

# What about Teenagers?

Children and pre-teens are excellent sleepers, but teenagers lose up to 40 percent of their deep sleep between the ages of 10 and 20. The reasons for this are complex, but may include more demanding schedules, late night socializing, and poor sleep hygiene (Internet use, phone calls, and watching television). Although sleep disorders are possible during your child's teen-aged years, many are easily remedied. If your teenager seems to sleep all of the time, yet remains sluggish during the day, you may want to consider:

- Your child's sleeping schedule. Does he or she go to bed at the same time each night and wake at the same time each morning?
- Length of sleep time. Is your child getting at least eight hours and preferably nine hours of quality sleep each night?
- The possibility that your teen is using drugs or alcohol.

Encouraging your teen to follow a regular sleep schedule that allows for at least eight hours of sleep may improve the situation. If your teen is experiencing serious sleep disorders such as Obstructive Sleep Apnea, insomnia, narcolepsy or nightmares, consult your physician.

*Nearly 26 percent of overweight children experience problems with breathing while sleeping. If you observe your child having problems with sleeplessness, snoring, sleepwalking, or sleep terrors, see your pediatrician.*

## Payment Options

Most medical insurance plans provide coverage for sleep studies and treatment for sleep disorders. We also accept Medicaid and Medicare. Contact your insurance provider if you have questions about your medical coverage.

# How well did your Child Sleep last night?

Restful sleep is important for your child's emotional and physical well-being. Research suggests that so-called "true sleep" (also known as Rapid Eye Movement, or REM) allows the body to repair cells, strengthens the immune system, and sharpens mental functions. A good night's sleep also increases the body's resistance to illness.

Most children need at least eight hours of healthy sleep each night. Some children, however, are not able to get the full amount of sleep they need. In fact, sleep disorders in children are more common than you might think. This results in daytime fatigue, and difficulties in school or with daily activities.

*A study from University of Michigan researchers found that one or more symptoms of sleep disturbances are common in children and teens.*

## What you can do

A good night's sleep can make a difference in your child's health. Here's how you can help make sure your child is getting at least eight hours of quality sleep each night:

- Establish a regular bedtime and wake up time, and stick to it, even on weekends.
- Encourage your child to engage in quiet activities before bedtime, such as taking a bath, reading a book, or playing with a puzzle.
- Seek treatment for health issues related to sleep disorders, for example, allergies and obesity.

## SOUTHERN SLEEP TECHNOLOGIES

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# Is your child a healthy sleeper?

Nightmares & Night Terrors  
Sleepwalking

Bed-Wetting  
Obstructive Sleep Apnea  
Snoring  
Fatigue  
Teeth Grinding

Nearly 1 in 4 children experience some form of a sleep disorder.

**SOUTHERN SLEEP  
TECHNOLOGIES™**

*Giving you back the rest of your night.™*

# Who is Southern Sleep Technologies?

Southern Sleep Technologies, Inc. performs polysomnograms (sleep studies) for adults and children ages one year and older. SST is the largest company of its kind in Georgia, and is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCAHO is the same organization that accredits your local hospital—so you can rest assured that you or your family will receive the best healthcare possible.

## How we can help your child

Once you or your physician contact us, we will schedule a sleep study for your child. The study, which is done at night, is performed at your local hospital or sleep lab and is painless (no needles are ever used). You are required to remain at your child's study. We will provide feedback and recommendations to your physician so your child can receive the appropriate treatment.

Of the more than 70 known sleep disorders, most can be managed effectively if correctly diagnosed.

### Common signs of sleep disorders in children:

- Frequent waking during the night
- Talking or moaning
- Difficulty falling asleep
- Feeling sleepy during the day
- A pattern of nightmares
- Sleep terrors  
*(child screams uncontrollably; is confused and unable to communicate)*
- Sleepwalking
- Bed-wetting
- Grinding or clenching teeth
- Waking up unusually early
- Morning headaches

Allow SST's experienced board-certified physicians to work for you.

# Sleep Apnea in Children

Obstructive Sleep Apnea (OSA) occurs when the soft, pliant tissues of the throat collapse, causing the sufferer to gasp for air. OSA may cause a person to stop breathing for ten or more seconds, which puts stress on the heart. An estimated one to three percent of children experience sleep apnea, most commonly between the ages of two and five.

Risk factors include allergies and asthma, enlarged tonsils and adenoids, facial abnormalities, Down Syndrome, obesity, and a family history of breathing problems during sleep.

Symptoms of OSA include snoring or snorting, choking or gasping, restless sleep and bed-wetting. Daytime symptoms may include daydreaming, hyperactivity disorders (ADD/ADHD), and learning difficulties.

*Some children diagnosed as having Attention Deficit Disorder may actually be suffering from a lack of sleep caused by sleep apnea.*

*"A child who isn't getting enough sleep is going to fidget and be unable to concentrate, and to the teacher or parent, this looks a lot like ADD," says Dr. Rafael Pelayo, instructor at Stanford University's Sleep Disorders Center*

## Allergies and OSA

Allergies affect 8 to 12 percent of all children and research shows that about 60 percent of those have problems with sleep apnea. Allergies often cause excess mucus secretion and swelling of nasal tissues. As a result, their airway may become blocked, and, unable to breathe, the child wakes up—often coughing or gasping. Because this pattern may repeat several times during the night, children suffering from sleep apnea are often tired during the day.

## Nightmares and Night Terrors

Nightmares are scary dreams and most children have them from time to time. They usually occur late in the sleeping period (between 4 a.m. and 6 a.m.). Nightmares usually are not the result of mental or physical illness, but may occur after a stressful physical or

emotional event. If nightmares are disturbing your child's sleep on a regular basis, they may affect your child's ability to function during the day. Talk with your pediatrician about whether treatment may help.

Night terrors happen during deep sleep (usually between 1 a.m. and 3 a.m.). Children having night terrors will often wake up screaming, breathing rapidly, and perspiring. Your child's eyes may be wide open, but the child is still asleep and may be difficult to wake. When your child does wake, he or she usually doesn't remember what happened.

*Nightmares are a type of parasomnia, which means "around sleep." Other types of parasomnias are sleepwalking, night terrors, bed-wetting and narcolepsy.*

Night terrors require that you protect your child during sleep by using gates on staircases, avoiding the use of bunk beds, and taking other precautions as needed. If your child ever gets hurt while sleeping, you should contact your pediatrician immediately.

Fortunately, nightmares and night terrors usually decrease as children get older, often stopping completely in their teen years.

## Bed-wetting

Children achieve bladder control at differing ages. Bed-wetting, though frustrating to parents, is not unusual in children under the age of five. Treating a child for bed-wetting before the age of five is not necessary and may even be harmful to the child.

**The exact cause of bed-wetting is not known, but may include:**

- Family history of bed-wetting
- Small bladder (inability to hold urine for a long time) or related to OSA.

Deep sleep is not a known cause of bed-wetting; nor is emotional stress, illness or a mental problem. If your child is still wetting the bed at the age of six or seven, your doctor can help you determine if special testing is needed.