

## **Evolution and predictors of sleep in young children**

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Sleep disorders in children are a major concern for parents and one of the most common problems seen in clinical pediatrics. Several studies have reported a continuity for frequent nocturnal awakenings from 6 months of age until school years. The present study describes sleep characteristics and the occurrence of various parasomnias at 5, 17 and 29 months of age, examines the evolution of these characteristics and identifies the factors likely to impede or foster the process of developing a consolidated sleep-wake cycle in a cohort of approximately 2000 children representative of the entire population of the province of Quebec.

From 5 to 29 months, there was an increase in the percentage of children who slept through the night. There was thus a decrease in the number of night wakings but an increase in sleep latency. The prevalence of various parasomnias in a large cohort of very young children was established for the first time and will be discussed. Parasomnias were also shown to be more prevalent for children not sleeping through the night than for good sleepers. The results also demonstrate a general stability of both sleep characteristics and presence/absence of parasomnias in the early years of childhood. To illustrate, more than 90% of good sleepers stayed good sleepers a year later (91% from 5 to 17 months of age and 95% from 17 to 29 months). More than a quarter of 5-month-old bad sleepers stayed bad sleepers a year later and of those, 44% stayed bad sleepers at 29 months. It appears, therefore, that the probability of sleep problems persistence increases with increasing age in young children.

Parental behaviors around bedtime and during nocturnal awakenings of the child were found to be the strongest predictors of sleeping through the night (or not) at all ages studied. Other significant factors, such as co-sleeping, child temperament, feelings of efficacy in the mother, immigrant status of the mother, socioeconomic status, and parental over-protectiveness, will also be discussed.