Pediatric Restless Sleep

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Introduction

- Restless sleep in children is a common but often overlooked issue.
- It may affect development, behavior, and quality of life.
- Understanding the causes and management is essential for clinicians.



Epidemiology

- Prevalence: 5-10% of children may exhibit restless sleep patterns.
- More frequent in boys than girls.
- Often coexists with ADHD and other neurodevelopmental disorders.



Clinical Presentation

- Frequent movements during sleep (kicking, tossing).
- Noisy sleep: moaning, talking, or groaning.
- Night awakenings and difficulty returning to sleep.
- Daytime irritability or hyperactivity.



Differential Diagnosis

- Obstructive Sleep Apnea (OSA).
- Restless Legs Syndrome (RLS) / Periodic Limb Movement Disorder (PLMD).
- Parasomnias (night terrors, nightmares).
- Anxiety or behavioral disorders.



Diagnostic Workup

- Detailed sleep history from parents.
- Use of sleep questionnaires (e.g., CSHQ).
- Consider PSG in complex or atypical cases.
- Check iron status (ferritin, serum iron), vitamin D.



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Underlying Causes

- Iron deficiency is a significant contributor.
- Environmental factors: screen use, irregular sleep schedule.
- Psychological stress or family dynamics.
- Genetic predisposition to movement-related disorders.



Treatment and Management

- Treat underlying cause (e.g., iron supplementation).
- Improve sleep hygiene: consistent schedule, calm bedtime routine.
- Parent education and reassurance.
- Referral to specialist in resistant or unclear cases.



Parent Counseling

- Monitor sleep patterns and behaviors.
- > Avoid caffeine, screens before bedtime.
- Create a consistent and calming bedtime routine.
- When to seek medical help: frequent awakenings, daytime issues.



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