



ADVANCING INTEGRATED HEALTHCARE

Pediatric Sleep ECHO®

Session 5: Focus on Preschool aged children (ages 3-5)

Date: September 26, 2024

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

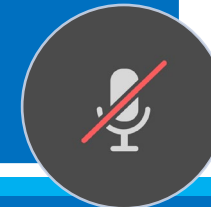
- Please turn on your video
- Please enter your name and organization in the chat box

Introduce Yourself



- Please mute your microphone when not speaking

Microphones



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome	Liz Cantor, PhD
7:35 – 8:00 AM	Didactic Session: Focus on Preschool aged children (ages 3-5)	Julie Boergers, PhD
8:00– 8:25 AM	Case Presentation	Colleen Vitale MD
8:25-8:30 AM	Wrap Up	All

Announcement



Thursday **December 19th** Session 8 **extended** to
90mins 7:30-9:00 AM

Agenda:

Middle School (ages 11-13)

Case presentation: Waterman Pediatrics

PDSA Review from Practices

**ECHO Series: Optimizing a Behavioral Health Approach
to Children's Sleep in Pediatrics**

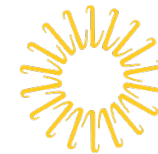
**Things that Go Bump in the Night:
Nighttime Fears, Nightmares & Parasomnias**

