



Co-Management Guide

PEDIATRIC SLEEP	Insomnia
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Guidelines Referenced	https://www.uptodate.com/contents/pharmacotherapy-for-insomnia-in-children-and-adolescents-a-rational-approach , https://j2vjt3dnbra3ps7ll1clb4q2-wpengine.netdna-ssl.com/wp-content/uploads/2017/07/PP_NightWakingsChildren.pdf
Background	<p>Insomnia or poor sleep is something that older children may complain of on their own, but more often it is the parent who brings this up for attention. Insomnia is a disturbance where children may have difficulty with sleep initiation or trouble staying asleep during the night, or with early awakenings. This is a complex and multi-factorial area, but numerous possible causes in children 6-12 years of age can include stress/anxiety, caffeine or stimulant medications, poor sleep habits or environment, and medical or psychiatric diagnoses or other sleep disorders. Impairment of daytime function or performance at school often result from inadequate or nonrestorative sleep. Problems with behavior and/or mood can also result.</p>
Initial Evaluation	<p>There are no specific tests for insomnia. A thorough history and physical exam should exclude other medical problems and other sleep problems. An insomnia diagnosis is based upon the history, and exclusion of other medical and psychiatric disorders. A detailed sleep schedule and sleep history is helpful. An actual sleep log can provide great insight and can help to clarify possible delayed sleep phase disorder, which is common in children over the age of 12-14 years.</p>
Initial Management	<p>A first step would be to optimize sleep habits and sleep hygiene (regular sleep schedule, in bed only when asleep, no caffeine, and limit stimulation during the hour prior to bedtime). Ensure comfortable sleep environment (cool, dark, quiet, no electronics), relaxation techniques, remove clocks from bedroom, allow time for adequate sleep. Children 6-12 years of age need 10-11 hours of sleep per night, where teens 12 and above may be able to get by with 8-9 hours. Consider behavioral therapy.</p> <p>Medications to facilitate sleep are generally not recommended for children or adolescents. Effective sleep medications are not approved for use in children. Medications that are approved for use in adults are intended for limited durations of time. Occasionally, there may be other medical or psychiatric problems that require treatment with medications, which can result in improved sleep.</p>
When to Refer	<ol style="list-style-type: none"> 1. Suspicion of other sleep disorder such as OSAS or PLMD. 2. Difficult insomnia or poor sleep that fails to respond to initial measures.



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	3. Fairly often, assistance from behavior specialists is needed to help manage insomnia and poor sleep without medications – which is preferable and has far better long term results, and is more effective.	
Pre-Visit Work Up	Aside from a detailed history and physical exam, no additional work up is necessary.	
Co-management Strategy (as appropriate)	Specialist scope of care Exclusion of other medical, sleep, and psychiatric disorders. Development of plan to manage insomnia and poor sleep	Primary care scope of care Recognition of problems with inadequate or poor sleep that may affect mood, behavior, cognition, and daytime function.
Return to Primary Care Endpoint	Effective plan to manage insomnia and poor sleep is in place and effective	