

# Survey links snoring, sleepiness with attention, hyperactivity issues

Children who snore often are nearly twice as likely as other children to have attention and hyperactivity problems, and the link is strong for other sleep problems, a new University of Michigan Health System study finds.

The results, published in the March issue of the journal *Pediatrics*, provide some of the most solid evidence ever of a link between sleep problems and behavior.

The link is strongest in boys under age 8; habitual snorers in this group were more than three times more likely than non-snorers to be hyperactive. The study, based on a survey of the parents of 866 children that was conducted in the waiting rooms of U-M pediatrics clinics, is among the largest ever to explore the connection between sleep and inattention/hyperactivity.

While the study does not provide any clues as to whether and how sleep problems might contribute to behavior issues, or vice versa, the evidence of a link

between the two is strong enough to warrant further and thorough investigation, says lead author Ronald Chervin, M.D., M.S., director of the Michael S. Aldrich Sleep Disorders Laboratory and associate professor of neurology at the U-M Medical School.

"If there is indeed a cause-and-effect link, sleep problems in children could represent a major public health issue," says Chervin. "It's conceivable that by better identifying and treating children's snoring and other nighttime breathing problems, we could help address some of the most common and challenging childhood behavioral issues. But more research will be necessary to show whether this is the case."

Until then, he suggests, all parents should pay attention to their children's sleep behaviors — and their own. Sleep problems in both children and adults are under-diagnosed, even though they can have a major impact on daytime activity and health. Bot-

ter sleep habits, and medical attention for issues such as snoring, daytime sleepiness, and breathing interruptions known as apnea, could help people of all ages function better during the day.

### Gathering information

Chervin and his colleagues from UMHS, the University of Pittsburgh and Stanford University designed the study to gather as much information as possible on a large number of children, to overcome the limitations of previous studies that only looked at small groups of children who had been referred to sleep specialists.

They combined three different validated survey instruments: Two asking parents about their children's behavior patterns, and one asking about snoring, sleepiness and characteristics that may indicate sleep-disordered breathing problems. The children were all over age 2 and, under age 14, and parents were asked to seek their children's help in completing the survey.

Fifty-four percent of the children assessed were snorers.

The sleep portion of the survey asked about frequency and severity of snoring, as well as the tendency to struggle to breathe or stop breathing temporarily during the night, to breathe through the mouth during the day, to wake up feeling unrefreshed, or to have a hard time waking up. All these can mean a child has sleep-disordered breathing, which can affect the quality of their sleep.

Scores for snoring frequency and severity, and for sleepiness and sleep-disordered breathing, were tallied for each child, to allow each tendency to be considered on its own. And, children were designed either habitual, or non-habitual, snorers.

The behavior portion of the survey asked about attention to tasks and schoolwork, distraction, forgetfulness, fidgeting, inappropriate action and excessive talking, as well as hyperactivity and attention deficit hyperactivity disorder. The chil-

dren were assigned scores based on the total number of attributes their parent said applied to them, and how often.

### Hyperactivity, sleepiness

Sixteen percent of the children were reported to snore frequently, and 13 percent scored high on the hyperactivity index. But 22 percent of habitual snorers had high hyperactivity scores, compared with only 12 percent of those whose parents said they did not snore regularly. Similar differences were found when the researchers looked at hyperactivity scores among children who scored high on measures of sleepiness, snoring severity and sleep-disordered breathing.

Because scores for daytime sleepiness and snoring were linked closely, the researchers corrected for the effect. But they still found that those children with high sleepiness scores, regardless of snoring, tended to have high hyperactivity scores, as did children with high snoring scores, regardless of sleepiness.

This suggests that sleep-disordered breathing or sleepiness from other causes could each contribute, independently, to the risk of disruptive behavior.

Fortunately, sleep breathing problems, poor sleep habits and other conditions that contribute to can be corrected, Chervin notes. Evaluation and treatment by sleep specialists is important for those with apnea, severe snoring, and other conditions. And parents should make sure their children get a full night's sleep, have a consistent bedtime and wake-up time, and follow other good sleep hygiene habits.

