

Sleep Disorders Information Sheet

Sleep disorders are changes in sleeping patterns or habits. Physicians and psychologists estimate that as many as 30 percent of children may have a sleep disorder at some point during childhood.

Common sleep disorders in children

Chronic insomnia is a disorder that tends to increase with age and may be a symptom of an underlying medical disorder. Treatment includes practicing good sleep habits, such as having a regular sleep schedule, avoiding caffeine late in the day and exercising regularly.

Sleep apnea is a breathing disorder characterized by short interruptions in breathing during sleep. These pauses can occur 20-60 times an hour and can lead to excessive daytime sleepiness, headaches and irritability.

Restless legs syndrome is a genetic disorder that causes tingling or prickling sensations in the legs and feet with an urge to move them to get relief. This constant leg movement can lead to insomnia at night.

Snoring indicates some resistance to the normal path of air from the outside to the lungs. Snoring is associated with disrupted sleep, daytime fatigue and sleepiness and decreases in oxygen levels in the body.

Nighttime and daytime symptoms define insomnia. Nighttime symptoms include persistent difficulties falling and/or staying asleep and/or non-restorative sleep. Daytime symptoms can include diminished sense of well-being, difficulties with concentration, memory and fatigue.

Sleepwalking is most common among 8–12 year-olds. Typically, the child sits up in bed or may walk through the house with eyes open but unseeing. His or her speech is mumbled and unintelligible. The sleeper often has little or no memory of the event. Conditions such as fatigue, anxiety, lack of sleep, illness and a full bladder are often associated with sleepwalking episodes.

Sleep or night terrors present abruptly with fear, panic, confusion or an apparent desire to escape. Once the episode passes, the child often returns to normal sleep without fully waking up. In most cases, there is no recollection of the episode in the morning.

One to three percent of children experience obstructive sleep apnea. Symptoms include snoring, difficulty or mouth breathing during sleep or excessive daytime sleepiness. In children, this type of sleep disturbance is usually not serious, but most children benefit from removal of the tonsils and adenoids.

Delayed sleep-phase syndrome is a disorder of sleep (circadian) rhythm that results in an inability to fall asleep at a normal hour and results in difficulty waking up in the morning.

Symptoms among children include excessive daytime sleepiness, sleeping until early afternoon on weekends, truancy, tardiness and poor school performance.

Symptoms

- Excessive daytime sleepiness
- Irregular breathing during sleep
- Increased movement during sleep
- Difficulty sleeping
- Abnormal sleep behaviors

Educational Implications

Studies have shown that poor sleep quality or quantity in children is associated with a host of issues, including academic, behavioral, developmental and social.

Students who come to school with inadequate sleep can experience significant difficulties. They may have issues with concentration and memory, emotional responses, depression, extreme drowsiness and an overwhelming need to sleep as well as a decline in physical coordination and ability.

Educational Options

Those students whose sleep disorder adversely affects their educational performance may benefit from special education under the Individuals with Disabilities Education Act (IDEA). To qualify under IDEA, a student must meet eligibility criteria in one of thirteen specific disability categories. Under IDEA, a student with a disability is entitled to a free appropriate public education (FAPE) and an individualized education program, including individual goals, objectives, related services, accommodations and modifications.

Students that do not qualify for services under IDEA may qualify under Section 504 of the Rehabilitation Act. To qualify under Section 504, a student must have a physical or mental impairment that substantially limits one or more major life activities (for example learning, breathing, thinking, concentrating, walking, bodily functions). Under Section 504, a student is entitled to equal opportunity, and may qualify for a Section 504 plan that provides regular or special education and related aids and services.

A student with a sleep disorder who does not require special instruction and related services can receive, as appropriate, a wide range of supports in the general education classroom, including accommodations, individualized health plans (IHP), emergency care plans (ECP) and local education agency supports.