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This Month’s Focus: Sleep Well

From lowering stress to improving mood and other benefits, sleep is vital for our health and well-being. But getting a good night's rest can be tricky at times. You may have a toddler that refuses to go to bed. Or a baby that wails through the night. Stress, noise, pain, medications, and other factors may also keep you up at night.

This month's Member Matters is filled with tips to help you and your family sleep better. Sweet dreams!
Child sleep: Put preschool bedtime problems to rest

Bedtime shouldn't be a battle. Consider common preschool bedtime problems — and what to do about them. The result could be a good night's sleep for the entire family.

You're past middle-of-the-night feedings and diaper changes, but a good night's sleep is still elusive. Maybe bedtime has turned into a battle of wills, or you're struggling to get your preschooler to stay in his or her bed all night. Worse yet, these bedtime battles might be leaving your child tired and cranky during the day. Consider these simple strategies to put the most common bedtime problems to rest — starting tonight!

THE PROBLEM: BEDTIME IS CHAOTIC

The scenario: Your days and nights are booked. You often feel rushed when you put your child to bed.

The solution: Even if you need to rearrange your own schedule, it's important to make bedtime a priority. A predictable, calming bedtime routine is often the key to a good night's sleep.

What's in the bedtime routine is up to you. You might give your child a warm bath, brush his or her teeth, read a few stories and say bedtime prayers. Each night, you might praise your child for a specific accomplishment or describe something that makes you proud of your child. If you play bedtime music, play the same songs every night — and select other tunes for daytime music. Then tuck your child snugly into bed and say good night. Experiment to find what works best for you — but once you settle on a routine, follow the same sequence of events at the same time and in the same order every night.

THE PROBLEM: YOUR CHILD DOESN'T WANT TO GO TO BED

The scenario: It's bedtime, but your child fusses about going to sleep because he or she doesn't want to miss anything.

The solution: If your child can hear talking, laughing, or sounds from the computer or TV, it's easy to see how he or she would feel left out. To ease the transition to bedtime, keep things quiet during the last hour before bedtime. Keep the TV out of your child's room. Put away noisy games and toys. Turn off the TV, computer and video games throughout the house. Dim the lights. Limit the entire family to quiet activities, such as reading books or doing puzzles. Sleep may be more appealing if everyone slows down before bedtime.

THE PROBLEM: YOUR CHILD WON'T FALL ASLEEP ALONE

The scenario: Your child begs you to stay in the room until he or she falls asleep.

The solution: To encourage your child to fall asleep alone, help him or her feel secure. Start with a calming bedtime routine. Then make sure your child has a favorite comfort object, such as a stuffed animal or blanket, for company. If your child is afraid of the dark, turn on a night light or leave the bedroom door open.

If your child continues to resist, you might promise to check on your child every 10 minutes until he or she falls asleep. During these checkups, praise your child for being so quiet and staying in bed. Remember that you're helping your child learn to fall asleep alone. If you give in and climb into bed with your child, that's what your child will remember — and probably expect the next night.
THE PROBLEM: YOUR CHILD WON'T STAY IN HIS OR HER BED
The scenario: You put your child to bed, only to find him or her trailing you down the hall.

The solution: Don't let bedtime become a power struggle. When your child's bedtime routine is complete and he or she is comfortable, remind your child that there's no reason to get out of bed. If your child gets up, promptly return him or her to bed — repeatedly, if necessary. You may have to shut the door or put up a gate or barrier.

THE PROBLEM: YOUR CHILD STAYS UP TOO LATE
The scenario: Your child's bedtime is 8:30 p.m., but by the time he or she is ready for bed it's usually past your bedtime.

The solution: If your child isn't tired at bedtime, you might be fighting a losing battle. Try scaling back daytime naps or rousing your child earlier in the morning. You can also put your child to bed a few minutes earlier every night until you're back to the original bedtime. Whatever time you put your child to bed, remember to stick to a calming bedtime routine. Taking time to wind down might help your child fall asleep.

THE PROBLEM: YOUR CHILD WAKES UP DURING THE NIGHT
The scenario: Your child wakes up during the night and won't fall asleep again without your help.

The solution: If your child wakes up during the night, give him or her a few minutes to settle down. If time alone doesn't do the trick, you might go to your child's room and offer calm reassurance. Then tell your child that it's time to sleep and leave the room. Wait longer each night to go to your child's side, until eventually your child falls back to sleep without your help.

