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Prevalence and correlates of disturbed dreaming in children



Prévalence et corrélats des rêves dysphoriques chez les enfants

A. Gauchat^a, J.R. Séguin^{b,c}, A. Zadra^{a,*}

^a Department of psychology, université de Montréal, C.P. 6128, succ. Centre-ville, H3C 3J7 Montreal, Quebec, Canada

^b Ste-Justine Hospital Research Center, 3175, chemin Côte Ste-Catherine, H3T 1C5 Montréal, Québec, Canada

^c Department of psychiatry, université de Montréal, C.P. 6128, succ. Centre-ville, H3C 3J7 Montreal, Quebec, Canada

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ABSTRACT

Relatively little is known about nightmares and other forms of disturbed dreaming in children. This article reviews the literature on the prevalence and correlates of nightmares in children and highlights key methodological issues in the field. Results show that regardless of how they are defined and measured, nightmares affect a significant proportion of children of all ages and there is some evidence to suggest that nightmare frequency may peak around the age of 10. Gender differences in nightmare frequency, with girls reporting more nightmares than do boys, tend to appear between the ages of 10 and 15. Although nightmares are associated with a range of psychosocial difficulties (e.g., stress, behavioural problems), elevated anxiety and concomitant sleep-related disorders (e.g., sleepwalking) are among the most robust correlates of nightmares. Very few studies have examined nightmare treatment in children, but promising results have been obtained with imagery rehearsal therapy. Overall, research in the field has been hampered by inconsistent definitions for nightmares, by extensive variability in questionnaire items used to measure nightmare frequency, and by a lack of awareness of how using parents versus children as respondents may impact results. Longitudinal studies are needed to better understand how nightmares and their correlates evolve during childhood and adolescence, to delineate their clinical significance, and to develop effective and age-appropriate treatment strategies.

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RÉSUMÉ

Peu d'études se sont intéressées aux cauchemars chez les enfants. Nous proposons ici une recension de ces dernières afin d'en évaluer la prévalence et les corrélats chez l'enfant, tout en répertoriant les principaux problèmes méthodologiques. Les résultats démontrent que peu importe comment ils sont définis et mesurés, les cauchemars affectent une proportion significative d'enfants de tout âge, avec un pic de fréquence qui pourrait se situer autour de 10 ans. Des différences de genre dans la fréquence des cauchemars apparaissent entre l'âge de 10 et 15 ans, alors que les filles rapportent plus de cauchemars que les garçons. Bien que les cauchemars soient associés avec des difficultés psychologiques variées (e.g., stress, problèmes de comportement), une anxiété élevée et des troubles du sommeil concomitants (e.g., somnambulisme) font partie des corrélats les plus robustes des cauchemars. Bien que peu de travaux aient porté sur le traitement des cauchemars chez l'enfant, quelques résultats prometteurs ont été obtenus en utilisant un traitement par répétition de l'imagerie mentale. La recherche dans ce domaine a toutefois été ralentie par l'utilisation de définitions inconsistantes du cauchemar, par une grande variabilité des composantes des questionnaires utilisés pour en mesurer leur fréquence et par la méconnaissance de l'impact que peut avoir sur les résultats le fait d'utiliser un parent ou l'enfant lui-même comme répondant. Des études longitudinales seront nécessaires afin de mieux comprendre comment les cauchemars et leurs corrélats évoluent durant l'enfance et l'adolescence, pour préciser leur signification clinique, ainsi que pour développer des approches thérapeutiques efficaces et appropriées à l'âge.

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* Corresponding author.

E-mail address: antonio.zadra@umontreal.ca (A. Zadra).

1. Introduction

Disturbing dreams, including nightmares and bad dreams, involve vivid dreams marked by upsetting imagery, intense negative emotions and typically involve themes centered around physical or psychological threats [1–3]. Although considerable progress has been made in the clinical conceptualization and treatment of nightmares in adults [3–5], there remains a paucity of information on nightmares and other forms of disturbed dreaming in children. This review examines the prevalence, correlates and treatment of nightmares in children while highlighting key methodological issues in the field.

The literature on nightmares, especially when it involves the study of children, often makes use of a variety of terms, which are used interchangeably, including nightmares, bad dreams, scary dreams and anxious dreams. Nightmares can be distinguished from bad dreams by the awakening they incur [3,6,7]. However, although some investigators and clinicians distinguish emotionally dysphoric dreams that awaken the individual from sleep (nightmares) from negatively toned dreams that do not awaken the dreamer (bad dreams) [7,8], the term disturbed dreaming has been used to include both forms of negatively-toned dream experiences [9–11]. Given the lack of consistency in how such terms are used and defined in the literature, studies relating to broader terms such as bad dreams and anxious dreams were included in the present review. However, it is important to keep in mind that these phenomena may represent variations on what clinicians and researchers consider to be nightmares and that they may have a differential impact on the child's quality of life, as well as on the perception that parents may have on the magnitude of the problem.

