

SCREENING AND IDENTIFYING CHILDREN/ADOLESCENTS WITH MAJOR SLEEP DISORDERS *by Duane Johnson PhD*



As many sleep professionals begin the New Year, they are investigating additional opportunities that will allow them continued business and revenue growth for 2007. One of the most frequently asked questions that I field each week is 'How can I grow my sleep business?' Lately my answer has been – 'add pediatric sleep services and education to your offerings, it is a much needed area of service as well as a tremendous opportunity to increase your referral base while enhancing your community outreach programs which will ultimately add to your bottom line.'

Most healthcare and educational professionals working with children and adolescents are not aware of the high prevalence of pediatric sleep disorders or the increasing amount of medical research demonstrating the negative impact these disorders have on students' cognition, achievement, and/or behaviors. According to Dr. Marsha Luginbuehl, a school psychologist and one of the nations' top experts in children sleep disorder screenings, results from a recent epidemiology study suggest that 20-25% of the pediatric population will develop a sleep disorder sometime in their childhood or adolescence. Some of these sleep disorders will disappear during childhood.

However, Dr. Luginbuehl says sleep studies conducted on "at risk preschoolers" and special education students indicated that 31-33% of these students with learning or behavior problems have significant sleep problems or disorders that do not disappear, and they are performing significantly lower academically and exhibiting

many serious behavior problems. Only 1-2% of the children population with a correctable sleep disorder is being diagnosed and treated; and the average amount of time that may elapse from onset of the child's sleep problem/disorder until the time of diagnosis and treatment is often 10-15 years. Consequently, these untreated sleep disorders are impairing students' cognitive performance, achievement, behaviors, interpersonal relationships, and sometimes preventing high school graduation.

Because most healthcare and educational professionals working with children have not been trained to recognize that sleep problems/disorders often have a negative impact on a child's daytime performance, some research findings suggest that many of these children may be inaccurately or prematurely identified as learning disabled, emotionally/behaviorally disturbed, Attention-Deficit/Hyperactivity Disorder or other mental health disorders. Early identification and correction of these sleep disorders probably can prevent many of these misdiagnoses and more accurately help millions of children plus save our country millions of dollars in long-term health care, special education services, medications for many behavioral and affective disorders. It may also reduce the high costs of vehicular and other accidents, and possibly even later disability incarceration, or deaths in more severe cases.

As the research evidence supporting early screening and identification of sleep disorders steadily increases, it becomes not only a responsibility of the healthcare and educational professionals, and insurance companies to implement this critical information, but it also is a golden opportunity for the sleep medicine professional to step to the front in leadership to expand their pediatric clinical and consultation services in an exponential manner. Furthermore, once the insurance companies understand the cost effectiveness and financial benefits of a child's early sleep disorder screening, intervention, and treatment, they will be more willing to provide adequate reimbursement for pediatric sleep evaluations and treatments. Currently, many sleep lab professionals feel the overhead to provide a pediatric sleep study is prohibitive. Those sleep clinics that now pursue pediatric sleep training and certification and take the effort to educate their local pediatricians and school district professionals to screen "high risk children" will be strategically positioning themselves to benefit from the exciting children's sleep market changes coming in the near future.

Sleep disorder training programs for educational and pediatric professionals are being given in only few school districts and pediatric healthcare settings nationwide. One company with a planned nationwide pediatric sleep education training and screening program focused to correct this serious deficit in 2007 and beyond is Sleep Education Services, Inc (www.sleepesi.com). As educators and pediatric colleagues become trained to understand the significant impact sleep problems/disorders have on student performance, health, and safety, they will begin to use available tools to screen their high-risk students. Using a valid and reliable sleep-screening tool will result in school districts identifying numerous "at risk" students and help them proactively refer these

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Problems often are identified from both the patient and environmental assessments. Vision problems or a patient who speaks limited or no English, for example, may hinder education and proper operation of the prescribed equipment. An environmental problem may be as simple as noting multiple trip hazards in the residence with the solution being as simple as rearranging some furniture or other items within the residence.

Plans of action to correct issues should consider *when* a problem will be corrected, and when achieved, added to the plan of care.

The plan should be reviewed each time the respiratory professional interacts with the patient and updated to reflect the most current information regarding the patient and their environment. This is critical, as the goal of a plan of care is to provide a guide to all members of the home care organization. A clinician unfamiliar with the patient should be able to read the plan of care and have the necessary information to work with the patient on any issue.

A plan of care is never complete until the patient is discharged from services with the organization but this document should not be simply placed in a patient's medical record and forgotten about. Regular reviews at specific intervals of the plan of care are needed to insure the needs of the patient continue to be met as their healthcare and lifestyle needs change. Positive outcomes for the patient are the goal of all respiratory care professionals working in home care and with the appropriate utilization of the plan of care this can assured.

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at risk children to local sleep centers for comprehensive evaluations.

As educators and pediatric professionals begin to realize the importance of these sleep screenings and observe the significant student healthcare and academic improvements post-correction of a child's sleep disorders, they will be very excited about the positive implications of conducting large-scale screenings of "at risk children" for sleep problems/disorders. Since parents of these students will not be willing to wait six months to a year to have a comprehensive sleep evaluation for their child, sleep specialists and insurance companies need to begin preparing now for this pediatric referral onslaught and sleep business opportunity. As insurance companies are provided documented results about the long-term health savings they will reap from early identification and correction of pediatric sleep disorders, they will improve their policies on reimbursement fees to those sleep labs that provide pediatric sleep services.

As a sleep specialist, begin now to prepare and do your part to train decision-makers at insurance companies, educators and pediatric specialists to understand the health, safety, educational, and financial benefits of early identification and correction of pediatric sleep disorders. That effort will save many "at risk" children and the community many millions of dollars, while providing additional growth and revenue opportunities for your sleep lab businesses.

***Meet and hear Dr. Duane Johnson in person
 at the 7th annual Focus Conference
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