**Sleep in children and adolescents in CAP: the answer to (almost !) all of your questions**

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Sleep is a vital physiological function that is impaired in ranges from 10% in the typically developing pediatric population to over 80% in populations of children with neurodevelopmental disorders (NDD) and/or child and adolescent psychiatric (CAP) comorbidities. Pediatric sleep disorders are an increasing public health concern given their negative impact on synaptic plasticity involved in learning and memory consolidation but also on mood regulation, hormonal development, and growth, and its significant impact on quality of life of the child, the adolescent, and the family. These effects are even accentuated in NDD, and we will discuss in depth novel scientific evidences on pathophysiology involved in sleep disorders across the different CAP disorders and the spectrum of NDDs, among which autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). We will also discuss current methods of subjective and objective assessment of sleep complaints in CAP, through questionnaires, actigraphy or polysomnography, among others.

While for most sleep disorders, first-line treatment should include parental education on sleep as well as sleep hygiene measures and behavioural treatment approaches, pharmacological interventions may be necessary if these strategies fail, in particular for children with NDD. This lecture will discuss both non-pharmacological as well as pharmacological treatments, in particular the differential effects of immediate release (IR) versus prolonged release (PR) melatonin for children with NDD and associated sleep disturbances. Melatonin treatment has been increasingly used on- and off label in pediatric insomnia overall, given its benign safety profile. For the child and adolescent psychiatrist dealing with sleep disorders in NDD, it is particularly important to be able to distinguish treatment rationales, implying different dosages and times of treatment intake, in order to alleviate most existing sleep disorders associated with NDD.