

Publié le 16 juin 2016 à 09h09 | Mis à jour à 09h09

# Les enfants de 5 à 17 ans ne dorment pas assez



PHOTO MASTERFILE

La Presse Canadienne  
Toronto

Une nouvelle étude de l'organisme ParticiPaction conclut qu'en plus de manquer d'activité physique, les Canadiens âgés de 5 à 17 ans n'ont pas assez de sommeil pour assurer leur bien-être.

Pour les jeunes âgés de 5 à 13 ans, des nuits de sommeil d'entre 9 et 11 heures sont recommandées; ces nombres passent de 8 à 10 heures pour les adolescents qui ont entre 14 et 17 ans.

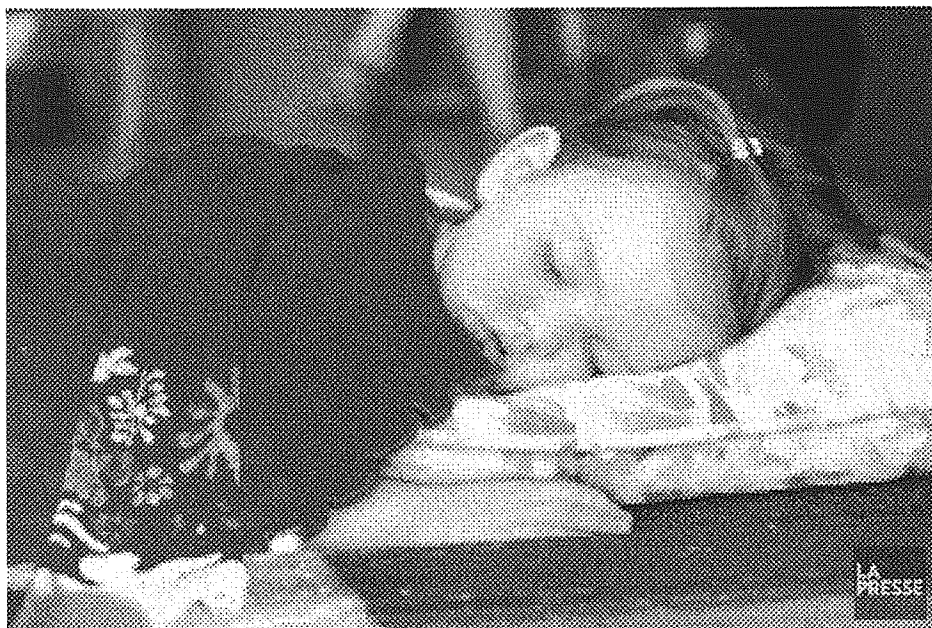
L'étude de ParticiPaction précise que 31 pour cent des enfants d'âge scolaire et 26 pour cent des adolescents canadiens manquent de sommeil. Cela explique peut-être pourquoi 36 pour cent des jeunes âgés de 14 à 17 ans trouvent difficile de rester éveillés au cours de la journée.

ParticiPaction ajoute que même les enfants qui satisfont aux exigences minimales de durée de sommeil n'ont pas nécessairement de nuit réparatrice. L'augmentation du temps passé devant un écran et les horaires chargés font que les enfants ont souvent un sommeil pauvre ou inconsistant.

L'étude soutient que 43 pour cent des Canadiens âgés de 16 et 17 ans ne dorment pas assez la semaine. Trop peu de sommeil peut provoquer l'hyperactivité, l'impulsivité et le manque d'attention et les jeunes sont plus susceptibles d'avoir de la difficulté avec la créativité verbale et la résolution de problèmes.

Publié le 13 juin 2016 à 11h40 | Mis à jour à 11h40

# Les enfants ont besoin de 8 à 16 heures de sommeil



PHOTOTHÈQUE LA PRESSE

Associated Press

Les enfants ont besoin de huit à seize heures de sommeil par jour, précisent de nouvelles lignes directrices rendues publiques lundi par des experts américains.

C'est la première fois que l'American Academy of Sleep Medicine se prononce sur la question.

Les nouvelles recommandations tiennent compte de celles formulées précédemment par l'American Academy of Pediatrics, et qui préviennent qu'un sommeil adéquat a été associé à une amélioration de la concentration, du comportement, de l'apprentissage et de la santé physique et mentale à tous les âges.

En revanche, un manque de sommeil augmente le risque d'obésité, de diabète,

d'accidents et de dépression. Chez les adolescents, on ajoute le risque d'automutilation, y compris le suicide.