The study was funded by the National Institutes of Health and the U-M Health System.

More information on children and sleep from U-M pediatric sleep experts is available at <http://www.med.umich.edu/odp/newspage/pedsleep.htm> and <http://www.med.umich.edu/1libr/child/sleep.htm>.

The U-M sleep disorders clinic site is <http://www.med.umich.edu/neuro/sleep.htm>.

## New book explains why and how sex matters for women

The female characters on the HBO show, *Sex in the City*, seem to be living the ideal life of the modern-day American woman: Educated, professionally employed and sexually self-confident.

But in reality, despite great advances in careers and education, most women have yet to discover what they need to really take charge of their sexuality and keep their bodies and souls healthy and happy.

A book recently published by three authors at the University of Michigan Medical School hopes to close that gap by providing women with a resource to expand their knowledge, self-confidence and sexual satisfaction in the various contexts in which most women find themselves, including illness and menopause.

The book, *Sex Matters for Women: A Complete Guide to*

**But unlike the typical women's magazine, Sex Matters doesn't just provide women with "how to" lists about sex.**

*Taking Care of Your Sexual Self* pools the expertise of 20 years of working with women and physicians from certified sex therapists Sallie Foley, a senior clinical social worker at U-M Sexual Health Counseling Service and Sally Kope, a couple's counselor in Ann Arbor with a faculty appointment at U-M, and clinical psychologist Dennis Suggs, Ph.D., a clinical associate professor of psychiatry and president of the American Association of Sex Educators, Counselor and Therapists.

In the book, the authors

explain why and how sex really does matter for a woman, since her sexuality is a part of her life from birth to death. But unlike the typical women's magazine, *Sex Matters* doesn't just provide women with "how to" lists about sex. Instead, it offers detailed, readable and respectful information and guidance on women's sexuality.

The book presents solid, science-based information that women need — and want — from how to have more satisfying sex, to questions about hormones, anatomy, sexually transmitted diseases, body image, relationships, sex and illness, and puberty — and how to make this information relevant to their lives.

*Sex Matters*, published by Guilford Publications ([www.guilford.com](http://www.guilford.com)), is available at all bookstores.

## Homework from page C6

ing a primary care physician, but personality plays an important role. A good relationship with a patient, "just makes me want to do whatever I can to satisfy them," said Deschere, who has a private practice in Royal Oak.

"Don't feel your 'stuck' with your first selection, said Coyle. "Know that if you do go to somebody and you don't like them, for whatever reason, move on."

Even before you meet a new physician, check out his or her office procedures. Deschere suggests the following:

- Ask about waiting time. "You want to find a physician who sees your time as valuable as their own," he said.

- Check out the staff. "Are they going to take you seriously or is it just a job. Is this a staff that is going to bend over backward to do their job."

- Ask if you'll be able to speak directly to the physician when necessary. "Some physicians are so full of themselves they will only talk to you if you come into the office to see them."

- Ask about e-mailing. However, keep in mind that while sending messages through a Web site is secure, e-mail isn't. "Do you really want to find out your pregnancy results or gonorrhea test by e-mail?" said Deschere.

- Ask if the physician will treat you in the hospital. Some managed care systems limit hospital care to hospital-based physicians. "A good compromise would be for the primary care physician to say, 'You will be under the care of a specialist, but I will come to see you,'" said Deschere.

**Don't hold back**  
Deschere emphasized a patient must feel comfortable sharing

personal issue: "I think I have cancer." "I've tried some cocaine." "I'm worried about AIDS."

Don't hold anything back," said Coyle. "All the little bits and pieces come together at the end of the day. Let the doctor know about any family history of suicide, a grandparent who committed murder.... What goes on in the examination room is confidential."

Lastly, remember that you're paying for advice, so you better understand it. "Challenge the physician. Say, 'You need to speak to me in English.' A lot of people are afraid to ask for clarifications. They're the ones who lose."

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