THE PROBLEM: YOU'RE FRUSTRATED WITH YOUR CHILD'S BEDTIME PROBLEMS
The scenario: You're tired of the whining, crying and complaining, so you give up and let your child fall asleep in front of the TV.

The solution: Bedtime battles can test a parent's resolve. Still, it's important to hang in there. You might need to be patient — and ignore whines, cries and pleas — but it's never too late to teach your child good sleeping habits. If your child is pushing the limits, state your expectations and stick to the routine. Eventually, your consistency will pay off in a good night's sleep for everyone.

New parents: Getting the sleep you need

Being a new parent can be exhausting. Try these strategies to fit more sleep into your days and nights.

It's 2 a.m. and your newborn is crying. Will you ever get a good night's sleep again?

Although life with a newborn is a round-the-clock adventure, don't lose hope. By age 3 months, many babies can sleep at least five hours at a time. By age 6 months, nighttime stretches of nine to 12 hours are possible. In the meantime, a little creativity can help you sneak in as much sleep as possible.
SUGGESTIONS FOR THE WEARY

While there's no magical formula for getting enough sleep, these strategies can help:

- **Sleep when your baby sleeps.** Silence your phone, hide the laundry basket and ignore the dishes in the kitchen sink. Calls and chores can wait.
- **Set aside social graces.** When friends and loved ones visit, don't offer to be the host. Instead, ask if they could watch the baby while you take a nap.
- **Don't 'bed share' during sleep.** It's OK to bring your baby into your bed for nursing or comforting — but return your baby to the crib or bassinet when you're ready to go back to sleep.
- **Split up nighttime duties.** Work out a schedule with your partner that allows both of you to rest and care for the baby. If you're breast-feeding, perhaps your partner could bring you the baby and handle nighttime diaper changes. If you're using a bottle, take turns feeding the baby.
- **Give watchful waiting a try.** Sometimes, middle-of-the-night fussing or crying is simply a sign that your baby is settling down. Unless you suspect that your baby is hungry or uncomfortable, it's OK to wait a few minutes to see what happens.

WHEN SLEEP BECOMES A STRUGGLE

The rigors of caring for a newborn might leave you so exhausted that you could fall asleep anytime, anywhere — but that's not always the case.

If you have trouble falling asleep, make sure your environment is suited for sleep. Turn off the TV and keep your bedroom cool and dark. Avoid nicotine, caffeine and alcohol late in the day or at night. In addition, don't agonize over falling asleep. If you're not nodding off within a reasonable amount of time, get up and do something else until you feel sleepy. Then try going back to bed.

If you think you have a sleep problem, consult your health care provider. Identifying and treating any underlying conditions can help you get the rest you need. Remember, taking good care of yourself — including getting adequate sleep — will help you take the best care of your baby.

Teen sleep: Why is your teen so tired?

Teen sleep cycles might seem to come from another world. Understand why teen sleep is a challenge — and what you can do to promote better teen sleep.

Teens are notorious for staying up late and being hard to awaken in the morning. If your teen is no exception, it's not necessarily because he or she is pushing the limits or fighting the rules. This behavior pattern actually has a physical cause. Still, there are steps you can take to help your teen get better sleep — starting tonight.

A TEEN’S INTERNAL CLOCK

Everyone has an internal clock that influences body temperature, sleep cycles, appetite and hormonal changes. The biological and psychological processes that follow the cycle of this 24-hour internal clock are called circadian rhythms. Before adolescence, these circadian rhythms direct most children to naturally fall asleep around 8 or 9 p.m. But puberty changes a teen's internal clock, delaying the time he or she starts feeling sleepy — often until 11 p.m. or later. Staying up late to study or socialize can disrupt a teen's internal clock even more.
TOO LITTLE SLEEP

Most teens need about nine hours of sleep a night — and sometimes more — to maintain optimal daytime alertness. But few teens actually get that much sleep regularly, thanks to factors such as part-time jobs, early-morning classes, homework, extracurricular activities, social demands, and use of computers and other electronic gadgets. More than 90 percent of teens in a recent study published in the Journal of School Health reported sleeping less than the recommended nine hours a night. In the same study, 10 percent of teens reported sleeping less than six hours a night.

