



REVIEW ARTICLE

Education in children's sleep hygiene: which approaches are effective? A systematic review^{☆,☆☆}



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KEYWORDS

Sleep hygiene;
Sleep education;
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Abstract

Aim: To analyze the interventions aimed at the practice of sleep hygiene, as well as their applicability and effectiveness in the clinical scenario, so that they may be used by pediatricians and family physicians for parental advice.

Source of data: A search of the PubMed database was performed using the following descriptors: *sleep hygiene OR sleep education AND children or school-aged*. In the LILACS and SciELO databases, the descriptors in Portuguese were: *higiene E sono, educação E sono, educação E sono E crianças, e higiene E sono E infância*, with no limitations of the publication period.

Summary of the findings: In total, ten articles were reviewed, in which the main objectives were to analyze the effectiveness of behavioral approaches and sleep hygiene techniques on children's sleep quality and parents' quality of life. The techniques used were one or more of the following: positive routines; controlled comforting and gradual extinction or sleep remodeling; as well as written diaries to monitor children's sleep patterns. All of the approaches yielded positive results.

Conclusions: Although behavioral approaches to pediatric sleep hygiene are easy to apply and adhere to, there have been very few studies evaluating the effectiveness of the available techniques. This review demonstrated that these methods are effective in providing sleep hygiene for children, thus reflecting on parents' improved quality of life. It is of utmost importance that pediatricians and family physicians are aware of such methods in order to adequately advise patients and their families.

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PALAVRAS-CHAVE

Higiene do sono;
Educação do sono;
Infância;
Criança

Educação em higiene do sono na infância: quais abordagens são efetivas? Uma revisão sistemática da literatura

Resumo

Objetivo: Avaliar as intervenções visando práticas de higiene do sono em crianças, sua aplicabilidade e efetividade na prática clínica, para que as mesmas possam ser utilizadas na orientação dos pais pelos pediatras e médicos de família.

Fonte dos dados: Foi realizada busca na base de dados da Pubmed utilizando os descritores *sleep hygiene OR sleep education AND child or school-aged*, e nas bases Lilacs e Scielo, com as seguintes palavras-chave: *higiene E sono, educação E sono, educação E sono E crianças, e higiene E sono E infância*, não tendo sido limitado o período de busca.

Síntese dos dados: Foram revisados 10 artigos cujos objetivos eram analisar efetividade de abordagens comportamentais e de técnicas de higiene do sono sobre a qualidade do sono das crianças e na qualidade de vida dos pais. Foram utilizadas uma ou mais das seguintes técnicas: rotinas positivas, checagem mínima com extinção sistemática e extinção gradativa ou remodelamento do sono, bem como diários do padrão de sono. Todas as abordagens apresentaram resultados positivos.

Conclusões: Apesar de a abordagem comportamental no manejo do sono na faixa etária pediátrica ser de simples execução e adesão, existem poucos estudos na literatura que avaliaram sua efetividade. Os estudos revisados evidenciaram que estas medidas são efetivas na higiene e refletem em melhoria na qualidade de vida dos pais. É de fundamental importância os pediatras e médicos de família conhecerem estas abordagens, para que possam oferecer orientações adequadas a seus pacientes.

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Introduction

The prevalence of sleep disorders is high in childhood and may affect up to 30% of school-age children.^{1,2} These disorders are important due to the effects they can have not only on the child, but also on their families and society.³ Thus, a child with chronic sleep disorders may have learning and memory consolidation impairment at school, irritability and mood modulation alterations, difficulty sustaining attention, and behavioral alterations such as aggression, hyperactivity, or impulsivity.⁴⁻⁷ Furthermore, the chronic sleep deficit lowers the threshold for accidental injury and promotes metabolic changes that, in the long term, can cause other conditions, such as overweight and its consequences.^{8,9}

Pediatricians and family physicians play a key role in promoting quality of sleep in children.^{10,11} For this purpose, they need to have knowledge of methods of sleep quality promotion, of physiology aspects and age-dependent sleep modifications, and of the importance of good-quality sleep in childhood.¹² A recent study demonstrated that, although 96% of American pediatricians consider it to be their role to advise parents about sleep hygiene methods, only 18% reported having received formal training on the subject.¹⁰

Moreover, in the United States, the Sleep in America Poll, conducted in 2004, including approximately 1,500 families of children up to 10 years old, demonstrated that only 13% of pediatricians asked parents about possible sleep disorders.¹³ A survey conducted in pediatrics residency programs in the United States, Canada, Japan, India, Vietnam, South Korea, Singapore, and Indonesia observed that the mean time spent

in sleep education at the institutions in those countries was two hours during the training period, and that a quarter of the reported programs offered no instruction on the subject.¹⁴

Sleep disorders are divided into eight different categories, which include insomnia, sleep disordered breathing, hypersomnia of central origin, circadian rhythm disorders, parasomnias sleep-related movement disorders, unresolved issues and isolated symptoms (which include snoring, somniloquy, and benign myoclonus), and other sleep disorders.¹⁵ The latter category includes sleep disorders considered to be physiological or environmental.¹⁶ The environmental disorders, often of behavioral origin, can be prevented if properly managed through sleep hygiene measures.¹⁷

Objective

The objective of this article was to perform a systematic review of interventions aiming at sleep hygiene, and their applicability and effectiveness in pediatric clinical practice, so that they can be used in parental guidance.

Methods

Between the months of March and April of 2014, a search was conducted in the PubMed database using the following keywords *sleep hygiene OR sleep education AND children or school-aged*. Review articles were excluded, as well as those including participants aged 10 years or more, or populations

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