Les nouvelles recommandations s'appuient sur les plus récentes recherches en la matière:

- Les enfants âgés de quatre à douze mois ont besoin de 16 heures de sommeil par jour, incluant les siestes. Les enfants plus jeunes ne sont pas inclus puisque la structure de leur sommeil est différente.
- Les enfants âgés d'un à deux ans ont besoin de 11 à 14 heures de sommeil par jour, incluant les siestes.
- Les enfants âgés de trois à cinq ans ont besoin de 10 à 13 heures de sommeil par jour, incluant les siestes.
- Les enfants âgés de six à douze ans ont besoin de neuf à douze heures de sommeil par jour.
- Les adolescents âgés de 13 à 18 ans ont besoin de huit à dix heures de sommeil par jour.

© La Presse, ltée. Tous droits réservés.

## CONSENSUS STATEMENT

# Recommended Amount of Sleep for Pediatric Populations: A Consensus Statement of the American Academy of Sleep Medicine

Shalini Paruthi, MD<sup>1\*</sup>; Lee J. Brooks, MD<sup>2,3</sup>; Carolyn D'Ambrosio, MD<sup>4</sup>; Wendy A. Hall, PhD, RN<sup>5</sup>; Suresh Kotagal, MD<sup>6</sup>; Robin M. Lloyd, MD<sup>6</sup>; Beth A. Malow, MD, MS<sup>7</sup>; Kiran Maski, MD<sup>8</sup>; Cynthia Nichols, PhD<sup>9</sup>; Stuart F. Quan, MD<sup>10</sup>; Carol L. Rosen, MD<sup>11</sup>; Matthew M. Troester, DO<sup>12</sup>; Merrill S. Wise, MD<sup>13</sup>

<sup>1</sup>Saint Louis University, St. Louis, MO; <sup>2</sup>Children's Hospital of Philadelphia, Philadelphia, PA; <sup>3</sup>Liaison for the American Academy of Pediatrics, Elk Grove Village, IL; <sup>4</sup>Brigham and Women's Hospital, Boston, MA; <sup>5</sup>University of British Columbia School of Nursing, Vancouver, BC; <sup>6</sup>Mayo Clinic, Rochester, MN; <sup>7</sup>Vanderbilt University Medical Center, Nashville, TN; <sup>8</sup>Boston Children's Hospital, Boston, MA; <sup>9</sup>Munson Sleep Disorders Center, Traverse City, MI; <sup>10</sup>Harvard Medical School, Boston, MA; <sup>11</sup>Rainbow Babies and Children's Hospital, Cleveland, OH; <sup>12</sup>Barrow Neurological Institute at Phoenix Children's Hospital, Phoenix, AZ; <sup>13</sup>Methodist Healthcare Sleep Disorders Center, Memphis, TN; \*moderator of the Consensus Conference Panel

Sleep is essential for optimal health in children and adolescents. Members of the American Academy of Sleep Medicine developed consensus recommendations for the amount of sleep needed to promote optimal health in children and adolescents using a modified RAND Appropriateness Method. The recommendations are summarized here. A manuscript detailing the conference proceedings and the evidence supporting these recommendations will be published in the *Journal of Clinical Sleep Medicine*.

**Keywords:** pediatric, sleep duration, consensus

**Citation:** Paruthi S, Brooks LJ, D'Ambrosio C, Hall WA, Kotagal S, Lloyd RM, Malow BA, Maski K, Nichols C, Quan SF, Rosen CL, Troester MM, Wise MS. Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. *J Clin Sleep Med* 2016;12(6):785–786.

## CONSENSUS RECOMMENDATIONS

- **Infants\* 4 months to 12 months should sleep 12 to 16 hours per 24 hours (including naps) on a regular basis to promote optimal health.**
- **Children 1 to 2 years of age should sleep 11 to 14 hours per 24 hours (including naps) on a regular basis to promote optimal health.**
- **Children 3 to 5 years of age should sleep 10 to 13 hours per 24 hours (including naps) on a regular basis to promote optimal health.**
- **Children 6 to 12 years of age should sleep 9 to 12 hours per 24 hours on a regular basis to promote optimal health.**
- **Teenagers 13 to 18 years of age should sleep 8 to 10 hours per 24 hours on a regular basis to promote optimal health.**
  - Sleeping the number of recommended hours on a regular basis is associated with better health outcomes including: improved attention, behavior, learning, memory, emotional regulation, quality of life, and mental and physical health.
  - Regularly sleeping fewer than the number of recommended hours is associated with attention, behavior, and learning problems. Insufficient sleep also increases the risk of accidents, injuries, hypertension, obesity, diabetes, and depression. Insufficient sleep in

teenagers is associated with increased risk of self-harm, suicidal thoughts, and suicide attempts.

