

MEDICAL MEMO

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Sleep Phase Disorder - or "he/she stays up so late and then sleeps the day away!"

Preschool age children typically need 10-12 hours of sleep, elementary school age children need 8-10 hours, while teens and adults need about 8 hours. Right?... Well, not quite. The need for sleep varies quite a bit from person to person but generally does follow the age pattern above except for teenagers.

Sleep studies show that adolescents need as much sleep as younger children, 8-10 hours for most. Our society operates under the theory that teens actually need less sleep and even includes a later bedtime as a sign of developing maturity. The result is that many teens (and young adults) try to get by on 6-8 hours which leaves a sleep debt building up night after night. The bad news is that the sleep debt must be paid in full, and soon, or suffer the consequences.

So, the sleep deprived teenager either naps or sleeps in, usually on the weekend. After getting up around noon on Saturday the debt is pretty well paid...that is until the teen stays up Saturday night and then sleeps in on Sunday AM (or takes a nap.) Now, he or she isn't tired at a reasonable bedtime on Sunday night because of sleeping in or taking a nap.

Then s/he has to get up early for school Monday morning ... bang!. back into sleep debt!

So, how do you recognize chronic sleep debt? The #1 sign is difficulty getting up and out of bed on one's own in the morning. Other signs include chronic fatigue, increased grouchy or

irritable behavior, less sharp thinking, and moodiness; all this improves with a good night's sleep.

This pattern gets amplified with long school breaks such as 3 day weekends, Thanksgiving break, Christmas break, spring break, and the worst of all...summer ... or college. Frequently the youth is allowed or demands to sleep in "because it's vacation."

When the sleep debt gets chronic, a pattern of staying up late (midnight, 2 AM or even later) and sleeping late (11 AM, noon, or even later) takes hold and for many becomes

virtually unchangeable, "I can't go to sleep even if I do go to bed earlier!", "I can't get up earlier even if I want to!". This is now called **Sleep Phase Disorder** and is a diagnosable disorder of sleep. This is very similar to what shift workers experience and is like the severe jet lag of flying to Europe or Asia and back. Some people are little affected by such sleep cycle shifts, some become stuck in this new pattern for decades (eg., college students sleeping through afternoon classes), some are just called "night owls" who choose to work evening or night shift, and most struggle greatly (or should I say their parents struggle greatly) trying to reset their clocks; not really understanding what they have done to themselves. Doctors see this often, especially



after the long Christmas break and as summer ends and school begins each year.

What is the **treatment**? The best answer is easy to say but hard to do. The teen "simply" has to get up early every day for a week (without naps) to reset their body clock which will then allow him or her to fall asleep normally at a reasonable hour. To prevent relapse he or she must then maintain that schedule, sleeping in past 9 am only on truly rare occasions. Going to bed earlier won't help, and won't be successful as long as getting up late and/or taking naps is continued. Medications will not do it alone and are best avoided if possible. This process will be very difficult the first few days as s/he will have to drag him/herself out of bed and go on for several days feeling miserable until the sleep cycle switches back to normal. Then s/he can get to sleep at 9, 10, or 11 PM and awaken early (6 to 9 AM), feeling refreshed after 8-10 hours of sleep. This will take 3 days for the lucky few who are born to be shift workers or traveling salespersons, 7 days for most and 2 weeks for the unlucky and those deeply entrenched in this pattern.

See the [Sleep Tips](#) on my web site's home page. These "**Sleep Hygiene**" steps include such basics as allowing the time needed for good sleep; setting up a restful room and bed; allowing 30-60 minutes of wind down time before bed perhaps with a relaxation tape, restful reading or music, prayer or meditation; not using the bed for anything besides sleep (or sex); exercising daily but not right before bed; not taking



naps; avoiding caffeine, nicotine, or other medicines or drugs that may disturb sleep; keeping a regular sleep schedule; being mindful of signs of health or mental health disorders or life worries that may

impair sleep and seeking help; and use sleep aids only briefly if at all and with caution.

As mentioned earlier, some people can make this adjustment easier than others. I have seen teens and young adults who sleep through multiple alarms, door pounding, yelling, water dumpings and being dragged out of bed. As mentioned above, some choose to lead an "evening shift" lifestyle which unfortunately doesn't fit well with the primary job of children and teens...school. Two of the other most powerful motivators to get up early regularly for older teens and young adults are a paying job and/or a baby (not yet please!). Once sleep phase disorder is identified, the treatment is straightforward.

Other Sleep Disorders may occur in children, teens, and adults. Any of these disorders can impair sleep resulting in fatigue, irritability, moodiness, reduced concentration and thinking abilities, and weight changes. A good sleep and health history, physical exam and sometimes a sleep study (polysomnography) can help make the diagnosis.

Obstructive Sleep Apnea is marked by excess body tissue or structures that block smooth air flow during sleep which causes snoring or other breathing noises and awakenings. The result is the complications of inadequate restful sleep listed above. Treatment depends on the identified cause.

Narcolepsy can begin in childhood and usually begins by the end of the teen years. It is marked by "sleep attacks" (sudden prominent daytime sleepiness), and may include "cataplexy" (sudden falling asleep due to strong emotions) and "hypnagogic or hypnopompic hallucinations" (going into dream sleep just before falling asleep or when awakening) and "sleep paralysis" (having fallen asleep and thus losing ability to move normally although still awake). Only sleep attacks are always present.

Treatment involves good sleep “hygiene” habits and often medication.

Restless Legs Syndrome (RLS) is the experience of varying uncomfortable feelings in the legs while resting that require the person to move their legs to feel comfortable. Sometimes this is most often apparent to the afflicted person’s bed partner who is often awakened by all the moving around. It can be severe enough that the arms are affected and can begin in the evening or afternoon before even going to bed. RLS is sometimes associated with iron deficiency which can be checked by testing blood for Ferritin level. Other health conditions and some medications or drugs can also cause RLS patterns. Treatment may include treating the underlying cause such as iron, stretching, or medications such as clonazepam, gabapentin, and especially dopamine agonists like Requip or Mirapex.

Sleep Walking, Sleep Talking, Night Terrors, and Bedwetting (Enuresis) all occur in the deep stages of sleep – not REM (Rapid Eye Movement) which is the stage where dreams and nightmares occur. These are most common in childhood and tend to decrease with age probably as brain development progresses. Sleep “hygiene” habits, ensuring safety, behavior therapy, and sometimes medication may help if warranted.

Two good links for more information :

National Center on Sleep Disorders <http://www.nhlbi.nih.gov/about/ncsdr/patpub/patpub-a.htm>

National Sleep Foundation <http://www.sleepfoundation.org/>

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