Community Clinics in Clinical Pharmacology

The sleepless child

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Problem

The infant and toddler who won't sleep is a common problem in general practice. We know that managing insomnia in adults means more than just giving a hypnotic. In sleepless infants and toddlers, what are the indications for drug treatment? And which drug should we use?

Advice

DR H JACKSON: The causes of sleeplessness in these two age groups may be different. The crying infant may be getting hypertonic feeds which make him thirsty; this can be resolved by strict adherence to instructions in making up the feed. An important association, in both babies and toddlers, is social and emotional stress within the family, which results in a poor mother-child relationship. Insomnia in toddlers, in the absence of organic disease, can often be a symptom of "toddler negative behaviour." Such behaviour is a normal phase of development, during which young children attempt to exert their individuality. The negative behaviour may manifest itself as refusal to sleep, use a pot, eat, or sometimes to walk. When sleeplessness is the dominant feature you should first explain to the parents the nature of the problem, and discuss with them their worries and anxieties. You may find, however, that while you can convince parents of the futility of "force-feeding", insomnia is not something they accept very easily.

Sleeplessness at night is often associated with overactivity by day: the child rambles around and is difficult to control. Therefore you should discover what the parents are offering the child

by way of activity and stimulation. Children with this problem often fall into two extremes: either they have nothing to do, or they are swamped with toys and never play constructively with any. Parental education, day nurseries, or playgroups may all be useful here. This approach, however, doesn't solve all the problems, and there are two remaining alternatives—either to admit the child to hospital and allow family tensions to settle down or to give a short course of a hypnotic, perhaps combined with a sedative by day. In hospital they usually take two or three days to settle down, and may need a hypnotic for the first night or two. For hypnotics, there is little to choose between trimeprazine and chloral hydrate. As with many other drugs, I believe it is best to stick to one, and get to understand its pharmacology properly. I use trimeprazine. For a day-time sedative I sometimes use chlorpromazine but never phenobarbitone because of the hyperactive behaviour that it so often induces. I must admit, however, that I am unaware of clinical trials of chlorpromazine in these cases.

PROFESSOR M D RAWLINS: The place of drugs in managing sleepless young children is therefore limited: they should be given only for short periods, and as an adjunct to other measures. But giving chlorpromazine to young children worries me: we know that it may be epileptogenic and can produce extrapyramidal symptoms, as well as liver damage. Moreover, in view of its potent pharmacological properties, I don't think we can exclude the possibility that it may have long-term deleterious effects on brain development. Have benzodiazepines been used?

DR JACKSON: I am as worried by benzodiazepines as you are by phenothiazines, and I think that our knowledge is too primitive at present to be able to assess the very long-term effects of any of these drugs.

PROFESSOR RAWLINS: I agree that we know too little. What does concern me though, is whether exposure of the fetus and young children to potent psychotropic agents has effects that are almost unrecognisable with our present techniques. We know from animal studies that fetal exposure to tranquillisers, even for short periods, is associated with impaired ability to traverse mazes when they reach adulthood. There are many children who have taken large doses of trimeprazine for long periods and who have developed tolerance. I feel we must accept the idea that the problem of the sleepless toddler is not going to be solved by a three-minute consultation and a bottle of medicine.

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