Wake Up America! Impact of sleep disorders on school performance

Many pediatric professionals are unaware of the fact that one out of every three elementary school-aged children has a significant sleep problem/disorder and the most frequently asked questions to pediatricians are concerns about their child’s sleep problems (Mindell & Owens, 2003). This question is most commonly answered by pediatricians incorrectly when they tell the parent to be patient and their toddler/child will eventually grow out of it. This is not true for about 20% of all pediatric sleep problems/disorders. Although some of these sleep problems/disorders do resolve themselves without treatment or interventions, approximately 17% of students in the United States have a serious sleep disorder needing treatment that negatively impacts their educational success (Ax, 2006; National Institutes of Health, 2001). This prevalence rate is approximately 2.5 to 3 times higher in students than vision and hearing problems combined, but most pediatricians and school professionals are not doing sleep screenings due to lack of knowledge about quick and accurate screening methods. Consequently, only about 1-2% of these students with sleep disorders are screened, identified, and receive appropriate interventions or treatment (Rosen, 2001). The average time that elapses from onset of a sleep disorder until diagnosis is at least 10 to 15 years (Rosen, 2001). Recent research suggests that ~30% of children with correctable sleep disorders are initially diagnosed with learning disabilities, cognitive delays, and/or behavioral and emotional disorders, including ADHDH (French, 2008; Luginbuehl, 2004; Popkave, 2007; Witte, 2007). However, when the sleep disorder is finally identified and corrected, the student’s academic progress often improves and behavior/emotional problems decrease (many studies). School psychologists can significantly improve the academic and behavioral performance of students and reduce their schools’ remediation and behavioral intervention expenditures by using a simple sleep screening process to identify and correct students’ sleep problems.

Goals and Objectives: Participants will learn about the six most common sleep disorders, how to identify, diagnose, and treat them, and understand their negative educational impact if not corrected early. Early correction will reduce academic delays, behavior problems, school district and healthcare expenditures for academic remediation and special education services while improving long-term health, employment success, and quality of life.

Purpose and Content: The purpose of this presentation is to provide participants with knowledge and skills related to the definition and impact of pediatric sleep disorders, as well as develop an effective screening and identification process at pediatric practices, Child Find and school screenings to identify the six primary sleep disorders impacting children and youth. Specifically, the definition of the six major pediatric sleep disorders will be discussed: Obstructive Sleep Apnea, Narcolepsy, Periodic Limb Movement Disorder, Restless Legs Syndrome, Behavioral Insomnia of Childhood, and Delayed Sleep Phase Syndrome. Research demonstrating the high prevalence of these sleep disorders, as well as the negative impact of each on student brain functioning/cognition, achievement, attention span, activity level, behavioral/emotional development when these sleep problems/disorders go unidentified and untreated. Untreated sleep disorders also cause serious long-term health problems and vehicular/work place accidents and could be presented if given enough time (1 ½ - 4 hrs.).

Screening of sleep disorders will be presented in the context of the healthcare model of early identification and intervention. Although there are over 183 pediatric sleep screening instruments available worldwide, only one screening instrument, the Sleep Disorders Inventory for Students (SDIS), screens for all the major pediatric sleep disorders, has quick computer scoring that produces a comprehensive report for pediatricians and parents, and has used all 11-recommended validation steps of