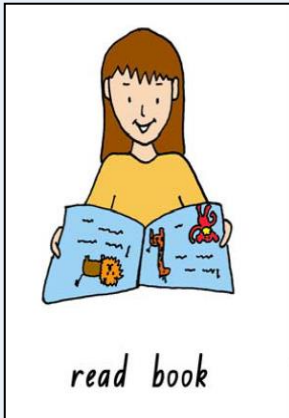
Management

- ❖ Sleep Diary & Sleep History
- ❖ Check Environmental factors: lights, sound, smell, distraction
- ❖ Establish a routine which includes visual cues
- ❖ Social Stories

Management

- ❖ Relaxation/Massage: Lavender in Bath, Quiet Time, Music
- ❖ Gradual Retreat Technique
- ❖ White Noise
- ❖ May need melatonin supplement alongside behaviour modification

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ADHD Sleep Facts

- ❖ Affects 5–10% population
- ❖ Symptoms similar to sleep deprivation: Lack of Focus, daydreaming, Fidgeting, Emotional Turmoil
- ❖ Restless Leg Syndrome (RSL)
- ❖ Anxiety Problems
- ❖ Melatonin Secretion Delayed (Van der Heijden et al 2005)

ADHD Sleep Problems

- ❖ Evening behaviour particularly difficult
- ❖ Parents exhausted– boundary setting
- ❖ Delayed Sleep Onset
- ❖ Difficulty Staying Asleep
- ❖ Sleep Associations– Parental Presence
- ❖ Restless leg syndrome
- ❖ Snoring

ADHD Management

- ❖ Sleep Diary & History – esp. bedtime behaviour
- ❖ Sleep Hygiene
- ❖ Education of Parents
- ❖ Treat medical conditions– OSA/RLS
- ❖ Meds in some cases– melatonin supplement

ADHD Management

Sustainable Sleep Programmes:

- ❖ Delayed Sleep Phase
- ❖ Gradual Retreat
- ❖ Anxiety Sleep Management Programme
- ❖ Reward Systems
- ❖ White Noise

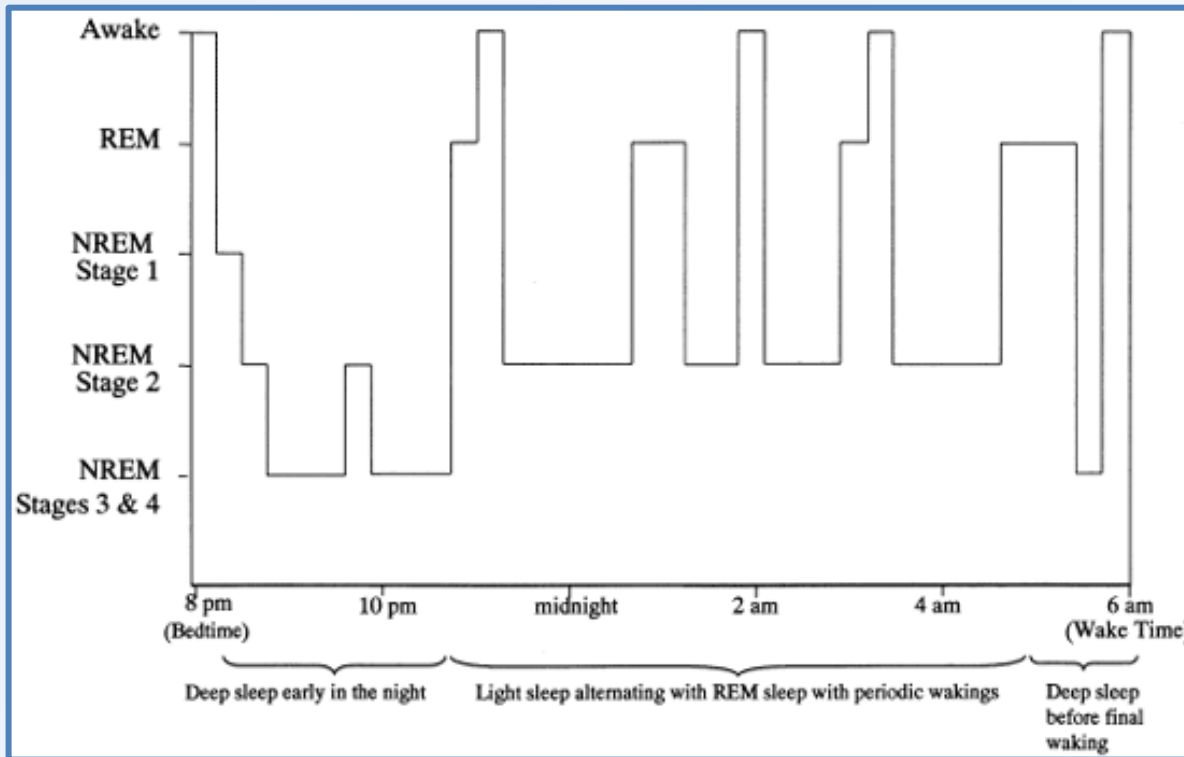
Sleep Apnoea

- ❖ 3% UK Children have OSA (British Lung Foundation)
- ❖ Higher in 3 to 7 year olds
- ❖ 1:10 Snorers have OSA
- ❖ Commonly caused by enlarged tonsils & adenoids
- ❖ Made worse if child is over weight
- ❖ 50%–80% of Downs Syndrome Children
- ❖ Small upper airway and floppy muscle tone
- ❖ Developing brain can be affected by reduced oxygen levels

