A Letter to the Editor in Defense of Sleep Recommendations

As an international group of pediatric sleep specialists and health care professionals deeply committed to the health and welfare of children and adolescents, we the undersigned feel compelled to respond to the conclusions outlined in the article “Never Enough Sleep: A Brief History of Sleep Recommendations for Children,” published in Pediatrics, Volume 129, Issue 3, March 2012.1 In particular, we strenuously challenge the validity of the statement that there is a “universally acknowledged” lack of “meaningful evidence” for sleep recommendations. While we acknowledge there is still much we need to learn and we fully support and encourage additional research on optimal sleep in children, there have been a significant number of rigorous pediatric sleep research studies, many of which were not included in the article, that have done much to help address the issue of optimal sleep duration and healthy sleep practices in children and adolescents.2–5 The publication of this article and the unfortunate subsequent sensationalistic media coverage (ie, “100 Years of Sleep Recommendations…ALL WRONG”) have not only misrepresented an entire body of scientific literature, but importantly, may ultimately lead parents to make misinformed and misguided decisions that affect their children’s health and well-being.

In addition, the implication that the discrepancy found by the authors1 between recommended sleep amounts and hours of sleep actually obtained on average by children and adolescents is essentially due to “inflation” of sleep needs by experts is an oversimplified and misleading interpretation of the study findings. In fact, this new study’s data instead suggest that both parental practices and practitioner recommendations are growing increasingly misaligned with children’s actual biological needs. What we do understand and can state unequivocally is the increasingly compelling evidence for the negative impact of an insufficient quantity and/or quality of sleep on children’s physical and mental health, cognitive function, behavior, and academic success.6–11 Consequences for which children from racial/ethnic minorities and those living in poverty may be at even higher risk.12,13 There are a large number of cross-sectional and prospective studies that have consistently shown associations between insufficient sleep and a host of adverse health outcomes in children and adolescents, including increased obesity risk,14 higher rates of motor vehicle accidents15 and accidental injuries,16 cardiovascular health,17 depression,18 and suicidal ideation.19 Furthermore, a number of methodologically rigorous experimental studies have demonstrated the negative outcomes of sleep restriction and the positive impact of sleep extension on cognitive function in children and adolescents.8,20–23

We recognize that there is significant variability in sleep needs from child to child and across age ranges. As a result, there is no single “magic number” for the duration of sleep needed by children of a certain age, and recommendations are always based on a range of hours. Moreover, any guidelines on recommended number of hours of sleep are always given in the context of other clues, which parents can use to determine whether their child or adolescent is receiving sufficient sleep, such as not waking spontaneously in the morning, excessive daytime sleepiness, and requiring additional sleep on weekends and during school vacations. Finally, recommendations regarding sleep amounts are not, as implied by the authors, “stand alone” but are, in fact, just 1 component of empirically based healthy sleep practice guidelines provided to caregivers, which also include such issues as electronics in the bedroom,24 caffeine consumption,25 bedtime routines, and regular sleep-wake schedules.26–28

In sum, this article has done a great disservice to children and families as health care consumers by suggesting that current guidelines for healthy sleep amounts are ill-founded, exaggerated, and unreliable, and as advocates for children’s health, we are deeply concerned about the potentially detrimental effect on the health and well-being of children and adolescents around the globe.

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REFERENCES

Re: A Letter to the Editor in Defense of Sleep Recommendations
As a pediatrician advocating a change to later school start times in Okaloosa County, Florida, where the first bus stop time for high school children is 5:40 AM, I agree with the response letter from the sleep researchers that there is an overwhelming number of research articles that provide data regarding the hours of sleep needed by infants, children, and teenagers. Adolescents need a minimum of 8.5 hours of sleep each night to avoid the increased risks of mental and physical health problems and to increase the chances for academic success. Please go to www.startschoollater.net and sign
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