Although this might seem like no big deal, sleep deprivation can have serious consequences. Tired teens can find it difficult to concentrate and learn, or even stay awake in class. Too little sleep also might contribute to mood swings and behavioral problems. Another major concern is drowsy driving, which can lead to serious — even deadly — accidents.

RESET THE CLOCK

Parent groups and others are lobbying school systems to start the school day later to be more in sync with teenagers’ internal clocks. In the meantime — or as long as your teen has early classes or commitments — there are a few things that you can try to help your teen get enough sleep:

- **Adjust the lighting.** As bedtime approaches, dim the lights. Then turn off the lights during sleep. In the morning, expose your teen to bright light. These simple cues can help signal when it's time to sleep and when it's time to wake up.

- **Stick to a schedule.** Tough as it may be, encourage your teen to go to bed and get up at the same time every day — even on weekends. Prioritize extracurricular activities and curb late-night social time as needed. If your teen has a job, limit working hours to no more than 16 to 20 hours a week.

- **Nix long naps.** If your teen is drowsy during the day, a 30-minute nap after school might be refreshing. Be cautious, though. Too much daytime shut-eye might only make it harder to fall asleep at night.

- **Curb the caffeine.** A jolt of caffeine might help your teen stay awake during class, but the effects are fleeting — and too much caffeine can interfere with a good night's sleep.

- **Keep it calm.** Encourage your teen to wind down at night with a warm shower, a book or other relaxing activities. Discourage stimulating activities — including vigorous exercise, loud music, video games, television, computer use and text messaging — an hour or two before bedtime.

- **Know when to unplug.** Take the TV out of your teen's room, or keep it off at night. The same goes for your teen's cellphone, computer and other electronic gadgets.

Sleeping pills and other medications generally aren't recommended. For many teens, lifestyle changes can effectively improve sleep.

IS IT SOMETHING ELSE?

In some cases, excessive daytime sleepiness can be a sign of something more than a problem with your teen's internal clock. Other problems can include:

- **Medication side effects.** Many medications — including over-the-counter cold and allergy medications and prescription medications to treat depression and attention-deficit/hyperactivity disorder — can disrupt sleep.

- **Insomnia or biological clock disturbance.** If your teen has trouble falling asleep or staying asleep, he or she is likely to struggle with daytime sleepiness.

- **Depression.** Sleeping too much or too little is a common sign of depression.
• **Obstructive sleep apnea.** When throat muscles fall slack during sleep, they stop air from moving freely through the nose and windpipe. This can interfere with breathing and disrupt sleep. You might notice loud snoring or intermittent pauses in breathing, often followed by snoring and more snoring.

• **Restless legs syndrome.** This condition causes a "creepy" sensation in the legs and an irresistible urge to move the legs, usually shortly after going to bed. The discomfort and movement can interrupt sleep.

• **Narcolepsy.** Sudden daytime sleep, usually for only short periods of time, can be a sign of narcolepsy. Narcoleptic episodes can occur at any time — even in the middle of a conversation. Sudden attacks of muscle weakness in response to emotions such as laughter, anger or surprise are possible, too.

If you're concerned about your teen's daytime sleepiness or sleep habits, contact his or her doctor. If your teen is depressed or has a sleep disorder, proper treatment can be the key to a good night's sleep.

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**Bruxism/teeth grinding**

Bruxism (BRUK-siz-um) is a condition in which you grind, gnash or clench your teeth. If you have bruxism, you may unconsciously clench your teeth together during the day or grind them at night, which is called sleep bruxism.

Bruxism may be mild and may not even require treatment. However, it can be frequent and severe enough to lead to jaw disorders, headaches, damaged teeth and other problems. Because you may have sleep bruxism and be unaware of it until complications develop, it's important to know the signs and symptoms of bruxism and to seek regular dental care.

