

# 'Maladaptive' Behaviors Tied to Sleep Problems

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Certain parental behaviors in response to their toddlers' nighttime awakenings may pave the way for the children to have sleep problems at ages 4-6 years, so these behaviors should be considered maladaptive, according to results from a Canadian study of nearly 1,000 infants and children.

When a child aged 2-3 years awakens in

the night, bringing him into the parents' bed, removing him from his own bed to provide comfort, giving him something to eat or drink, or leaving him to "cry it out" all were associated with later sleep difficulties.

Children treated in this way were more likely to have bad dreams, shorter sleep duration, and a harder time falling asleep when they reached 4-6 years of age, Valérie Simard, a psychologist at the University of Montreal, and her associates re-

ported (*Arch. Ped. Adolesc. Med.* 2008;162:360-7).

It appears that some parents first adopt these responses when the children have sleep problems as babies. But what often are adaptive responses during infancy "may later become inappropriate to the child's age and needs," Ms. Simard and her coauthors said.

They assessed sleep problems using data from a longitudinal study of child development in which 987 Quebec children

were evaluated every year from ages 5 months through 6 years.

Most parents (64%) responded to their child's nocturnal awakenings at age 29 months by comforting the child briefly in his or her own bed. But a minority of parents responded by bringing the child into their bed (17%), giving him or her something to eat or drink (8%), or leaving him or her to cry (2%).

Similarly, when children aged 41 months awakened at night, most parents (70%) responded by comforting the child in his or her own bed. But a minority responded by bringing the child into their bed (18%), giving him or her something to eat or drink (5%), or leaving him or her to cry (1%).

These "maladaptive" responses were associated with negative sleep outcomes—

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Bringing a child into the parents' bed during a wakeful night may not be best.

bad dreams, shortened sleep duration, and longer sleep-onset latency—when the children reached 4-6 years of age, the investigators said.

Factors such as the mother's feelings of efficacy in parenting, the mother's depressive feelings, and the child's overall level of anxiety were not predictive of sleep outcomes.

The researchers said their findings "suggest that early sleep problems are more predictive of future sleep disturbances than are intervening parental behaviors." Further, they wrote, "When controlling for early sleep factors, most parental behaviors no longer predict future sleep disturbances or remain predictors only in interaction with prior [sleep-onset] difficulties.

The investigators also found that children deemed to have "a difficult temperament" in infancy and toddlerhood were much more likely to have sleep problems from early in infancy through their sixth year.

This "support[s] the suggestion that difficult temperament is the original context within which sleep disturbances arise," Ms. Simard and her associates said.

"In fact, the working definition of temperament as a specific pattern of emotive/physiological self-regulation implicating central nervous system activity suggests that sleep difficulties likely are part of the difficult temperament profile," they added. Future research on this relationship is needed, they said.

The investigators did not report any financial conflicts of interest. ■

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There's no question that narcolepsy is hard to identify. For thousands of patients, every day undiagnosed is a day compromised.<sup>2,3</sup>

The ICSD-2 Guidelines state that a definitive narcolepsy diagnosis requires not only an assessment of symptoms—excessive daytime sleepiness, cataplexy, disturbed nocturnal sleep, hypnagogic and hypnopompic hallucinations, sleep paralysis—but confirmation by the Multiple Sleep Latency Test and polysomnography.<sup>2-4</sup>

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