ADULTS are not the only ones who toss and turn in their beds at night, unable to sleep. Half of 160 school-age children surveyed by researchers at Flinders University reported suffering symptoms of insomnia.

Children as young as 10 were having trouble falling asleep, staying asleep or waking up early, the findings released this month said.

Evidence suggests that delayed sleep or impaired sleep quality is strongly linked to behavioural disorders such as hyperactivity, lethargy, bad moods and difficulty with memory and concentration.

Dr Michael Gradisar, a psychologist from the university’s child and adolescent sleep clinic, said insomnia appeared to become persistent – lasting for more than a month – around the age of 14 or 15.

Gradisar said the most common cause of insomnia in teenagers was delayed sleep phase syndrome, where the internal body clock was out of sync with general sleep-wake times.

“It seems that, around the onset of puberty, there is a delay in circadian rhythm [body clock], meaning teenagers get insufficient sleep,” he said. “They take a long time to get to sleep and then sleep for only five or six hours before they have to get up and go to school.”

Adults sleep on average seven to eight hours a night but teenagers need between nine and 10 hours.

Tom Pinkerton was having trouble falling and staying asleep and he experienced nightmares. He woke feeling tired and unrested and was irritable, hyperactive and couldn’t concentrate during the day.

A few years ago he was diagnosed with attention deficit hyperactivity disorder and was prescribed anti-depressant medication.

His mother, Sue, said she thought “that’s just the way Tom was” until, by chance, she heard a lecture by pediatric sleep specialist Dr Jem Papadopoulos.

Tom, now 14, underwent an overnight study at St George Private Hospital in Sydney. He was diagnosed as having reflux and periodic limb movement disorder, making his legs contract uncontrollably during sleep. Often waking him, it is one of a range of sleep disorders that cause insomnia, including circadian rhythm disorders, obstructive sleep apnoea (OSA) and restless leg syndrome.

Papadopoulos designed a treatment plan that included sensory stimulation, using bright and dim lights and supplements of iron and melatonin, a brain chemical that gives the body the signal to fall asleep.

The change in Tom was amazing, his mother said.

“He’s going to sleep more regularly. He’s not waking up during the night. He doesn’t look tired and washed out and he’s more alert,” she said.

Gradisar said cognitive-behavioural therapy could also be used to improve sleep as the anxiety and frustration caused by insomnia actually contributed to keeping suffers awake, perpetuating a vicious cycle.

SLEEP PROBLEMS: Tom Pinkerton is a changed boy after treatment. Picture: JODY KEENAN

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In the news

**Insomnia scourge of the young, too**

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