



TERROR IN THE NIGHT

How I Stopped my Baby's Night Terrors

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I crack open a blurry eye and look over at the alarm clock. It's 2 am. I roll over and look at my husband and ask, "Whose turn is it this time?" We stare anxiously at the baby

monitor, watching and listening as our 18 month old daughter, Ceci, experiences a night terror in her room down the hall. This is her third night terror of the night. Her first terror was at 9 pm, so luckily we weren't attempting sleep of our own yet, but the terrors at 11 pm and 2 am abruptly ended what sleep we were able to manage.

From the time our daughter was 18 months, the night terrors started and persisted. Everyone kept saying it was going to get better, but it didn't. If you have never experienced a night terror, imagine your child's mind and body have been hijacked and there's nothing you can do about it. She is having the worst nightmare imaginable, but she won't wake up from it (hence the name night terror). She kicks, hits, screams, and doesn't recognize your voice. The sound of your voice or the touch of your hand makes it intensify tenfold. There is nothing you can do to help her. The best you can do is make sure she doesn't hurt herself and wait for it to pass, which can take as long as 15 agonizing minutes (which feels like an hour at 2 am). It's scary, emotional and frustrating because it's painful to see your child so upset, you're afraid they'll hurt themselves, and all you want to do is sleep. This

happened to our family on a weekly basis for an entire year. I wished I could take this away from her easily or take her place as every parent would.

Because of LVI's teaching philosophy of airway, Sleep Breathing Disorders (SBD), and OMD (Orofacial Myofunctional Disorders) in children, I knew this wasn't normal. I started my own analysis. First, I looked at the back of her throat and noticed large tonsils. When she was sleeping, I also noticed mouth breathing and a lack of nasal breathing. I made an appointment with an ENT that we referred to in my practice. He agreed that the enlarged tonsils (Class III) and the enlarged adenoids (Class IV) could definitely be causing the problem. He prescribed oral steroids and antibiotics to see if it worked to reduce them. If it did, we can assume that the tonsils and adenoids were causing a sleep interference, as steroids are capable of reducing the tonsils and inflammation.

We couldn't believe it but it worked! We had three weeks of the most peaceful sleep we have all ever experienced. We had literally forgotten what it was like to sleep for eight uninterrupted hours. After the medication was finished, though, it all came crashing back. She went back to having three to four terrors per night. To top it off, the helpful ENT who agreed with us about the tonsils and adenoids retired.

How many of these children can WE help?



Now what? A possible next step was to have Ceci's tonsils and adenoids removed. Having our toddler undergo surgery didn't give us a warm and fuzzy feeling, but knowing how important sleep is, we were willing to consider it.

I made an appointment with a new ENT. Let's just say, things did not go well. She was extremely dismissive, and I was so upset that all I can remember from our appointment was her saying: "So wait a minute...the only thing that is going on with your child is that she has night terrors?" This was something that affected our lives...every...single...day!

Next, we reached out to a children's sleep physician - it took three months to get an appointment with him. In the meantime, as luck would have it, LVI hosted an event in Denver and I went to brush up on my skills. During lunch, I mentioned my issues to Dr. Heidi Dickerson and she said, "While you're waiting for this appointment, why don't you try eliminating dairy for a solid month and just see what happens?" She said that something is causing those tonsils and adenoids to swell and if it doesn't seem to be environmental, it may be food related. She also mentioned allergy testing after this one month non-dairy trial.

Made sense! Elimination of dairy sounded easy after all we had been through. It was a long, Memorial Day weekend which was a great opportunity to change Ceci's diet. How did it go? The first day of that vacation was the last time Ceci drank cow's milk, because after one final terror early in the trip, she hasn't had a single one since. Amazing!

Although Ceci's night terrors were gone, we kept our appointment with the sleep physician to inquire about her mouth breathing. We discussed our history, and he didn't agree that the tonsils and adenoids could cause the night terrors. OK, so what did he think? He thought it was restless leg syndrome, which by the way, can be an indication of SBD as we LVI docs know. He suggested increasing her iron intake to help with the restless leg, but, "You should still do a sleep study in December to be on the safe side." Well, it was August. Because there are SO many kids out there that have sleep issues they are booked out for four months! I thought: How many of these children can WE help?



So where do we go from here? Ceci still mouth breathes at night, although her tonsils have remained at a Class I-II with the elimination of dairy. We have an appointment to do allergy testing and make sure there isn't an environmental component or any other foods, and we're looking forward to our official sleep test in December. For now, at least we have our lives and our sanity back! We started Oral Myofunctional Therapy exercises with her to help her with her lip seal at night and will lip tape as soon as we confirm nasal breathing is adequate.

How did the medical community miss this? We saw a total of four physicians: our pediatrician, two different ENTs, and a children's sleep specialist. We went through so many emotions. Our pediatrician said it would 'pass when she gets older.' The first ENT was in agreeance, but then retired. The second ENT was dismissive and didn't see it as a problem. And the sleep physician was reaching, and although empathetic, didn't give us anything but an appointment in December that we are still waiting on!

So what is the moral of the story? Ask the questions to your patients. Before knowing what I know now, I would have accepted that this was a phase and continued on with our disrupted lives. As you continue your educational journey, I encourage you to break away from the norm and be something different. Your patients will thank you for it. I know we are forever grateful for the LVI education I have received. It made me look outside of the box and consider the question "why?"

Can you imagine that of all the doctors it was me, a dentist who stopped my daughter's night terrors!