Symptoms to look for with OSA

- ❖ Snoring
- ❖ Breathing pauses during sleep– Disturbs Sleep
- ❖ Mouth & Noisy Breathing
- ❖ Restless Sweaty Sleep
- ❖ Morning Headaches
- ❖ Nasal Speech
- ❖ Daytime Sleepiness & Napping
- ❖ Behaviour Problems
- ❖ Academic Problems
- ❖ Sleep Enuresis (over 6 years old)

Typical Sleep Stage Progression



Inappropriate Sleep Associations

- ❖ One of the most common sleep problems
- ❖ Child learns to fall asleep with certain conditions present at bedtime
- ❖ Child will wake if associations not present during the night when they rouse
- ❖ Child needs to be taught to fall asleep independently
- ❖ Can cause frequent night waking

Anxiety & Sleep

- ❖ Unresolved Long Term Sleep Issues
- ❖ Separation Anxiety
- ❖ Family Breakdown/Bereavement
- ❖ Safeguarding
- ❖ Friendship Issues
- ❖ School Pressures/New School
- ❖ Nightmares
- ❖ Fear of the dark/Monsters
- ❖ Worrywarts

Anxiety & Sleep

Can result in:

- ❖ Bedtime Battles
- ❖ Difficulties Falling Asleep
- ❖ Late sleep Phase
- ❖ Inappropriate Sleep Associations
- ❖ Night Waking

Managing Anxiety

- ❖ Thorough assessment of what might be the cause
- ❖ Talk about worries in the day & not at bedtime
- ❖ Seek Professional Help
- ❖ Play Hide & Seek in the dark with torches
- ❖ Avoid Scary Books/TV

Managing Anxiety

- ❖ Winding Down Bedtime Routine
- ❖ Set Limits at Bedtime
- ❖ Relaxation Technique/Bedtime Massage
- ❖ Late Sleep Phase Programme may be appropriate
- ❖ Gradual Retreat Programme
- ❖ Security Object
- ❖ Nightlight

Bedtime Routine

- ❖ Bedtime Routine is the anchor of Pre Sleep Techniques
- ❖ It introduces cues for Sleep
- ❖ Regulates the body clock
- ❖ It's never too late to introduce a Bedtime Routine
- ❖ The Bedtime Routine should last no longer than 45 minutes

Example of a Bedtime Routine for a 7 Year Old with Settling Problems

- ❖ Aim for 10.5 hours of sleep from 8:30pm–7am
- ❖ 7:45pm, start bedtime routine. Keep routine calm
- ❖ Prepare bedroom so it is dimly lit
- ❖ Run a bath and have a 5 minute warm, quiet & relaxing bath
- ❖ Go straight into the bedroom from the bathroom
- ❖ Dry, into pyjamas & read stories & leave to read
- ❖ 8:15pm cuddle & kiss goodnight and lights out
- ❖ Aim for child to be asleep by 8.30pm

Gradual Retreat Method

- ❖ This is a gradual method based on the idea of parents distancing themselves from the child little by little until they no longer require their parents presence to fall asleep
- ❖ Parents adopt different degrees of physical closeness in order to help child get to sleep
- ❖ The aim of the technique is to keep moving onto next degree of physical separation until parents are out of the room

Gradual Retreat

Suitable for:

- ❖ All ages to teens
- ❖ Building confidence
- ❖ Anxiety issues related to sleep & separation
- ❖ Parents who want a gentle/slow approach
- ❖ Room sharing siblings

Gradual Retreat

Parents adopt different degrees of physical closeness e.g.:

1. Lie on top of the bed covers
2. Sit up on the bed
3. Sit with feet over the edge of the bed
4. Kneel on a cushion next to the bed holding hand
5. Move cushion a foot back from bedside
6. Move half way to the door
7. Move just inside the door
8. Move just outside the door
9. Move along landing

Gradual Retreat

- ❖ Every 4th night move to the next degree of separation
- ❖ Parents aim to resist pleas to return to their previous position
- ❖ Make sure their child is fully asleep before leaving the room
- ❖ Continue to move away until parents are in their own room
- ❖ Can be used with a reward system

Delayed Sleep Phase

- ❖ The child goes to sleep late, sleeps well throughout the night & wakes up late in the morning
- ❖ Parents view it as a battle at bedtime & the morning
- ❖ Children can become anxious as aware they can't fall asleep
- ❖ Tired when woken for school
- ❖ Sleep in late at weekends/holidays

Delayed Sleep Phase

Can be due to:

