

References

RECOMMENDATIONS

1. Comprehensive PSG monitoring is recommended for every case of persistent, atypical sleep behavior, not only for research work, but also for estimating actual prevalence, better understanding of these disorders, and consequently better diagnosis and management.
2. Clinical and particularly video-polysomnographic criteria are needed to distinguish normal movements during sleep from motor parasomnias and epileptic phenomena.
3. The relative efficacy of different behavioral treatments (in isolation and in combination) children needs to be established, which would include criteria such as parental stress and child distress as well as speed and robustness of treatment effects. This would help to guide parents and clinicians in their choice of treatment strategy
4. The benefits of preventative measures, in the form of parent training, would be an important and promising area for future research.
5. The results of some studies reinforce the need to develop new, and continue existing, educational efforts regarding sleep and sleep disorder in children and adolescents at the medical school, postgraduate training, and continuing medical education levels.
6. An ideal national service would include a limited number of specialized sleep centers where a broad and multidisciplinary approach to the recognition, assessment and treatment of children's SD is possible.

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