Sleep problems in children

Many children have problems settling at bedtime, or wake up often during the night. But there are some simple things you can do to help your child sleep better.

We’ve brought together the best and most up-to-date research about sleep problems to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for your child.

How do I know if my child has a sleep problem?

Many children have trouble getting to sleep or staying asleep. If your child is still not sleeping through the night by the age of 2 years, they may have a sleep problem. All of this information is for children over the age of 2.

The main problems children get are:

• Problems falling asleep or staying asleep
• Nightmares, night terrors, and sleepwalking.

But not all children who occasionally wake at night or who make some fuss about going to bed need treatment. Doctors say a child may have a sleep problem if they have one or more of the following symptoms:

• The child wakes up three or more times a night on at least four nights a week
• The child wakes up for more than 20 minutes every night
• The child has to be taken into the parents' bed to sleep
• The child refuses to go to sleep and it takes more than 30 minutes to get them to bed (they have a tantrum about going to bed), or they need a parent with them to fall asleep.

What are the symptoms?

Your child may find it hard to fall asleep or stay asleep at night time. Some children go to sleep, but are disturbed by nightmares, night terrors, or sleepwalking.

Your child may get some of the following symptoms:

• Not wanting to go to bed and having a tantrum at bedtime
• Waking a lot during the night
• Not being able to get to sleep on their own.
What treatments work?

Positive bedtime routine

The first thing you might like to try is a positive bedtime routine. This can help your child settle more quickly and make them wake less during the night. Research shows that children have fewer tantrums and settle more quickly at bedtime within six weeks of starting a positive bedtime routine. Doctors sometimes call it 'good sleep hygiene.' A positive routine includes:

• Having a short regular, calming routine leading up to bed
• Making your child's bedroom quiet, dark, comfortable, and not too hot or cold
• Avoiding boisterous play before bedtime
• Not giving your child caffeine, for example in cola drinks and chocolate.

Sleep training

Sleep training is another option. It can help your child settle at night, learn to settle themselves, and reduce waking during the night. Research shows that after one month of sleep training children didn't wake so often during the night, took less time to settle at night, and were more likely to get themselves back to sleep after waking at night. Sleep training involves putting your child to bed and ignoring their cries for attention. You might find it upsetting to leave your child to cry, but doing this gradually might be easier.

To sleep train gradually, you first wait two minutes before going to your child. The next time your child wakes up, you wait four minutes before going to them. You then extend the time gradually to a maximum of 20 minutes. Or you can gradually increase the distance between yourself and your child. You may start off sitting next to your child's bed. Then on the next night you move 30 centimetres (one foot) away, and so on until you are outside the bedroom.

Medicines

Giving your child a tablet or capsule of melatonin before bedtime may help them get to sleep and stay asleep for longer. But this treatment has side effects. Your child might feel cold, lose their appetite, feel dizzy, have a low mood, and get headaches. There have also been reports that melatonin can cause epilepsy or make fits worse. It may also delay the start of puberty.

Melatonin isn't approved for use in the UK, but some doctors will prescribe it. They will only do this if your child has a serious sleep problem that isn't helped with non-drug methods. You won't usually be able to get melatonin from a GP. You'll need to see a sleep specialist.

Antihistamines are medicines that are usually used to treat allergies. There is no evidence that they help children sleep better. But some antihistamines can have the side effect of making you drowsy. Doctors usually recommend you try a behaviour treatment to improve your child's sleeping first. Antihistamines which cause drowsiness as a side
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effect include promethazine (brand name Phenergan), alimemazine (Vallergan), and chlorphenamine (Piriton).

Doctors rarely give sleeping pills like benzodiazepines to children. Sleeping tablets like cloral betaine (brand Welldorm) were quite commonly used in the past, but used much less nowadays. These drugs have serious risks. There’s not enough research to know how safe sleeping tablets are and how well they work for children.

Other things you can try

Doctor often advise some other things for children who have problems sleeping, although there hasn’t been much research:

• Avoid letting your child nap too late or for too long in the afternoon. This often helps adults sleep better at night, and it might work for children too
• Make sure your child is fairly active during the day. Getting some exercise should help
• Daylight helps the body to make natural melatonin, which keeps our ‘body clock’ regular. So being outside for some time during the day might help.

If your child sleepwalks, you may need to make sure they don’t have an accident while they’re asleep. For example, you may need to put safety gates at the top of the stairs and make sure windows are locked, so they can’t fall out

Some doctors suggest regularly waking your child up, just before the time when they usually start sleepwalking or having nightmares or night terrors. But there’s not much good-quality research to show if this prevents the sleep problems.

What will happen?

If your child has problems staying asleep at night they may find it hard to concentrate during the day. This can make them moody and behave badly.

Some children grow out of sleep problems. But serious sleep problems can last for a long time. Here’s what we know:

• Without treatment, 4 out of 5 young children still have their sleep problem two to three years later
• Children who get nightmares or sleepwalk usually grow out of these problems by the age of 10
• Regular lack of sleep can make children with epilepsy likely to have more fits.

If you are having trouble coping, talk to your doctor. There may be local groups or services that can help.
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