

Sleep Problem Alert for the Parents of Teenagers, Preteens, and the College-aged

Insufficient or poor sleep can cause changes in our children which we don't think to connect with sleep; looks at some of the causes that are plain and simply biological rather than psychological; and talks about what to do. A **Phantom Sleep Newsletter™** from **Sleepwell®**

by **Gila Lindsley, Ph.D., A.C.P.**

Sleep issues can provide answers to your questions

- Why won't my child get to sleep by a reasonable hour on school nights?
- Will I always have to drag my kid out of bed in the morning?
- **Attention Deficit Hyperactivity Disorder** -- How can these symptoms be related to sleep?
- Irritability, Grumpiness, Defiance and just plain Orneriness--How can these symptoms be related to sleep?

- How can teenage car crashes be related to sleepiness.
- Prevent what can be prevented: Some facts about sleep hygiene
- Identify and treat what can't be prevented: What three sleep-wake disorders begin in adolescence?
- What are some typical symptoms of insufficient or poor sleep?

Difficult years

You hear it from everywhere: From your friends, from school teachers and summer camp counselors, in the media, in books you read, on television, from your child's pediatrician, from your own parents -- everywhere: The preteen, teen, and early college years are very difficult for parents, children, and young adults alike.

These are the years when young people begin to form into peer groups and being accepted as part of a group of same-aged people becomes so very important. The need to "fit in," and the peer pressure that can go along with this, may transform your child almost overnight from a content and integral part of the family to someone who seems almost like a complete stranger sometimes. This is the time when a young person begins to role-play, try on different self images, as he or she begins the transition into making an independent life of his or her own. This is the time, too, when hormones begin to run wild.

Sleep, in the midst of all this tumult, is so often overlooked as contributing to many of the changes we see in our children. Yes, of course most parents are very aware that their kids want to stay up later and later on school nights and so in many cases it's harder and harder to get them up and on their way on school mornings. But other than that, most parents of adolescents don't think very much about their kids' sleep. There's too much else to think about, including car pools.

As adults we are acutely aware of the kinds of things that can interfere with our nighttime sleep. We are equally well aware of how we feel and how we function if we haven't had good sleep. Our adult experience applies to our young people as well.

This newsletter reviews many of the changes insufficient or poor sleep can cause in our children which we don't think to connect with sleep; looks at some of the causes that are plain and simply biological rather than psychological; and talks about what to do.

Symptoms of insufficient quality sleep:

- Tiredness,
- irritability,
- edginess,
- problems with concentration and sometimes with memory,
- apparent defiance and belligerence possibly alternating with withdrawal,
- sometimes behavioral, learning or social problems in school,
- sometimes blurred vision,
- sometimes vague physical discomfort.

Why does my youngster resist a reasonable bedtime?

Certainly there are a lot of obvious reasons: talking on the telephone, watching late- night TV, too much homework to do and not enough time to do it before bedtime since he or she didn't get back from the after-school activity until 7, testing the limits, etc., etc., etc. However, the new science of chronobiology (the biology of time) can explain what is happening and suggest solutions.

Changes in your youngster's biological clock

What is a biological clock? It is a part of the brain that coordinates the timing of all bodily functions such as when you are alert and when you are not, when your body produces a compound called cortisol that liberates sugar in your body and when it does not, when melatonin is secreted and when it is not -- and when you feel sleepy and when you feel quite awake.

Not only does this biological clock coordinate the timing of physiological systems. It also assists in coordinating how our bodies accommodate to the rotation of the earth around the sun. This is why we tend to feel sleepy (and able to sleep!) when it is dark outside, and all else being equal why we feel awake (and able to be awake!) when the sun is in the sky.

The changes that occur when a young person enters adolescence is how soon after the sun has set he or she begins to feel sleepy and is in fact *ready to sleep*, biologically speaking. There is mounting evidence from research in a field called *chronobiology* (the biology of time) that adolescence delays the "sleep-on" setting in the biological clock until many hours after the sun has set.

The consequence? One reason why the majority of adolescents begin resisting an 8:00 or 9:00 (or even 10:00) bedtime is because the clock that times them has changed its sleep setting. Sleepiness doesn't come until later hours.

What are some of the implications of this delay in when my child starts to become sleepy?

Well, *serious battles over bedtime* can of course be one result of this change. Being much, much more likely to get caught up in tantalizing late- night activities such as chatting on the Internet, watching late, late shows, renting a video and starting it at midnight, talking on the phone is another. This can result in a young person staying up *much* later than even his or her biological clock is set for.

Attempted family solutions: Aware at least of the social factors that promote very late bedtimes in their junior high school, high school and colleged aged young adults, many families have reached an uneasy peace-by-compromise. A common arrangement with kids who still live under the family roof and have not gone off to college or otherwise into their own lives yet is often reached. The arrangement is to allow very late nights on week-ends if the kids will abide by bedtime hours the family feels are reasonable on school nights.

But even here there is a problem. If Janie or John goes to bed at 10 PM on school nights, but stays up until 1 or 2 on week-ends, it is the biological timing equivalent of crossing a few time zones heading west. The equivalent of jet lag that results on week-ends isn't too bad. It isn't difficult to stay up later. However, the jet lag equivalent that results when the young person must go to bed much earlier (as if he or she were heading east) on Sunday night is very difficult.

The biological clock may have re-set by then. The young person might *go* to bed at 10:00. However, there's a strong likelihood that sleep won't come for another several hours.

The result? If she or he gets up at the normal, early time to get to school, the result is sleep deprivation, insufficient sleep. And it can take up to 3 days for the biological clock to re-set again. This means that for three out of the five school days a week the student may be sleep deprived.

