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# When your child has a sleep disorder

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Terrors of the night ... Photo: Getty Images

Susie Middleton says that she is exhausted. Her son, Cooper has had severe sleep difficulties for years. She tried everything from controlled crying to co-sleeping but nothing worked. It wasn't until she sought the help of a sleep paediatrician that she realised the problem had nothing to do with his behaviour – the problem was physiological.

“Cooper has night terrors – when he 'wakes up', he is usually crying - we go to him to calm him and he talks gibberish - telling us about the penguins or some other random thing and then onto the next. You can communicate with him but nothing makes sense. Sometimes he just screams and thrashes about in bed,” explains Susie.

Dr Chris Seaton, Sleep Paediatrician at Westmead Children's Hospital, says that there are over eighty sleep disorders that occur in young children, and night terrors is the most common; as many as 1 in 8 parents say their child has experienced an episode.

Night terrors are the partial awakening from a state of deep non-REM (non-dream) sleep that occurs in the first few hours of sleep. It will appear that the child is awake, his eyes may be open and his face will be expressive. The child will cry and be generally distressed, but because his mind is asleep, he will not respond to his parent's attempts to comfort and settle him.

“The key with night terrors is to regulate sleep patterns because irregular sleep habits and late bedtimes bring the night terrors out. It is also important to stop parents from touching their child when they're having a night terror. Touching them will have the reverse effect that it has when they're awake. Instead of comforting and reassuring them it makes it worse” explains Dr Seaton.

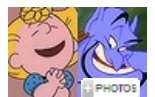
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Although it may be difficult for parents not to comfort their children during a night terror, Dr Seaton says that following this advice will have a greater effect than other interventions such as medication. However, there are some sleep disorders that can be treated with medication such as insomnia and sleep apnea.

Sleep apnea is a type of sleep disorder characterised by pauses in breathing or instances of shallow or infrequent breathing during sleep. It can be treated with medication to reduce the size of the adenoids or surgery to remove the adenoids and tonsils.

Kathleen Shaw's son Thomas was diagnosed with sleep apnea after suffering years of severe sleep deprivation. "In retrospect it seems obvious that Thomas had sleep apnea; he snored and was restless in his sleep, he was very small for his age, he always breathed through his mouth and he struggled to eat tough food such as meat", she says.

Just after his 4th birthday, Thomas had surgery to remove his tonsils and adenoids. "He had to stay in hospital overnight because his sleep apnea was so severe that he needed to be monitored while asleep until his swelling went down. It was a painful experience for Thomas, but once the swelling went down the difference was amazing", says Kathleen.

"After a few weeks the dark circles I had been so used to seeing were gone. Over the course of 6 weeks Thomas gained 4kgs, and suddenly acquired a taste for meat. By 6 months post surgery his chest had expanded and was shaped normally. But the biggest difference was in his behaviour" says Kathleen, "for the first time in his life he could cope with the day to day happenings of normal life".

*If you're concerned about a possible sleep disorder talk to your GP about a referral to a sleep paediatrician.*

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