2. Overall prevalence of disturbing dreams

Table 1 presents a summary of studies having focused on the prevalence of nightmares in children. As can be seen from the table, there exists significant variability in results obtained across studies. To better understand the studies' prevalence estimates, we grouped them according to the time window over which nightmare frequency was investigated (e.g., last week, month or year) and according to the age of the groups investigated.

When children come from comparable age groups and when the time period examined is kept consistent across studies, relatively equivalent prevalence rates are obtained. According to frequency estimates provided by children's parents, the lifetime prevalence for children aged four to nine years old is 49% [29]. When prevalence rates are based on information provided by the children themselves, they increase to 75% to 81% between the ages of 4 and 12 [20,35] and 6% to 2% between the ages of 9 and 11 [17].

When studies assess the prevalence of nightmares in young children over the preceding six months of their lives, approximately 50% of children between the ages of three and eight are found to have nightmares [12,16,19,24], with percentages varying from 21% [12] to 61% [19].

For children that are a bit older, frequency rates for the past six months of their lives are more variable, ranging from 15% in children nine to 11 years old [12], to 44% in children seven to ten years old [24], and to 72% for bad dreams (a broader term than nightmares) in children eight and a half to 11 years of age [15]. These differences in nightmare frequency remain noticeable in older groups. Prevalence is at 23% in children aged 11–12 years old [24], 6% in children 12–14 years old [12], and oscillates around 67% in adolescents between the ages of 11 and 19 [15,26,27]. Part of the observed discrepancies may be due to the fact that estimates came from parents in some studies and from the children themselves in others.

Studies having examined self-reported frequency of nightmares over shorter time windows (e.g., past few weeks or past month) in children aged 9 to 18 reveal prevalence rates ranging between 30 to 60% [28,30,31,33,34].

Finally, several investigations focused on the proportion of children reporting "frequent nightmares" (as opposed to general prevalence estimates) with the term typically referring to more than one nightmare per month (ordinal scales) or having nightmares "often" or "very often" (nominal scales). These studies show that frequent nightmares are reported by 6% of 18-year-old boys [15], 44% of children aged 10 to 12 [33], 37% of 13-year-old girls [21], and 34% of adolescents between the ages of 12 and 18 [27]. If instances of children reporting more than one nightmare per week are taken as reflecting very frequent nightmares, we find prevalence rates for very frequent nightmares of 1.7% in children aged between five to 18 years [12], 3% in children five to seven years old [19], and 19% in children between the ages of nine to 11 [31].

3. Differences in nightmare prevalence as a function of gender and age

While gender-related differences in nightmare frequency are well-established in adult populations [3,36], the age at which this difference first becomes evident remains unclear. Several studies have found a significant gender effect with girls reporting more nightmares than boys [15,17,21,22,26–28,33,34], but this difference may not manifest until adolescence [15,28]. Gender-related differences in nightmare prevalence have been attributed to higher dream recall frequency in women and girls by some researchers [17] but others [21] have argued this gender difference may reflect women's greater vulnerability to stress and depression, two variables closely associated to nightmares. In addition, it should be noted that several studies of children did not find significant gender differences in nightmare frequency [12,14,24,29,30,32,35]. Thus, although the presence of a clinically significant gender difference in adults is well-documented [37–39], the age at which this difference first manifests itself and its developmental course in young children and adolescents remain unclear.

While some studies report a significant decrease in nightmares with age, others do not find such marked decreases [12,13] or note them only in boys [15,21], or point to an increase in girls [21,28]. Taken together, studies indicate that nightmare frequency reaches its peak between the ages of six and ten [14,33,40] with notable decreases (from 46% to 30%) occurring between the ages of 10 and 12 [33].

Taken as a whole, the aforementioned literature allows us to draw certain conclusions with respect to nightmare prevalence in children. First, nightmares appear to be common in children with approximately half experiencing some form of disturbed dreaming at least on occasion and with up to 40% of children reporting frequent nightmares. Second, although not consistently observed across studies, the frequency of nightmares tends to peak around the ages of 10–12 and then decreases during adolescence. However, the idea that nightmare prevalence peaks during childhood remains controversial. For instance, even if such a time point existed and represented a true variation in nightmare frequency as a function of age, it could be attributable to an increased facility for children to share their experiences with parents (especially for parent-based indices), followed by a decrease in their willingness to talk about such matters during adolescence. It is also possible that children, and boys in particular, experience growing embarrassment in admitting that they have nightmares as they get older. Finally, while gender differences in nightmare frequency are well-established in adults, girls may not report significantly more nightmares than do boys until they are 10 to 15 years old.

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