**SYMPTOMS**

Signs and symptoms of bruxism may include:

- Teeth grinding or clenching, which may be loud enough to awaken your sleep partner
- Teeth that are worn down, flattened, fractured or chipped
- Worn tooth enamel, exposing deeper layers of your tooth
- Increased tooth sensitivity
- Jaw pain or tightness in your jaw muscles
- Tired jaw muscles
- Earache — because of severe jaw muscle contractions, not a problem with your ear
- Headache
- Chronic facial pain
- Damage from chewing on the inside of your cheek
- Indentations on your tongue
When to see a doctor
See your doctor or dentist if:

- Your teeth are worn, damaged or sensitive
- You have pain in your jaw, face or ear
- Others complain that you make a grinding noise while you sleep

If you notice that your child is grinding his or her teeth — or has other signs or symptoms of this condition — be sure to mention it at your child's next dentist appointment.

CAUSES
Doctors don't completely understand what causes bruxism. Possible physical or psychological causes may include:

- Anxiety, stress or tension
- Suppressed anger or frustration
- Aggressive, competitive or hyperactive personality type
- Abnormal alignment of upper and lower teeth (malocclusion)
- Other sleep problems
- Response to pain from an earache or teething (in children)
- Complication resulting from a disorder, such as Huntington's disease or Parkinson's disease
- An uncommon side effect of some psychiatric medications, including certain antidepressants

RISK FACTORS
These factors increase your risk of bruxism:

- Stress. Increased anxiety or stress can lead to teeth grinding. So can anger and frustration.
- Age. Bruxism is common in young children, but usually goes away by adolescence.
- Stimulating substances. Smoking tobacco, drinking caffeinated beverages or alcohol, or taking illegal drugs such as methamphetamine or ecstasy can increase the risk of bruxism.

COMPLICATIONS
In most cases, bruxism doesn't cause serious complications. But severe bruxism may lead to:

- Damage to your teeth (including restorations and crowns) or jaw
- Tension-type headaches
- Facial pain
- Temporomandibular disorders — which occur in the temporomandibular joints (TMJs), located just in front of your ears and felt when opening and closing your mouth

PREPARING FOR YOUR APPOINTMENT
It's usually best to see your dentist first, though you may also see a family doctor or general practitioner if your dentist feels it's necessary. In some cases when you call to set up an appointment, you may be referred immediately to a sleep specialist.

Because appointments can be brief, and because there's often a lot of ground to cover, it's a good idea to be well prepared for your appointment. Here's some information to help you get ready for your appointment, and what to expect from your doctor.
What you can do

- **Be aware of any pre-appointment restrictions.** At the time you make the appointment, be sure to ask if there's anything you need to do in advance. For instance, if you have been seen for bruxism-related problems in the past, records of what was identified and what treatment you received may be helpful to have with you.

- **Write down any symptoms you're experiencing,** including any that may seem unrelated to the reason for which you scheduled the appointment.

- **Write down key personal information,** including any major stresses or recent life changes.

- **Make a list of all medications,** as well as any vitamins or supplements that you're taking.

- **Write down questions to ask** your doctor or dentist.

  For bruxism, some basic questions to ask your doctor or dentist include:

  - What is likely causing my symptoms or condition?
  - Are there other possible causes for my symptoms or condition?
  - What kinds of tests do I need?
  - Is my condition likely temporary or chronic?
  - What's the best treatment?
  - What are the alternatives to the primary approach you're suggesting?
  - I have other health conditions. How can I best manage them together?
  - Are there any restrictions I need to follow?
  - Should I see a specialist? What will that cost, and will my insurance cover it?
  - Is there a generic alternative to the medicine you're prescribing me?
  - Are there any brochures or other printed material that I can take home with me? What websites do you recommend?

**What to expect from your doctor or dentist**

Your doctor or dentist is likely to ask you a number of questions, such as:

- When did you first begin experiencing symptoms?
- Have your symptoms been continuous, or occasional?
- How severe are your symptoms?
- What, if anything, seems to improve your symptoms?
- What, if anything, seems to worsen your symptoms?

**What you can do in the meantime**

Take steps to reduce stress in your life and avoid the triggers that cause anxiety for you. Even if the cause of your bruxism is unknown, reducing stress is good for your general health.

**TESTS AND DIAGNOSIS**

During regular dental exams, your dentist likely will check for physical signs of bruxism, such as:

- Unusual wear and tear on your teeth
- Continued breakdown of dental restorations, including loss of crowns
- Tooth fractures
- Tooth sensitivity
If you have any of these signs, your dentist will look for changes in your teeth and mouth over the next several visits to see if the process is progressive and to determine whether you need treatment.

