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

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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 this really, 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 teen age 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

Try Reserving Melatonin for Severe Insomnia

Melatonin may help children with atypical sleep/wake/behavioral disorders get more sleep, but behavior benefits are negligible, said Kristaan B. Van der Heijden, Ph.D., of the Epilepsy Center Kempenhaeghe, Heerze, 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, 105 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 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 reaction.

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