Brief Sleep Intervention May Ease School Entry

VITALS

Major Finding: At 6 months after starting a sleep intervention plan, families reported a 74% improvement in their children's sleep. A control group reported a 53% improvement.

Data Source: Randomized trial of 108 families nested within a population survey of 1,519 parents of children entering 22 public schools in Melbourne.

Disclosures: Mr. Quach reported receiving a scholarship from the Australian National Health Medical Research Council.

BY PATRICE WENDLING

FROM THE ANNUAL MEETING OF THE PEDIATRIC ACADEMIC SOCIETIES

VANCOUVER, B.C. — A brief, behavioral sleep intervention improved child and parent outcomes in the short term in a randomized trial involving 108 families.

At 3 and 6 months, children in the intervention group displayed less bedtime resistance and bedtime delay, as well less daytime tiredness, based on parent reports.

The children were selected for the study based on a survey of parents of 1,519 children entering 22 public schools in Melbourne. The survey indicated 28% of children had mild sleep problems and 11% had moderate to severe sleep problems. From this population, 108 families of children with moderate to severe sleep problems were recruited in the first 6 months of school and randomized to one to two consultations with a health professional or no sleep advice. The children's mean age was 5.6 years.

The intervention included an initial 45-minute private consultation with parents at the school, a 20-minute telephone call 10 days later, and a 30-minute private consultation at the school, if needed, said principal investigator Jon L. Quach, a doctoral student in the pediatrics department at the University of Melbourne.

The content included a discussion of normal sleep requirements and good sleep practices such as maintaining a routine bedtime and minimizing exposure to media, as well as use of flexible, yet standardized behavioral sleep management strategies.

At 3 months, intervention families reported a nonsignificant improvement in their child's sleep of 67%, compared with a 57% improvement in the control group, he said.

At 6 months, the improvement increased to 74% in the intervention group vs. 53% in the control group, which was statistically significant.

At both time points, there was less bedtime resistance and bedtime delay in the intervention group, as well less daytime tiredness, Mr. Quach said.

At 3 months, intervention children had better psychosocial health-related quality of life scores, specifically social functioning, and emotional functioning. The intervention had no impact on attention-deficit/hyperactivity disorder symptoms, he said.

At 6 months, only social functioning was improved in the intervention group.

At 3 months, parents in the intervention group reported fewer depression symptoms.

The findings demonstrate that a brief, behavioral intervention has significant benefits in the short to medium term, and that it is possible to deliver such an intervention in the school environment, Mr. Quach said. Twelve-month outcomes and teacher assessments will be conducted in the future.

Sleep problems are associated with poorer child behavior, health-related quality of life, and learning, which are all important to a successful transition to school. Identifying and treating sleep problems during the first year of schooling may help to optimize this transition.

Mr. Quach emphasized that improvements in child sleep are best achieved when sleep management plans are tailored to each family. He advised presenting a menu of flexible, yet standardized, behavioral sleep strategies and encouraging parents to choose strategies that can be readily incorporated into their family setting. ■