

Children's sleep: is it given its due importance?

Sono da criança: será que é dada a sua devida importância?

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ABSTRACT

Objective: Verify the importance given to sleep disorders in children. **Methods:** cross-sectional study, observational and retrospective, based on reviews of exams for the title of Specialist in Pediatrics available on the official website of the Brazilian Society of Pediatrics in order to check how many questions addressed the theme of "sleep". **Results:** a total of 853 questions were analyzed; two were sleep-related, one in 2004 and one in 2006, related to night terrors. **Conclusion:** the need of knowledge by the pediatrician about sleep disorders in childhood is not given importance despite its high prevalence and its various bio-psychosocial consequences.

Key words: Sleep; Sleep Disorders; Child.

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RESUMO

Objetivo: verificar a importância dada aos distúrbios do sono em crianças. **Métodos:** estudo transversal, observacional e retrospectivo em revisões das provas de título de Especialista em Pediatria disponíveis no site oficial da Sociedade Brasileira de Pediatria, a fim de verificar quantas questões abordavam o tema "sono". **Resultados:** foram analisadas 853 questões, sendo encontradas duas referentes ao sono, uma em 2004 e outra em 2006, relacionadas ao terror noturno. **Conclusão:** não é dada importância à necessidade do conhecimento pelo pediatra sobre os distúrbios do sono na infância, apesar de sua alta prevalência e suas diversas consequências biopsicossociais.

Palavras-chave: Sono; Transtornos do Sono; Criança.

INTRODUCTION

Sleep is characterized by a reversible alteration of perception of the external environment with modification of the level of consciousness and the intense reorganization of the central nervous system.¹ These changes may interfere with the general health,^{2,3} especially in relation to growth, behavior, neuropsychomotor development, cognition, and the family relationships of the child, therefore, its recognition is important for appropriate clinical management.⁴ Some longitudinal studies have shown that sleep problems, often neglected in infancy, can evolve and cause severe psychiatric and medical problems in adulthood.⁵

In 2011, the Joint Specialties Committee of the Federal Council of Medicine approved the creation of the area of practice in Sleep Medicine for the specialties of Otolaryngology, Psychiatry, Neurology, and Pulmonology;⁶ and considered the role of the pediatrician fundamental for the prevention and treatment of sleep disorders in the childhood.

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Sleep disorders are the most common complaints throughout childhood and among the five most concerning by parents. They occur in 17 to 41% of children, being usually recurring,⁷ however, they are poorly described in the health basic assistance including in the pediatric office. This may be explained because parents do not consider sleep problems as medical issues and, for the most part, are unaware of what is the normal pattern of sleep.⁸ In addition, sleep problems are little questioned or diagnosed by doctors.^{9,10}

Sleep disorders can cause several health problems in children,^{2,3} especially: growth alteration;¹¹ impairment of the immune function;² atopias;¹² headache;¹² imbalance between the sympathetic and parasympathetic functions with sympathetic dominance;¹³ obesity;^{2, 3, 13-16} reduction of insulin sensitivity;¹⁴ increased grelinemia;¹⁴ decreased leptinemia;¹³ daytime fatigue;¹⁷ restricted physical capacity;¹⁷ motor maladjustment;² predisposition to accidents,^{12,18} including in adolescence;¹⁹ bad school performance;^{12, 20, 21} cognitive²² and attention deficit;^{2,22-25} hyperactivity;^{2,26} memory damage;^{23,24} excessive sleepiness;¹⁸ mood disorders;² behavioral problems;^{2,25} anxiety;^{14, 24, 26-28} depression;^{14, 22, 26, 27} and emotional stress.¹⁷ Parents of children with sleep disorders are more susceptible to stress, to present less affection for their children, and to experience marital discordance.¹⁸

In view of the possible and numerous complications of sleep disorders in children and their parents, it is considered necessary that the pediatrician knows the physiological characteristics of sleep in different age groups and their possible interpersonal variations;¹ the appreciation of sleep disorders in childhood should be a priority in the pediatric care.²⁹⁻³⁰ The acquisition of specific knowledge in relation to infant sleep disorders by health professionals improves their prophylaxis, diagnosis, and therapy.¹

The aim of this study was to verify, by means of the evaluation instrument for obtaining the Title of Specialist (TEP) from the Brazilian Society of Pediatrics,³⁰ the importance given to this relevant subject.