The results of persistent sleep deprivation are many. The last page of this newsletter lists the most common symptoms. What is insidious about these symptoms is our not realizing what they are telling us. The next section describes some of these in detail.

Common Outcomes of Insufficient Amounts of Good Quality Sleep:

Attention Deficit Hyperactivity Disorder (ADHD) Diagnoses:

If you will look at the sleep deprivation symptoms on the back of this newsletter -- or even think about what your child's "symptoms" were when he or she was younger and "over-tired" -- you

can see why an undetermined percentage of kids whose chief problem is insufficient sleep get this diagnosis

The pertinent symptoms are:

- Difficulty concentrating
- Withdrawal or belligerence
- Difficulty finding the words for common objects or familiar names.
- General irritability and physical discomfort.

Please note: This absolutely *does not* mean that if your son or daughter was diagnosed with ADHD that the diagnosis was made in error. It does mean, however, that if you give your pediatrician information about your child's sleep that it might produce a different kind of diagnosis, and therefore a different kind of treatment recommendation.

Motor Vehicle Accidents

The possibility that their newly licensed son or daughter might get into a car accident is probably one of the greatest fears that parents of young people have. The decreased vigilance, slower reaction time and poorer judgment that occur in someone who has had insufficient or poor sleep certainly does set the stage for an accident.

Recent studies suggest that driving tired accounts for 8-10% of all crashes. Young people 25 years old or less account for 55% of these crashes. The peak age for tiredness-related crashes is 20 years of age.

Fortunately -- very fortunately -- if we as parents pay attention to our children's sleep, we can prevent the circumstances that can cause such accidents.

An Ounce of Prevention is Worth a Pound of Cure

Sleep Hygiene:

This is a term used by Sleep Disorders Clinicians to mean taking good care of your sleep. It refers to not pushing yourself beyond the point when you begin to be over-tired. It means being aware of the effect that coffee and other stimulants, and that alcohol and other "downers", have on nighttime sleep. It means being aware that if you go to bed at 1 or 2 AM on some nights, that you will have a terrible time going to sleep earlier (and waking up earlier) at other times. It suggests one more reason to get your emotional life and your responsibilities under control -- a stressed person is one who does not sleep very well.

Sleep Disorders:

Not all problems with sleep are under a person's direct control. In some cases, the problem comes about because of a true sleep disorder.

Three sleep disorders--narcolepsy, obstructive sleep apnea, and delayed sleep phase syndrome--which commonly begin between ages 13 and 15, and sometimes earlier. If their symptoms are recognized and the young person is treated, many, many problems are avoided. If not, the problem can persist for years, and can have a significant impact on a person's life.

Narcolepsy.

Narcolepsy is genetically transmitted (i.e. inherited). Many young people with this disorder received an initial diagnosis of either ADHD or Depression. The chief symptoms are unusual sleepiness, decreased motivation, sometimes a limpness of the muscles under conditions of surprise, anger or laughter, sometimes something called automatic behavior where the person acts almost as if he or she were sleepwalking or were on automatic pilot, and -- rarely -- actual hallucinations referred to as hypnagogic hallucinations.

Obstructive Sleep Apnea.

Adults with sleep apnea will be aware of snoring and insufficient refreshment from sleep. Adult sleep apnea has been well publicized in recent years. Less well advertised is that youngsters can and do develop a similar problem. Snoring on a regular basis in a youngster is a particular give-away.

Especially in male adolescents, bedwetting can also be a symptom. It understandably causes excruciating embarrassment to a 15- or 20-year-old.

A recent study showed that about 9% of the youngsters diagnosed with ADHD who were in the study actually turned out to have signs of a sleep-related breathing disorder which may have been the cause of their ADHD-like symptoms.

The usual causes of sleep-related breathing disturbances in young people are chronic allergies, tonsils and/or adenoids large enough or positioned in such a way as to affect breathing during sleep, or, on occasion, a broken nose.

This common sleep disorder can produce daytime problems which can have been thought to be solely psychological in origin: difficulty waking up in the morning and reluctance to go to school, having an "attitude", and even difficulties in school or with a peer group can come from it. Treatment of the disorder once the diagnosis is made is straightforward. It usually involves taking care of the allergy, or large tonsils/adenoids, etc. that caused the sleep-related breathing disturbance in the first place.

A change in the behaviors that made you wonder about this disorder in the first place often comes about not long after the underlying problem has been corrected.

If these symptoms (including snoring) sound familiar, the easiest way to follow up is to go into your child's bedroom, with his or her permission and foreknowledge, when s/he is asleep -- and simply listen. You are listening to see if your child's breathing is quiet and easy, or if it is labored, noisy and/or irregular and uneasy sounding.

For additional information about sleep apnea, see: [Treating Obstructive Sleep Apnea and Its Lesser Twin, Snoring by Gila Lindsley](#)

Delayed Sleep Phase Syndrome.

This is really an exaggeration of the natural tendency with the onset of puberty for the sleep-on clock to be set late. In this case, "late" can mean that a youngster finds it difficult to get to sleep before 2 or 3 in the morning. Obviously, this same person will be very difficult to wake up for school, and will want to sleep in on week-ends.

If the late-to-bed/late-to-rise pattern really is part of this syndrome rather than "just teenage" behavior, it is well to know this. Treatment involves either the use of special bright lights, or an interesting rotation of bedtimes for a couple of weeks. The intent of treatment is to re-set the biological clock to a timing more compatible with the youngster's life.

Treatment is possible

If you think what has been described in this newsletter might apply to your son or daughter, let your pediatrician know. He or she may make specific sleep hygiene recommendations, and/or confirm your suspicion that a true sleep disorder such as one of those described here is what is going on, and/or may suggest you consult with a sleep expert who together with you, your child and your pediatrician will help work out a treatment plan.

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