

# SOUTHWESTERN NEWS

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## SUMMER VACATION SLEEP INS, FAMILY TRIPS MAY INITIATE AUTUMN SLEEP DISORDERS

DALLAS—June 30, 1999—In the mornings, when the sun first began to shine through 11-year-old Leslie Wasserman's bedroom skylight, she would pull the bedcovers over her head. At the time, she did not realize that the light could have helped her overcome the daytime sleepiness and bedtime restlessness that had plagued her since she returned from a family vacation in Israel.

"Teen-agers and children can develop a tendency to fall asleep one to five hours later than usual, which skews the biological rhythm," said Dr. Joel Steinberg, professor of pediatrics at UT Southwestern Medical Center at Dallas and medical director of the sleep disorders clinic at Children's Medical Center of Dallas.

The disorder, referred to as phase-delay syndrome or delayed-sleep syndrome, results from a shift of the sleep period to a later position in the 24-hour continuum.

For some adolescents, summer vacation means staying up past regular bedtime and sleeping late the next day. But that habit can lead to this common, potentially disruptive, sleep-cycle disorder once the school year starts again.

"Late bedtimes on weekends; during holidays, illness or travel; and even from lengthy bedtime struggles can shift a child's internal circadian pacemaker quite dramatically," Steinberg said. "This means that, despite uninterrupted nighttime sleep, the child has difficulty awakening in the morning, is sleepy during the day and is awake in the evening."

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## **SLEEP DISORDERS-2**

Leslie Wasserman sometimes fell asleep at school. "My bedtime is officially 10 p.m., but for two hours after getting into bed, I would be wide-awake," she said.

In the last few weeks of vacation, to prepare for a smooth transition into the school routine, consistent sleep and wake times – during the week and weekends—can help curb disordered sleep.

After an extensive evaluation, Steinberg recommended that Leslie limit caffeine intake and not go to bed in the evenings until she was truly tired, no matter how late the hour. But that came with a caveat: She had to wake up every day at 7 a.m., even on weekends.

Along with consistent morning waking times, delayed-sleep syndrome can be treated by exposure to bright light upon awakening. So when the light began to filter through Leslie's skylight, the covers were to stay down. Light would help her sleep rhythms.

Steinberg said it's vital to direct the time spent in bed toward sleeping only, with less time for bedtime struggles, reading or playing, even if this means reducing the total time the child spends in bed.

Parents should see their family pediatrician if a child demonstrates frequent sleep difficulties, Steinberg said. If the late-evening restlessness and daytime sleepiness continues or worsens the pediatrician may refer the patient to a sleep-disorder specialist for a complete evaluation.

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