

The effects of sleep disturbances on neurocognitive functioning in children with depression.

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Introduction

Childhood depression is a significant and complex mental health issue affecting millions of children worldwide. Alongside emotional and behavioral challenges, sleep disturbances are commonly observed in children with depression. This article aims to explore the intricate relationship between sleep disturbances and neurocognitive functioning in children with depression. Understanding how disrupted sleep impacts cognitive processes can provide valuable insights into developing comprehensive treatment approaches for these vulnerable populations [1].

Depression in children often manifests as difficulties in regulating emotions and coping with stressors. Consequently, sleep disturbances such as insomnia, nightmares, night terrors, and restless sleep are frequently reported in children with depression. Studies suggest that approximately 50-75% of children diagnosed with depression experience some form of sleep disruption, contributing to a myriad of cognitive deficits [2].

Neurocognitive functioning refers to the ability of the brain to process and utilize information for learning, memory, attention, decision-making, and problem-solving. For children with depression, these cognitive processes may be affected, leading to academic, social, and emotional challenges. Common neurocognitive deficits observed in children with depression include impaired attention, reduced working memory, decreased processing speed, and difficulties with executive functions [3].

Sleep is vital for healthy brain development, learning, and memory consolidation. In typically developing children, quality sleep supports optimal neurocognitive functioning. However, the relationship between sleep and neurocognitive functioning in children with depression is bidirectional. On one hand, disrupted sleep may exacerbate existing cognitive deficits, while on the other hand; impaired cognitive functions can interfere with sleep patterns, creating a vicious cycle [4].

Impact of sleep disturbances on neurocognitive functioning

During sleep, the brain consolidates memories and transfers them from short-term to long-term storage. Sleep disruptions

can compromise this process, affecting a child's ability to retain and recall information effectively.

Executive functions, which include planning, decision-making, and impulse control, may be impaired due to disrupted sleep, leading to challenges in regulating emotions and behavior.

Sleep disturbances in children with depression can exacerbate emotional dysregulation, leading to increased irritability and mood fluctuations.

Poor sleep quality has been linked to decreased academic performance and a higher likelihood of school absenteeism in children with depression.

Sleep disturbances significantly impact neurocognitive functioning in children with depression, amplifying the challenges they face in various aspects of life. A thorough understanding of this relationship is crucial for developing effective interventions and support systems. By addressing sleep disruptions and cognitive deficits, clinicians, educators, and caregivers can enhance the overall well-being of children with depression, leading to improved academic, emotional, and social outcomes [5].

References

1. Moore AC, Gallimore A, Draper SJ, et al. Anti-CD25 antibody enhancement of vaccine-induced immunogenicity: increased durable cellular immunity with reduced immunodominance. *J Immunol.* 2005;175(11):7264-73.
2. Mills KH. Designer adjuvants for enhancing the efficacy of infectious disease and cancer vaccines based on suppression of regulatory T cell induction. *Immunol Lett.* 2009;122(2):108-11.
3. Levy O, Zarembek KA, Roy RM, et al. Selective impairment of TLR-mediated innate immunity in human newborns: neonatal blood plasma reduces monocyte TNF- α induction by bacterial lipopeptides, lipopolysaccharide, and imiquimod, but preserves the response to R-848. *J Immunol.* 2004;173(7):4627-34.
4. Kruschinski C, Zidan M, Debertain AS, et al. Age-dependent development of the splenic marginal zone in human infants is associated with different causes of death. *Hum Pathol.* 2004;35(1):113-21.

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5. Marchant A, Pihlgren M, Goetghebuer T, et al. Predominant influence of environmental determinants on the

persistence and avidity maturation of antibody responses to vaccines in infants. *The Journal of infectious diseases*. 2006;193(11):1598-605.