- Regularly sleeping more than the recommended hours may be associated with adverse health outcomes such as hypertension, diabetes, obesity, and mental health problems.
- Parents who are concerned that their child is sleeping too little or too much should consult their healthcare provider for evaluation of a possible sleep disorder.

\* Recommendations for infants younger than 4 months are not included due to the wide range of normal variation in duration and patterns of sleep, and insufficient evidence for associations with health outcomes.

## BACKGROUND AND METHODOLOGY

Healthy sleep requires adequate duration, appropriate timing, good quality, regularity, and the absence of sleep disturbances or disorders. Sleep duration is a frequently investigated sleep measure in relation to health. A panel of 13 experts in sleep medicine and research used a modified RAND Appropriateness Method<sup>1</sup> to develop recommendations regarding the sleep duration range that promotes optimal health in children aged 0–18 years. The expert panel reviewed published scientific evidence addressing the relationship between sleep duration and

health using a broad set of National Library of Medicine Medical Subject Headings (MeSH) terms and no date restrictions, which resulted in a total of 864 scientific articles. The process was further guided by the Oxford grading system.<sup>2</sup> The panel focused on seven health categories with the best available evidence in relation to sleep duration: general health, cardiovascular health, metabolic health, mental health, immunologic function, developmental health, and human performance. Consistent with the RAND Appropriateness Method, multiple rounds of evidence review, discussion, and voting were conducted to arrive at the final recommendations. The process to develop these recommendations was conducted over a 10-month period and concluded with a meeting held February 19–21, 2016 in Chicago, Illinois.

## DISCUSSION AND FUTURE DIRECTIONS

Current evidence supports the general recommendations for obtaining an adequate number of hours of sleep per 24 hours on a regular basis to promote optimal health among children aged 4 months to 18 years. Individual variability in sleep need is influenced by genetic, behavioral, medical, and environmental factors. A clearer understanding of the precise biological mechanisms underlying sleep need requires further scientific investigation. These recommendations create a foundation to raise awareness and improve understanding of sleep effects on health. The recommendations provide a basis for:

- Educating children, teenagers, families, school professionals, healthcare providers/trainees, and the general public on the importance of adequate sleep duration for health.
- Encouraging parents and caregivers to help children obtain adequate sleep duration.
- Initiating discussions of social, educational, and economic benefits of adequate sleep duration, thereby informing public policy.
- Promoting research on the role of sleep duration in health and well-being. Research that directly examines the

effects of sleep duration on health may lead to revisions of these recommendations in the future.

These recommendations have been endorsed by the American Academy of Pediatrics, the Sleep Research Society and the American Association of Sleep Technologists.

## REFERENCES

1. Fitch K, Bernstein S, Aguilar M et al. The Rand/UCLA appropriateness method user's manual. Santa Monica, CA: Rand, 2001.
2. OCEBM Levels of Evidence Working Group. The Oxford 2011 Levels of Evidence. [cited March 9 2016]. Available from: <http://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf>.

## ACKNOWLEDGMENTS

The AASM acknowledges the following individuals for their participation and contributions: Non-Participating Observers: Michael Twery, PhD, National Health, Lung, Blood Institute, NIH, Bethesda, MD; and Joel Porquez, RST, RPSGT, CCSH, American Association of Sleep Technologists. Attendance by these individuals does not constitute endorsement of this statement by their affiliated institutions or organizations. American Academy of Sleep Medicine Staff: John Noel; Jonathan L. Heald, MA; and Sarah Hashmi, MBBS, MSc, MPH.

## SUBMISSION & CORRESPONDENCE INFORMATION

Submitted for publication April, 2016

Accepted for publication April, 2016

Address correspondence to: Shalini Paruthi, MD, St. Luke's Hospital, 232 S. Woods Mill Road, St. Louis, MO 63017; Email: [research@aasmnet.org](mailto:research@aasmnet.org)

## DISCLOSURE STATEMENT

Funding for this project was provided by the American Academy of Sleep Medicine, and supported by the cooperative agreement number 1U50DP004930-03 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC. Dr. Maski has consulted for Medscape Inc. and has received research support from Jazz Pharmaceuticals. Dr. Rosen has consulted as a medical advisor for Jazz Pharmaceuticals. The other Consensus Conference Panel members have indicated no financial conflicts of interest.