ABC of 1 to 7

H B VALMAN

SLEEP PROBLEMS

Some children will not sleep when they are put to bed but the most distressing problem for parents are those who keep waking in the night or wake in the early morning. The mother rapidly becomes exhausted, and marital discord may follow while the child remains fresh. Sleep problems are common. Twenty per cent of infants wake early or in the night at the age of 2 and it is still a problem in 10% at 4½. Between these ages the symptoms resolve in some children but appear for the first time in others.

Normal patterns

During the first few weeks of life some babies sleep almost continuously for the 24 hours whereas others sleep for only about 12 hours. This pattern of needing little sleep may persist so that by the age of 1 year an infant may wake regularly at 2 am and remain awake for two hours or more. As these infants approach the age of 3 they tend to wake at 6 am and then remain awake the rest of the day. Many 2-year-old children sleep for an hour or two in the afternoons and some have a similar amount of sleep in the mornings as well. A child who spends four hours of the day sleeping may spend four hours of the night awake. Parents often worry that an infant is suffering from lack of sleep and wrongly ascribe his poor appetite or frequent colds to this cause.

During the night babies and children often wake up, open their eyes, lift their heads, and move their limbs. If they are not touched most of them fall back to sleep again. A mother who wakes as a result of this moving, gets out of bed, and looks at her child may keep him awake. If this happens several times every night it may prevent the infant from developing normal patterns of sleep.

History

The doctor needs to take a full history. He needs details of the sleep pattern, when the problem began, and measures taken to resolve it. It should be possible to determine whether the child has always needed little sleep or whether he has developed a habit of crying in order to get into his parents' comfortable bed. He should also explore the reason why the mother has sought advice at this stage. She should be asked about any change in house, where the child sleeps, whether he attends a playgroup, and who looks after him during the day. Illnesses in the child or family and marital and social backgrounds also need considering. A physical examination usually shows no abnormality but occasionally there may be signs of acute otitis media.

Difficulty in going to sleep

Harry was a white dog with black spots who liked everything, except... having a bath. So one day when he heard the water running in the tub, he took the scrubbing brush...

Difficulty in getting to sleep can often be avoided by starting a bedtime ritual in infancy. A warm bath followed by being wrapped in particular blankets may later be replaced by the mother or father reading from a book or singing nursery rhymes before the light is turned out. Some children have been frightened by a nightmare and fear going to sleep in case it is repeated. A small night light or a light on the landing showing through the open door may allay this fear. A soft cuddly toy of any type can lie next to the infant from shortly after birth, and seeing this familiar toy again may help to induce sleep.

The mother should be told that during the night babies often open their eyes and move their limbs and heads. She should be asked to resist getting up to see the baby as the noise of her getting out of bed may wake him and he may then remain awake. If he does wake he may be pacified with a drink and may then fall asleep. His drink is to provide comfort rather than to assuage any thirst.

Parents whose young children sleep a great deal during the day can discourage them from doing this by taking them out shopping or giving them other diversions, and they may then sleep well at night.

Sleep disturbance is a common reaction to the trauma of admission to hospital or moving house, and taking the child into the parent's room for a few weeks may help to reassure the child that he has not been abandoned. If there are toys or other things to amuse them some children who wake in the night will play for hours, talking to themselves and not crying. Parents need to be reassured that this is perfectly normal and that they are lucky that the child does not demand their attention.

Reconditioning and drugs

When the child wakes at 2 am and cries persistently until he is taken into his parents' bed a plan of action is needed. If there is an obvious cause such as recent admission to hospital the problem may resolve itself within a few weeks, and at first there need be no change in management. If there is no obvious cause drugs are used initially if the mother is at breaking point or reconditioning can be tried if the time is available.

The most satisfactory drug in this age group is trimeprazine tartrate 3 mg/kg body weight given one hour before going to bed. These large doses are needed as lower more conventional doses are usually ineffective. The full dose is given for two weeks, a half dose for a week, and the drug is then given on alternate nights for a week. The objective is to change the patterns of sleeping. Although there is a high relapse rate when the drug is stopped, the mother has had an opportunity to regain her strength to face the next form of management.

Reconditioning separates the mother from the child gradually or abruptly, depending on the doctor's philosophy. The slow method starts off with the parent giving a drink and staying with the child for decreasing lengths of time until she just speaks to the child through the closed door and finally does not go to him at all. The abrupt method consists of letting the child cry it out, and after three or four nights he usually stops. There are an infinite number of variations between these extremes, and the temperament of the parents, child, and doctor will determine what is acceptable. The mother will need to be reassured that the child will not develop a hernia from crying or vomit or choke, and neighbours may be pacified by being told that the child will soon be cured.

Children around the age of 2 who wake early in the morning may be helped by giving them a low divan bed instead of a cot. They can get out of the bed and play with their toys on the floor and leave the rest of the household to sleep.

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The picture of Harry was reproduced from *Harry the Dirty Dog* by Gene Zion, illustrated by Margaret Bloy Graham, published by the Bodley Head.