- ❖ Lack of bedtime routine & boundaries
- ❖ After the school holidays
- ❖ After an illness
- ❖ Untreated sleep issue as a younger child
- ❖ Anxiety/Stress
- ❖ Inappropriate Sleep Associations

Delayed Sleep Phase– Management

- ❖ Record a sleep diary for a week– note the time the child falls asleep
- ❖ Bedtime routine adjusted so child learns to fall asleep within 15 minutes of their **natural** latest sleep time
- ❖ Bedtime routine & sleep time slowly shifted earlier
- ❖ Child must be woken every morning at the same time
- ❖ Process repeated until appropriate sleeping time reached

Delayed Sleep Phase Chart

Steps: Wake up by 7am	Start Routine:	Lights Out:	Asleep By:
Step 1	10:15pm	10:45pm	11:00pm
Step 2	10:00 pm	10:30pm	10:45pm
Step 3	9:45pm	10:15pm	10:30pm
Step 4	9:30pm	10:00pm	10:15pm
Step 5	9:15pm	9:45pm	10:00pm
Step 6	9:00pm	9:30pm	9:45pm
Step 7	8:45pm	9:15pm	9:30pm
Step 8	8:30pm	9:00pm	9:15pm
Step 9	8:15pm	8:45pm	9:00pm
Step 10	8:00pm	8:30pm	8:45pm
Step 11	7:45pm	8:15pm	8:30pm

Up With The Larks

- ❖ Technique for early rising
- ❖ Lamp in child's room, linked to a timer switch & low watt bulb
- ❖ Set at earliest natural waking time
- ❖ Use with reward system
- ❖ Stays in bed until lamp on
- ❖ Slowly shift lamp timer later until goal reached



Sleep Restriction

- ❖ Used for non disruptive waking
- ❖ Child happily awake in their bed for over an hour
- ❖ Child returns to sleep independently
- ❖ Continues sleeping past usual wake time
- ❖ Often used for children with additional needs
- ❖ Restricts time a child in bed to consolidate sleep

Sleep Restriction– Management

- ❖ Sleep diary to work out an average nights sleep
- ❖ Important to look at sleep time rather than time in bed
- ❖ Schedule to reduce time in bed to increase sleep efficiency
- ❖ Shift bedtime later/wake up earlier to create sleeping time
- ❖ If night waking is eliminated for 1 week then readjust bedtime or wake up time by 15 minutes
- ❖ Continue each successful week until time sleeping improves

Scheduled Awakening

- ❖ Not fully understood why it works despite several studies
- ❖ Often used to treat night terrors
- ❖ Used for persistent regular night waking
- ❖ Can be used for children with additional needs
- ❖ Involves stirring a child briefly out of a deep sleep

Scheduled Awakening- Management

- ❖ Sleep diary to monitor child's waking pattern
- ❖ Stir child 30 minutes prior to usual waking time
- ❖ If child wakes easily stir 15 minutes earlier
- ❖ Do not fully wake child
- ❖ Repeat consistently for 7 consecutive nights then skip 1 night per week
- ❖ Slowly reduce number of nights per week until child no longer wakes

Nightmares

- ❖ A frightening dream during REM sleep
- ❖ Occurs in the second half of the night
- ❖ Child is anxious after and can be difficult to settle afterwards
- ❖ Parents should reassure & comfort
- ❖ Child remembers episode in the morning

Nightmares– Parent Tips

Tips for parents:

- ❖ Check the room to ensure toys do not look scary to a child in the dark
- ❖ If a nightmare occurs give attention to the child immediately & comfort if necessary, remain calm throughout the episode
- ❖ Give the child the opportunity to talk about the dream however respect if they do not want to at this time, they may wish to in the morning

Nightmares– Parent Tips

- ❖ Turn nightmares into happy endings
- ❖ Explore if the child currently experiencing any fears/anxieties
- ❖ Try to avoid nightmares by not letting children watch scary TV/DVD's etc.

Night Terrors

- ❖ A partial waking from non-REM sleep
- ❖ Occurs early in the night
- ❖ Child is calm afterwards & remembers little or nothing
- ❖ Child returns to sleep quickly afterwards
- ❖ Parents should do little or nothing
- ❖ Can be familial

Night Terrors– Parents Tips

- ❖ To try & avoid terrors make sure the child is getting enough sleep
- ❖ Make sure the child's room & environment is as safe as possible
- ❖ Do not wake or disturb a child during a night terror episode

Night Terrors– Parents Tips

- ❖ If frequent and at a regular time, wake the child 15 minutes before a terror is due
- ❖ Allow them to go back to sleep after about 5 minutes
- ❖ If forgetful, set an alarm as a reminder to stir child
- ❖ After a few nights the sleep terrors will often fade

Sleep Walking

- ❖ Very common- 15%-40% children at least once
- ❖ Occurs in NREM/ Deep Sleep
- ❖ Usually brief- up to 30 minutes
- ❖ Causes: stress, anxiety, sleep deprivation, irregular sleep patterns, familial
- ❖ Treat in a similar way to night terrors

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Thank you