Before Drugs, Think ‘S.E.L.F.’ for Hypersomnia

BY ROBERT FINN
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Rancho Mirage, Calif. — Behavioral treatments should be the first line of defense when treating children with hypersomnia, Dr. Raphael Pelayo said at a meeting on sleep disorders in infants and childhood.

Dr. Pelayo developed the mnemonic S.E.L.F. to help children, parents, and physicians remember some of the best ways to regulate sleep: with Social interactions, Exercise, Light, and Food.

“This really works,” said Dr. Pelayo of Stanford (Calif.) University. “It sounds too simple, and you may not believe it, but it really works.”

When children exhibit excessive daytime sleepiness, the first impulse of many parents is to put them to bed earlier.

This is often exactly the wrong thing to do, in part because the children fall to sleep with light and wake up with darkness, the reverse of what nature intended. Similarly, many teenagers skip breakfast but snack just before bedtime, have trouble sleeping, and are sleepy the following day. Before prescribing modafinil, have the parents restrict the teen’s access to food in the evening.

Dr. Pelayo recently treated one teenager whose daily schedule involved a full day of classes, several hours of tutoring, and then time in the gym for exercise and socializing. “So I asked, ‘Is it okay to put the

gym after school but before the tutoring?’ Simple switches like that can be effective,” he said.

Often parents will drag a hypersomnolemic child to the doctor, and point during the visit that he or she spends the entire evening watching television or playing computer games. “The parents want you to be the heavy and take away their computer time, their TV time,” Dr. Pelayo said. “Instead I flip things around with them a little. I say, ‘You can watch TV all you like—first thing in the morning. You can play computer games—first thing in the morning.’ ”

“Behavior before drugs” is the slogan Dr. Pelayo uses even with children with narcolepsy.

“With narcoleptics, it cannot be overemphasized that it’s got to be naps before drugs,” he said at the meeting sponsored by the Annenberg Center for Health Sciences. “For the rest of your life you’ve got to be conscious of your sleep hours.”

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Try Reserving Melatonin for Severe Insomnia

Melatonin may help children with attention-deficit/hyperactivity disorder get more sleep, but behavior benefits are negligible, said Kristiaan B. Van der Heijden, Ph.D., of the Epilepsy Center Kempenhaeghe, Hzeese, the Netherlands, and colleagues.

Surprisingly, melatonin had no significant effect on behavior, cognitive improvement, or quality of life. “We expected such improvements because sleep problems and sleep deprivation in children were associated with behavioral disturbances,” they said (J. Am. Acad. Child Adolesc. Psychiatry 2007;46:211-41).

The findings did confirm that melatonin improves sleep. In the randomized, double-blind study, 103 children aged 6-12 years took daily doses of 3 mg or 6 mg of melatonin (depending on their weight) or a placebo for 4 weeks.

The children who received melatonin fell asleep an average of 27 minutes earlier than at baseline, and those who took placebo fell asleep an average of 11 minutes later.

In addition, total sleep time increased by an average of 20 minutes in the melatonin group, and decreased by an average of 14 minutes in the placebo group.

Five patients in the melatonin group reported adverse events, including headache, hyperactivity, dizziness, and abdominal pain, but none of these patients discontinued the medication or withdrew from the study, and none required treatment for the adverse reactions.

Melatonin should be prescribed only for persistent and severe cases of insomnia, given the lack of additional benefits and the lack of long-term effects of consistent melatonin use, the investigators wrote.

—Heidi Splete