METHODOLOGY

This was a transversal, observational, and retrospective study. Revisions of TEP evaluations available on the official website of the Brazilian Society of Pediatrics were conducted to verify how many questions

addressed the theme "sleep". Approval by the Ethics and Research Committee was not necessary.

RESULTS

A total of 14 proofs of titles, from the years 1998 to 2011, were found on the official website of the Brazilian Society of Pediatrics. The number of questions per test ranged from 53 to 100, including open and closed questions. The analysis included 853 questions; two questions concerning Sleep Medicine were found, one in 2004 and one in 2006, both about night terrors.

The score of correct answers was 67.86% in 2004 and 56.68% in 2006 (Table 1).

DISCUSSION

This evaluation reveals how the theme "sleep medicine" was valued and addressed on exams for obtaining the TEP in the last 10 years, drawn up by the Brazilian Society of Pediatrics. The choice in the exam agenda for specialists reveals, of course, the value that each specialty gives and requests from their respective specialists.

In 14 tests of titles of the Brazilian Society of Pediatrics and among 853 questions, only two questions concerning sleep medicine were encountered, both about night terrors. These constitute 0.23% of the questions and concern only one disorder belonging to sleep disorders. The score of correct answers from specialist candidates varied from 56.6 to 67.8%. This score was recorded in less than two-thirds of the candidates in the subject of high prevalence and the various biopsychosocial consequences related.

It was not possible to compare the study data because there are no articles in the literature with the same objective of this study. This finding should serve as a warning to give more importance to the understanding of sleep-related disorders considering that healthy sleep is essential to the normality of human organic and psychic functions.

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Table 1 - Description of questions regarding the exam for proof of titles for obtaining the degree of pediatrician by the Brazilian Society of Pediatrics on the basis of the relative value placed on sleep disorders

Year	Question	Answers	Correct answer	Scores	Comments
2004	A preschool child, five years old, has been presenting in recent weeks, during sleep and usually at dawn, episodes of screaming, jerky and jumbled body movements, and fast breathing. Then, goes back to sleep and the next morning, she does not remember what happened. The indicated conduct is:	(A) reassure parents and investigate the family dynamics (B) refer to the Pediatric Neurologists for investigation (C) request polysomnography and start phenobarbital (D) request electroencephalogram (E) request skull tomography	A	A = 30.22% B = 56.68% C = 0.09% D = 9.16% E = 3.85%	The "agitated" sleep in children is a frequent concern for parents. It is not associated to any organic disease. It requires knowing the family relationships to identify possible conflicts or social disorders in the domestic environment that may be associated. The physical examination may reveal other elements that suggest psychological disorders, such as dyshidrosis, eczema, onychophagia, and etc.
2006	A preschool child, 4 years old, female, brought to consultation by presenting agitated sleep in recent months., in particular, in the early hours after having fallen asleep, and vocalization during the periods of sleep unrest. Parents have difficulty in waking her up during this period and the child rarely remembers what happened during the night. Displays normal habits during the day and without drowsiness. This clinical frame suggests:	(A) nightmares (B) night terrors (C) brain tumor (D) nocturnal epilepsy (E) conversion hysteria	B	A = 30.22% B = 56.68% C = 0.09% D = 9.16% E = 3.85%	Night terrors and nightmares are frequent in preschoolers and schoolchildren. Characteristically night terrors happen in the first few hours of sleep, being common in this situation that the child presents shaking, screaming, seems scared and does not remember the event. Nightmares are most common in the final period of sleep and the memory of their content is frequent and vivid. The nocturnal epilepsy, in turn, is often associated to daytime sleepiness.

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