



Sleep and Complex Physical and Learning Disabilities

Nicola Wood BA PgCert MSc CEng MIPEM

Clinical Scientist

Sleep Charity qualified sleep practitioner and 24 hour posture management specialist

Setting the Scene: What does 'Sleep' encompass for CYP with complex physical and learning disabilities?

For CYP with complex physical and learning disabilities, sleep involves wide ranging factors and differs for each individual.



What do we consider? Assessment and interventions

Assessment: Medical and social model! Ensure a holistic approach and include MDT with specialist skills, no one profession/skill set can do it all. **Risk assessment is key.**

Establish joint realistic goals: it may be that the goal is for safe sleep, improving respiration, reducing likelihood of seizures. The goal is not always to improve sleep quality/quantity, although this may occur indirectly.

Interventions

- **Medication Review:** Holistic approach, all identified factors e.g. muscle tone, reflux, pain.
- **Epilepsy: Risk area** are seizures managed. If they have had a shunt and have a headache, they require urgent review.
- **Food:** Constipation = pain. Peg feed timings can cause night time waking.
- **Posture management:** Promote symmetry of the body and reduce secondary complications e.g. tone and pain, aspiration.
- **Sleep hygiene:** Sleep environment and routine to promote natural generation of melatonin.
- **Sensory integration:** Consider day and nighttime sensory needs. Visual and hearing impaired, are sensory needs met?
- **Orthosis or surgery required?:** Consider cause of pain, is it muscular or skeletal? Have other avenues been explored? Should you refer for orthopaedic review?
- **Can the child communicate their needs?** They may feel lonely, scared of shadows in the dark etc. Do you need SLT referral?
- **Respiratory: Risk area.** If a child's breathing stops during sleep, specialist referral required.
- **Pressure management:** Ensure pressure relief and pressure distribution for all. Promotes comfort.
- **Reflux/ aspiration: Risk area.** Consider posture and medication to minimise risk and reduction in oxygen saturations.
- **Enuresis/ soiling:** Does the child wet or soil their clothes/pad? This may be causing discomfort.
- **Sleeping times:** Does the child sleep too long/ too little? Nap? Consider adjusting sleep timings.

Discussion and Questions

- Do you have any cases you would like to discuss? What has worked well? What has been difficult to find a solution for?
- How have you gained your knowledge in this area? Or would you like to find out more?
- What do you feel we need in Surrey to meet the needs of this group of CYP?