Julie Boergers, PhD

September 26, 2024



BROWN
Alpert Medical School



Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
A Lifespan Partner

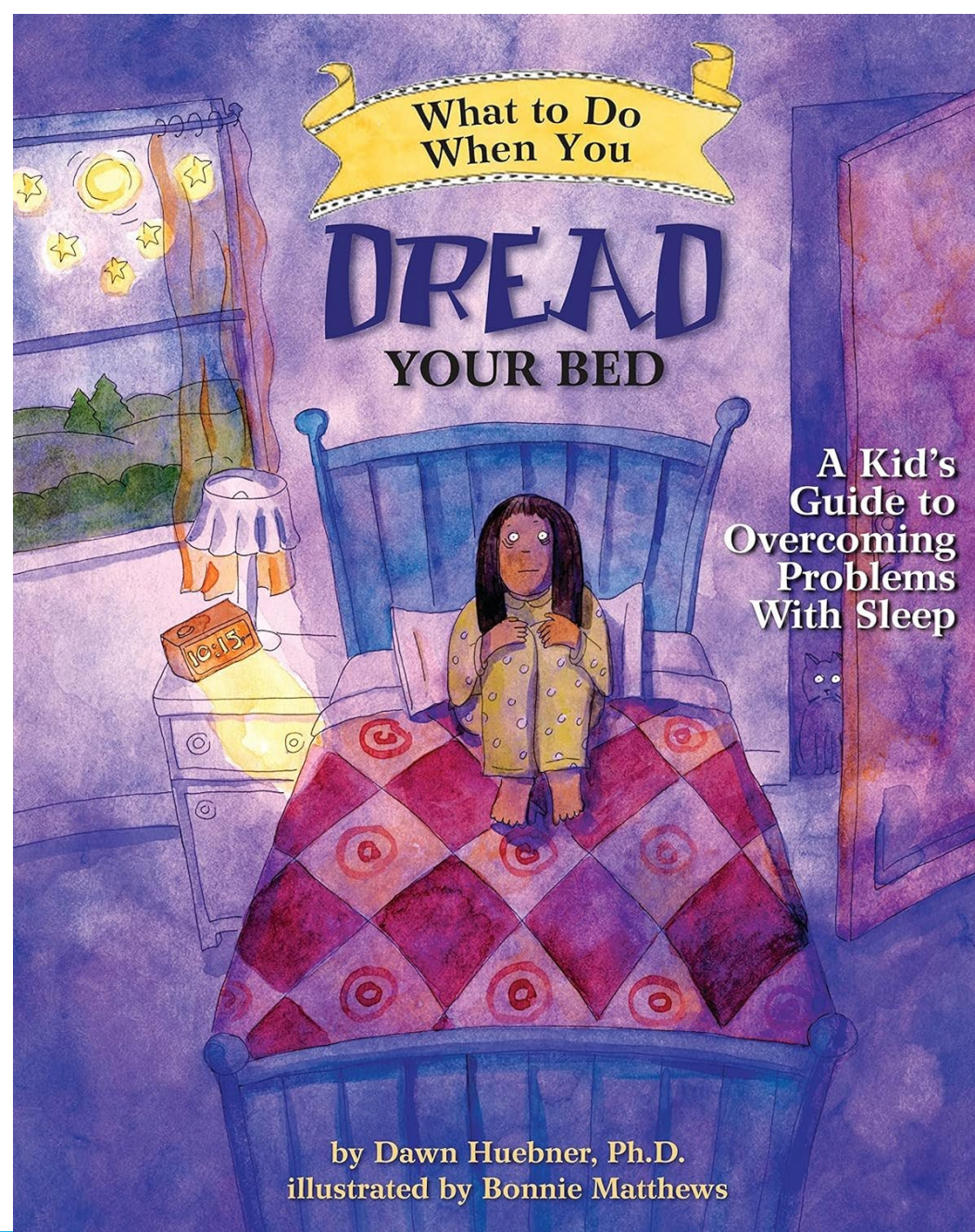
Objectives

- Discuss strategies for helping parents to manage nightmares and bedtime fears in children
- Distinguish nightmares from sleep terrors
- Identify factors that can trigger or exacerbate parasomnias (i.e. sleep terrors, sleepwalking/talking, and nocturnal enuresis)
- Review treatment tips for parasomnias

Nighttime Fears



- Consistent, kind but firm approach with + reinforcement for remaining in bed & attempting to use coping strategies
- Avoid “accommodation” or secondary gain
- Don’t “lead the witness”
- Distinguish fear vs. preference or habit
- Consider:
 - parental limit setting skills
 - child’s readiness for sleep
 - any frightening stimuli



Workbook –
Good resource for parents of
kids approx. 6-12

Nighttime Fears – Common IBH strategies

- During day, build up child's self-confidence and comfort with being alone in bedroom (graded exposures)
- Encourage transitional objects
- Relaxation training
- "Coping cards" at bedside, "worry box," nightlights, pets etc.

Nightmares



- If frequent or bothersome, screen for trauma or acute stress
- Provide reassurance and distraction but avoid providing an escape (i.e. out of bed) or reinforcing fears (e.g. sweeping under the bed). Support mastery.
- Imagery Rehearsal Therapy: during waking state, a) select a nightmare; b) "change the nightmare any way you wish," c) rehearse the images of the new version ("new dream") 5 to 20 min each day.
 - Significantly reduced nightmare frequency in small RCTs of children with/without trauma

Night Terrors

- Sudden arousal during slow wave sleep; confusion, disorientation
- Incidence: 1-3%; 10% of sleepwalkers
- Male > female
- Typical onset 4-12 years (peaks 5-7 years)
- Frequency: often highest at onset; often higher (> once a week) with younger onset
- Usual disappearance by adolescence

Sleep Walking

- Prevalence: up to 15% of population; most between 6 and 16 years
- Onset: usually 4 - 6 years
- Duration: one third for 5 years; 12% for 10
- Quiet vs. agitated; displacement from bed, often complex behaviors; SAFETY issues



Things to Check

- Any snoring/restlessness?
 - Do they need an overnight sleep study?
- Are they a picky eater and/or do they have excessive milk intake?
 - Do they need labs to screen for low ferritin?
(target >50 in children and >75 in adolescents with sleep disturbance)

