WHY is pediatric sleep medicine needed?
Depending on definition, pediatric sleep disorders affect 10 – 40% of all children and adolescents. Undiagnosed or with delay diagnosed disorders may have “acute” as well as long-term consequences for these individuals, and in addition may cause problems for the whole family, eventually suffering from reduced sleep quantity and poor sleep quality. “My child cannot sleep” is frequently reported by parents to relatives and friends or via social media, but only few affected families find the way to professional help. Timely detection and adequate treatment may improve not only the patient’s situation, but also contribute to the wellbeing of parents and the whole family.

Out of the more than 90 sleep disorders listed in the International Classification of Sleep Disorders (ICSD-3), most are also relevant for children and adolescent. To properly classify the underlying problem, experienced and properly trained specialists are necessary. They have to know not only about the physiological background, possible pathological findings, but also about children’s properties and finally specific treatment options.

WHO is qualified as a specialist in pediatric sleep medicine?
In Europe, unfortunately only very few colleagues are “fulltime” specialists in pediatric sleep medicine. Most pediatric sleep specialists have acquired some other specialisation like pediatric neurology or pulmonology, since these disciplines have a certain overlap with sleep medicine. For those finally engaged as pediatric sleep specialists, an extra “add-on” training is necessary.

The training syllabus has to contain all kinds of pediatric sleep disorders, and the discrimination of nonorganic and organic causes is essential. It is necessary that pediatric sleep specialists have an overview of relevant anamnestic tools like e.g. Epworth Sleepiness Scale, are able to run a pediatric sleep lab, and know which individual treatment is appropriate.

HOW to approach pediatric sleep disorders?
Skillful communication with patients and parents is a prerequisite for proper diagnosis and treatment. As in adults, the majority of sleep disorders are non-organic. For these cases, a careful history is crucial to define the actual problem. Age-specific questionnaires and sleep protocols are helpful. If the collected material is unsuspicious of an organic sleep problem, polysomnografic investigation is not indicated.

However, if anamnesis and clinical findings point towards an organic reason, polysomnografic recordings should be performed in a sleep lab especially equipped for investigations in children. Especially in infants and young children, mounting of electrodes and fixation of probes represent a challenge for nurses and technicians, and sometimes need much patience.

Finally, a patient-tailored treatment has to be scheduled in accordance with patients and parents. Compliance/coherence of these depends greatly on the interaction with the pediatric somnologist and is therefore also a matter of “sensitivity”.

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