

Assessment of the COVID-19 Pandemic Associated Sleep Abnormalities in Children


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We read with great interest the recent paper by Curatola et al¹ describing the COVID-19 pandemic-associated sleep difficulties and trauma reactions in more than 200 Italian children aged 6-12 years. The authors provide a glimpse of the sleep behaviors of children after 1 year of containment measures through this online survey study. A significant proportion of children were found to have sleep-related difficulties (90%) and a high probability of obtaining a diagnosis of posttraumatic stress disorder (48%). The proportion of children with sleep abnormalities reported in this study is much higher than that reported in recent meta-analyses of multiple studies across different countries.^{2,3} The authors highlight different geographical locations and the effect of prolonged social isolation (>1 year) as possible reasons for this disparity.

We would like to mention few other reasons that might be important in this regard. Authors used Child's Sleep Habits Questionnaire (CSHQ, a widely used tool) for the assessment of sleep-related difficulties.⁴ CSHQ is a parent-rated tool validated in the 4-12-year age group that has been translated and used in different languages and countries for a variety of disorders.⁴⁻⁶ However, the authors specified that parental assistance was not used by 31.2% children in answering the questionnaire. This might be a reason for the high frequency of sleep-related difficulties reported in this study. Furthermore, the observed prevalence of sleep-related difficulties would also vary according to the psychometric properties of the questionnaire used, age group of the children studied, and the actual effect size. Interestingly, the other questionnaires used in similar studies (Sleep Disturbance Scale for Children, Brief Infant/Child Sleep Questionnaire, and Pittsburgh Sleep Quality Index) are also mostly parent-reported.² Furthermore, the effect of recent flurry of surveys (during the pandemic) on the respondent's willingness to participate and genuineness of responses deserves a mention.⁷ Also, the limitations of the online and telephonic surveys or tele-child-health in general cannot be abrogated.⁷⁻¹⁰

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