



SPECIAL ARTICLE

Insomnia in children and adolescents. A consensus document[☆]



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KEYWORDS

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Abstract Insomnia is very common during childhood (30% of children under 5), and causes a serious cognitive and emotional consequence in learning, as well as significant medical comorbidity. It also affects the quality of life, not only of the child, but also of the whole family. Paediatrician training in its diagnosis and treatment is usually poor. For this reason a consensus document is presented on the management of insomnia in children and adolescents. This has been developed by members of the Spanish Paediatrics Association, the Spanish Sleep Society, the Spanish Society of Paediatric Outpatient and Primary Care, the Spanish Adolescent Medicine Society, the Spanish Child and Adolescent Society, and the Spanish Paediatric Neurology Society. This group suggests that diagnosis must be clinical and complementary tests will only be required in doubtful cases or when a differential diagnosis is needed. Likewise, treatment should be mainly based on cognitive-behavioural therapy and the modification of sleeping habits. Using medicines and other substances to make the sleep easier is currently quite common, even although there are no clinical guidelines to support this.

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PALABRAS CLAVE

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Insomnio en niños y adolescentes. Documento de consenso

Resumen El insomnio es una patología muy frecuente en edad pediátrica (30% en niños menores de 5 años) que ocasiona una grave repercusión cognitiva y emocional en el aprendizaje junto con una importante comorbilidad médica y afectación de la calidad de vida del niño y la familia. La formación de los pediatras en el diagnóstico y el tratamiento del mismo suele ser deficitaria. Por todo ello, se presenta el documento de consenso sobre el manejo del insomnio en la infancia y la adolescencia elaborado por representantes de la Asociación Española de Pediatría, la Sociedad Española de Sueño, la Sociedad Española de Pediatría Extrahospitalaria y de Atención Primaria, la Sociedad Española de Medicina de la Adolescencia, la Sociedad Española de Psiquiatría Infantil y la Sociedad Española de Neurología Pediátrica. Este grupo recomienda que el diagnóstico debe ser clínico y solo en los casos dudosos o en que sea necesario un diagnóstico diferencial serán necesarias pruebas complementarias. Asimismo el tratamiento se debe basar principalmente en terapias cognitivo-conductuales y en una modificación de los hábitos de sueño. El uso de medicamentos y sustancias para facilitar el sueño es elevado, aunque no existen guías clínicas que lo apoyen.

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Introduction and justification

Sleep is a developmental and active process that starts before birth as a result of a shifting and dynamic interaction of biological, psychological and social factors; its evolution depends on the balance between these three domains.¹

Insomnia affects 30% of children aged 6 months to 5 years. In Spain, 27% of children aged 5 to 7 years resist going to sleep, 11% exhibit a prolonged sleep onset latency, 6% experience frequent awakenings, and 17% have difficulty waking up in the morning.² As for adolescents, 38.5% report a perceived poor quality of sleep, and 23.1% a sleep onset latency of more than 30 min.³ Sleep problems have an impact on children and their environment and lead to an increase in health care utilisation, with children with problems making a mean of 8.84 sick visits a year compared to 6.34 in children without.⁴

Health care professionals have insufficient training on sleep. Various scientific associations present this consensus as a contribution towards its improvement.

Consensus methodology

Method modified nominal group technique in which in-person meetings were replaced using online means.

Systematic reviews of primary, secondary and tertiary sources (backward search starting from references in the literature). The search period ended in May 2015.

Language limits: English and Spanish.

The participating scientific associations appointed the members of the consensus group, who signed a statement regarding their conflicts of interest.

The group was divided in subgroups: Aetiology-definition; Clinical Manifestations-Diagnosis; and Treatment. Each subgroup elaborated their conclusions, which were later distributed to the entire group for discussion and approval. A

writing team (G. Pin, V. Soto) produced the final manuscript, which was revised and approved by the rest of the group. The work was conducted online. Neither the consensus project nor the authors have received any funding.

Object of the consensus: chronic insomnia in children with normal development. The authors consider that most cases of insomnia can be managed in primary care (PC).

Concept and classification**a. Concepts:**

1. The mother-infant dyad is a “*complex adaptive system*”: a dynamic network of systems that acting in a parallel yet interconnected and mutually complementary; one cannot be understood without reference to the other.⁵ Maternal stress during the third trimester of gestation facilitates placental permeability to corticosteroids, which influences:
 - An increase in foetal corticosteroid levels.
 - A delayed development of diurnal cortisol rhythms.
 - Hyperarousal with activation of the hypothalamic-pituitary-adrenal axis in stressful situations.⁶
2. Sleeping through the night: It requires three elements⁷:
 - i. A period of uninterrupted sleep.
 - ii. Sleep schedule that coincides with that of the rest of the family.
 - iii. Ability to go back to sleep independently following nighttime awakenings.
3. Paediatric insomnia: the second edition of the International Classification of Sleep Disorders (ICSD-2) of the American Academy of Sleep Medicine defined it as a “*repeated difficulty with sleep initiation, duration, consolidation, or quality that occurs despite age appropriate time and opportunity for sleep, which*

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