If your dentist suspects that you have bruxism, he or she will try to determine its cause by asking questions about:

- Your general dental health
- Your daily medications
- Whether you routinely drink alcohol or caffeinated beverages, especially during the evening
- Your sleep habits, especially about any unusual grinding sounds heard by your sleeping partner during the night

To evaluate the extent of bruxism, your dentist may check for:

- Tenderness in your jaw muscles
- Obvious dental abnormalities, such as broken or missing teeth or poor tooth alignment
- Damage to your teeth, the underlying bone and the inside of your cheeks, usually with the help of X-rays

A dental examination may detect other disorders that can cause similar jaw or ear pain, such as temporomandibular joint (TMJ) disorders, other dental disorders or an ear infection. If your dentist suspects a significant psychological component to your teeth grinding or a sleep-related disorder, you may be referred to a therapist, counselor or sleep specialist.

A sleep specialist may conduct additional tests, such as video monitoring and measuring how often your jaw muscles contract while you sleep.

**TREATMENTS AND DRUGS**

In many cases, no treatment is necessary. Many kids outgrow bruxism without special treatment, and many adults don't grind or clench their teeth badly enough to require therapy. However, if the problem is severe, treatment options include certain therapies and medications.

**Therapies**

- **Stress management.** If you grind your teeth because of stress, you may be able to prevent the problem with professional counseling or strategies that promote relaxation, such as exercise and meditation. If your child grinds his or her teeth because of tension or fear, it may help your child to talk about his or her fears just before bed or to relax with a warm bath or a favorite book.
- **Dental approaches.** If you or your child has bruxism, your doctor may suggest a mouth guard or protective dental appliance (splint) to prevent damage to the teeth.
- **Splints** are usually constructed of hard acrylic and fit over your upper or lower teeth. Some dentists may make them right in the office, while others may send them to a laboratory to be made.
- **Mouth guards** are available over-the-counter and from your dentist. Your dentist can make a custom mouth guard to fit your mouth. Mouth guards are less expensive than are splints, they are softer than splints, and over time they may dislodge during teeth grinding. In addition, mouth guards may actually increase bruxism in some people.
- **Correcting misaligned teeth** may help if your bruxism seems to be associated with dental problems. In severe cases — when tooth wear has led to sensitivity or the inability to chew properly — your dentist may need to use overlays or crowns to entirely reshape the chewing surfaces of your teeth. Reconstructive treatment can be quite extensive and although it will correct the wear, it may not stop the bruxism.
• **Behavior therapy.** Once you discover that you have bruxism, you may be able to change the behavior by practicing proper mouth and jaw position. Concentrate on resting your tongue upward with your teeth apart and your lips closed. This should keep your teeth from grinding and your jaw from clenching. Ask your dentist to show you the best position for your mouth and jaw.

If you're having a hard time changing your habits, you may benefit from biofeedback, a form of complementary and alternative medicine that uses a variety of monitoring procedures and equipment to teach you to control involuntary body responses.

**Medications**

In general, medications aren't very effective for treatment of bruxism. In some cases, your doctor may suggest taking a muscle relaxant before bedtime. If you develop bruxism as a side effect of an antidepressant medication, your doctor may change your medication or prescribe another medication to counteract your bruxism. OnabotulinumtoxinA (Botox) injections may help some people with severe bruxism who haven't responded to other treatments. However, more research is needed, as this treatment hasn't been thoroughly studied.

**LIFESTYLE AND HOME REMEDIES**

These self-care steps may prevent or help treat bruxism:

• **Reduce stress.** Listening to music, taking a warm bath or exercising can help relax you and may reduce your risk of developing bruxism.

• **Avoid stimulating substances in the evening.** Don't drink coffee or tea after dinner, and avoid alcohol and smoking during the evening as they may worsen bruxism.

• **Talk to your sleep partner.** If you have a sleeping partner, ask him or her to be aware of any grinding or clicking sounds that you might make while sleeping. Your sleep partner can then let you know if he or she notices any teeth-grinding sounds in the night.

• **Schedule regular dental exams.** Dental exams are the best way to screen against bruxism, especially if you live alone or don't have a sleep partner who can observe bruxism at night. Your dentist can best spot signs of bruxism in your mouth and jaw with regular visits and examinations.

**Getting Started is Easy!**

**Call your EAP for more information**