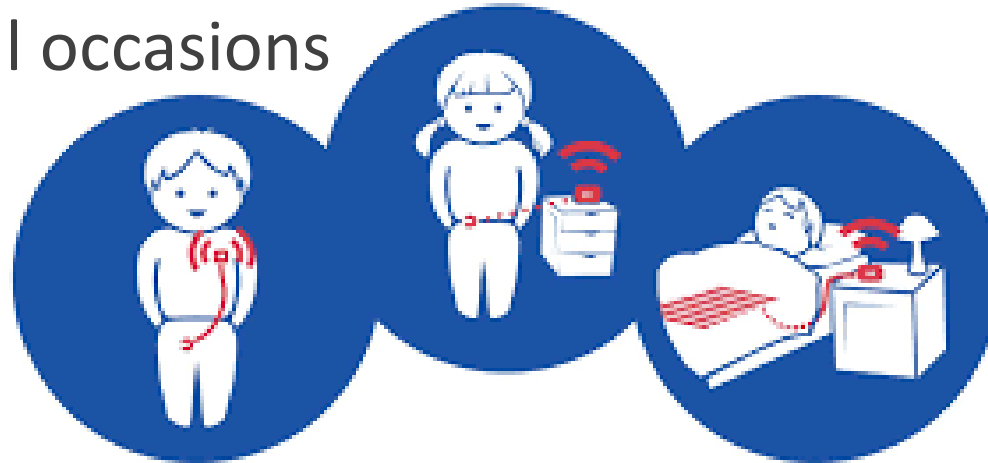


Treatment of Parasomnias

- Parental reassurance, education
- Safety precautions
- Increase total sleep time
- Decrease sleep fragmentation
(identify/treat underlying sleep disorder, iron deficiency)
- White noise
- Stress reduction
- Scheduled awakenings (if nightly & consistent time – keep log)

Additional Tips for Nocturnal Enuresis

- Consider overnight sleep study if other symptoms of/risk factors for OSA
- Urine Alarm/Dry Bed Training
- Hasbro Physical Therapy Department
- DDAVP for special occasions





ADVANCING INTEGRATED HEALTHCARE

Pediatric Sleep ECHO® Case Presentation

Presenter(s): Colleen Vitale MD

Date: Sept 26th, 2024

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Basic Patient Information

Do Not Include PHI

Age/Grade in school (if relevant)	5 yr old just starting KG
Gender Identity	Female
Race/Ethnicity	Caucasian
How long has this individual been in your care?	Since Birth
Who does the patient live with/family constellation?	Mother, father, older brother (10 yr)
Insurance type (Commercial, Medicaid, Uninsured, Other)	Commercial

Reasons for Selecting this Case

Do Not Include PHI

Presenting problem	<ul style="list-style-type: none">• 5 yo girl with difficult to manage sleep concerns in the setting of a family who has and is still trying to manage an older sibling with very complex sleep diagnoses.• I don't want to over treat but need to take into consideration biological commonalties as well as an already stressed household needing sleep.
What questions do you have for the group?	<ul style="list-style-type: none">• Should I send for same work up as brother eventually had?• How much could this be attention seeking behaviors, given how much the brother's sleep impacts the family?• How can we help parents who have children with differing sleep needs/ times/ concerns• How can I structure the advice for helping the 5 year old while also balancing the families struggles with older brother?

Relevant Background

Sleep behaviors of concern	<p>Difficulty falling asleep without being held or with parent in her bed</p> <p>Wakes 1-2 times a night, quick to fall back to sleep if in their bed</p> <p>Worsening difficulty with sleep over past year</p>
Relevant medical and/or behavioral comorbidities	Enlarged tonsils with louder mouth breathing at night, had adenoidectomy and PE tubes 2023
Relevant medications	Melatonin discussed
Relevant lab results	Normal cbc/ lead July 2024
Any previous interventions for sleep?	<p>Sticker chart for falling asleep alone</p> <p>Referred to ENT for tonsil evaluation</p>

Relevant Social History

Family history of sleep disorders?	<p>Brother with primary insomnia and periodic limb movement– followed at sleep clinic since age 6</p> <p>Presented as bed time separation anxiety, restlessness when asleep, with hours long night awakenings</p> <p>Continued despite Tonsillectomy and improved ferritin</p> <p>Currently on trazadone and melatonin, had been on iron supplements</p>
School related concerns?	<p>Pt age 0-4 was home with grandmother</p> <p>Last year some initial difficulty with change to preschool.</p> <p>Seems very excited to start Kindergarten and less daytime anxiety overall</p>
Other social history concerns?	<p>Maternal: Anxiety and likely ADHD</p> <p>Father's job requires out of state travel and mom has increasingly stressful job at accounting firm.</p>

Patient /Family Successes and Strengths?

Do Not Include PHI

- Strong loving family
- Parents open to suggestions and good with follow through
- Prior experience with son makes them knowledgeable about the need for sleep routines and consistency.

Summary & Clarifying Questions



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CME Credits

(Pending credit for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:
<https://www.surveymonkey.com/r/echosleep>



The AAFP has reviewed 'Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,' and AAFP credit is pending. Term of approval is from 04/19/2024 – 04/19/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Thank you!

Next Meeting:

Thursday October 24th, 2024 - 7:30 – 8:30 AM

Autism and Sleep

Evaluation/Credit Request Form: <https://www.surveymonkey.com/r/echosleep>