

# Study finds new method for diagnosing sleep disorders in children

May 22 2024

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Research at the University of Oklahoma, in collaboration with The University of Tulsa, has resulted in a new method of screening for sleep disorders in children. The tool, the first of its kind, allows health

professionals to assess children for multiple sleep problems at once, resulting in a quicker evaluation and more targeted treatment recommendations.

The research that created the tool, called a structured clinical interview, was [published](#) recently in the journal *Behavioral Sleep Medicine*. The publication details the effectiveness of the interview questions across several types of [sleep disorders](#), which often have overlapping symptoms but can require distinct treatments.

"Sleep problems can be common in kids, but we have not had a means of getting a comprehensive view of what is going on with their sleep," said child and adolescent psychiatrist Tara Buck, M.D., an associate professor in the OU School of Community Medicine in Tulsa.

"It takes time to go through all the individual disorders to narrow down what's going on. This structured clinical interview allows us to screen for the most common sleep problems at once and gain a better idea of how to treat them."

Development of the structured clinical interview was led by Mollie Rischard, Ph.D., a post-doctoral fellow in the Department of Psychiatry at the OU School of Community Medicine. The project also served as the dissertation topic for her doctoral studies at The University of Tulsa. She started with the adult comprehensive assessment for sleep disorders, which already existed, and began the meticulous work of adapting it for children.

After several iterations, input from clinical experts, and ensuring it aligned with criteria in the Diagnostic and Statistical Manual (the authoritative guide for diagnosing mental disorders), it was tested in a clinical trial. Results showed it to be an effective tool.

The gold standard for diagnosing sleep disorders is a sleep study, in which a child spends the night in a sleep lab connected to sensors that measure the quality of sleep. However, sleep studies are expensive and may not be needed in every instance, Rischard said.

"Sleep apnea, for example, is a medical problem that must be diagnosed through a sleep study, but before we make costly referrals and ask families to undergo a sleep study, we want to be as sure as we can that it's necessary," she said.

"There are a lot of overlapping symptoms among sleep disorders, where a child has difficulty falling asleep and staying asleep, so it's important to determine what is driving the problems. They may have restless leg syndrome or a disruption in their circadian rhythm. Having a better understanding will give us a better sense of how to treat it. Cognitive behavioral therapy can be effective for several sleep disorders.

"We advocate for targeting sleep problems because there's such a high degree of daytime impairment when kids don't sleep well," Rischard added.

"It's not just [excessive daytime sleepiness](#), but we often see a paradox where kids can appear hyperactive and may be misdiagnosed with something like ADHD. Many sleep disorders are very treatable because we make behavioral changes that can produce quick improvements. And if you start sleeping better, you genuinely feel better."

The need for a comprehensive structured clinical interview for pediatric sleep disorders grew out of a related research collaboration between OU and TU: a clinical trial studying a new cognitive behavioral treatment for youth with nightmares.

Lisa Cromer, Ph.D., a professor of psychology at TU and a volunteer

child psychiatry faculty member at OU-Tulsa, led development of the treatment because of a growing recognition in the field that nightmares should be addressed as a singular problem rather than a symptom of another problem. The new structured clinical interview helps identify children who have [nightmare](#) disorders.

"There is growing evidence that nightmares are a signal for very serious mental health problems, in particular suicidal ideation and behavior," Cromer said. "Another big risk factor for suicidality is impulsivity, and we know that people are better able to control impulses when they've been sleeping well."

Cromer's cognitive behavioral treatment incorporates relaxation strategies, stress management, sleep behaviors, and visualization to change the structure of dreams. Parents are involved in the treatment process as well.

Data from the trial, though ongoing, show a promising decrease in suicidal thinking among children with nightmares after they've received the [treatment](#). Cromer and Buck plan to publish the results of their study soon.

"In the past, we've seen nightmares as a symptom of other conditions, and we thought there wasn't much we could do," Buck said. "We might try to treat their PTSD or anxiety and hope that the nightmares got better. But now there are treatments to empower kids to reduce or eliminate their nightmares. It's a paradigm shift for both families and health professionals."

**More information:** Mollie E. Rischard et al, Construction and Initial Examination of Inter-Rater Reliability of a Structured Clinical Interview

for DSM-5-TR Sleep Disorders (SCISD) – Kid, *Behavioral Sleep Medicine* (2024). [DOI: 10.1080/15402002.2024.2324035](https://doi.org/10.1080/15402002.2024.2324035)

Provided by University of Oklahoma

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