



Medications for Pediatric Sleep

FIRST: Rule out physiological sleep disruption

Consider Co-morbidity:

- Obstructive Sleep Apnea Syndrome (OSAS)
- Periodic Limb Movement Disorder (PLMD)
- Restless Leg Syndrome (RLS)
- Behavioral Insomnia of Childhood (BIC)
- Delayed Sleep Phase Syndrome (DSPS)
- Narcolepsy

Consider a screening tool such as the TISS

The Ten Item Sleep Screener (TISS)

1. Does the child snore lightly or loudly at night?
2. Does the child exhibit excessive daytime sleepiness?
3. Does the child have difficulty falling asleep at night?
4. Does the child roll, kick, or move around frequently in sleep?
5. Does the child wake up frequently at night?
6. Is the child difficult to awaken in the morning?
7. Does the child gasp, choke, or snort in sleep?
8. Does the child stop breathing during sleep?
9. Does the child get enough sleep at night compared to peers?
10. Does the child have a difficult temperament?

SLEEP INITIATION

- **Melatonin:** Can be purchased OTC. Dosed 0.5 mg to 10 mg for children and adolescents, peak effect at one hour. Generally accepted as safe and effective for both short and longterm treatment, though longterm data is limited.
- **Clonidine:** Dosed 0.05 to 0.2 mg at night

SLEEP INITIATION & MAINTENANCE

- **Trazodone:** Typically dosed 25-100 mg at night. May use up to 6 mg/kg/day. Safety/efficacy data as antidepressant at doses 200-400mg daily. Balance sufficient dose for sleep with morning grogginess.
- **Mirtazepine:** Start 7.5 mg at night, may be increased up to 45 mg for sleep and also for depression/anxiety.
- **Diphenhydramine** or **Hydroxyzine** are antihistamines often used for sleep, dosed 12.5, 25 or 50 mg at night.

SPECIAL SITUATIONS

- **Prazosin:** Studied in adults to treat nightmares in PTSD. Seems helpful in some adolescents, start 1mg at night with increase every 3-5 days up to 2-4mg each night.
- **Citalopram** or **Fluvoxamine** are often experienced as slightly sedating and may be sufficient when treating anxiety-related sleep problems.
- **Benzodiazepines** have a limited role in children. Short acting varieties may be used short term if needed. Clonazepam has been used for periodic limb movement disorder or parasomnias due to some efficacy as a muscle relaxant and also its tendency to suppress slow wave sleep.
- **Quetiapine** (Seroquel) or **Olanzapine** (Zyprexa) are quite sedating and may have a role in children with comorbid mood or thought disorders.
- Sedative-hypnotics ("z-drugs") are not recommended