

Sleep Onset and Night Waking Insomnias in Preschoolers with Psychiatric Disorders

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Abstract This study examined the nature and prevalence of diagnostically defined sleep disorders, including Sleep Onset Insomnia (SOI) and Night Waking Insomnia (NWI), in a sample of 183 young children admitted to an early childhood psychiatric day treatment program. A semi-structured diagnostic interview, the Diagnostic Infant and Preschool Assessment, was used to assess for sleep and other psychiatric disorders. Daily sleep diaries and the Child Behavior Checklist were also examined. 41 % of children met criteria for a sleep disorder; 23 % met diagnostic criteria for SOI and 4 % met criteria for NWI, with an additional 14 % meeting criteria for both (SOI + NWI). Sleep-disordered children demonstrated longer latency to sleep onset, longer and more frequent night awakenings, less total sleep, and lower sleep efficiency than non-sleep disordered participants. Diagnosable sleep disorders, particularly SOI, were quite common in this acute clinical sample, exceeding previous estimates obtained in community and pediatric practice samples.

Keywords Preschoolers · Sleep disorders · Sleep diaries · Psychopathology · Diagnostic interview

Introduction

The most common sleep difficulties reported for toddlers and preschoolers in Western cultures are problems of going to bed, falling asleep and frequent night awakenings; collectively these problems are referred to as behavioral insomnias of childhood [1–3]. Prevalence estimates for behavioral insomnias are up to 30 % in typically developing preschool age children and are even higher in those with neurodevelopmental impairments, such as autism, learning disorders and intellectual disability [4–11]. In addition, sleep problems in young children frequently co-occur with other behavioral problems, with evidence that inadequate sleep is associated with daytime sleepiness [12], less optimal preschool adjustment [13], and problems of irritability, hyperactivity and attention [4, 14–16]. Moreover, it is likely that the links between early childhood psychiatric symptoms and sleep disturbance are bi-directional and mutually exacerbating [17]. That is, early sleep problems may be both a cause and consequence of co-occurring difficulties with behavioral and emotional self-regulation, with sleep disruption affecting psychiatric symptoms and psychiatric symptoms affecting sleep–wake organization.

To date, most research examining the links between early childhood sleep and behavioral problems has focused on typically developing young children, based on samples drawn from the community and general pediatric practices [13, 18, 19]. In contrast, there has been relatively less attention devoted to understanding the nature and prevalence of sleep problems in young children presenting with

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