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REVIEW ARTICLE

Q1 Climate change and its impact on children and Q2 adolescents sleep

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KEYWORDS

Climate change;
Sleep;
Greenhouse effect;
Pediatrics

Abstract *Objective:* This review discusses the impact of climate change on sleep, anxiety, and eating in the pediatric population.

Data source: This is a nonsystematic literature review based on a search using PubMed and MeSH terms in titles and abstracts with these keywords: climate change, sleep, greenhouse effect, children, and adolescents.

Data synthesis: Climate change events are associated with human intervention in the ecosystem, having a strong impact on cognitive functions, physical and mental health, as well as subjective well-being, particularly in youth. Climate change is caused by human activity with changes in the composition of the global atmosphere caused by emissions of gases, such as carbon dioxide, which increase the greenhouse effect. This review discusses the impact of climate change on sleep, anxiety, and feeding in the pediatric population.

Conclusions: Early detection of vulnerability conditions, along with adaptation strategies is necessary to address climate stressors with a focus on healthy sleep and eco-anxiety. Pediatrics has an important role to play in protecting healthy sleep in children.

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1 Climate change and society

2 The climate change observed on all continents is caused pri-
3 marily by greenhouse gas emissions from natural systems
4 and human activities.¹ Household energy consumption
5 accounts for around 72% of global greenhouse gas emissions
6 (with the remainder coming from public, nongovernmental,
7 and business sources).^{2,3} Recurring events can be

8 anticipated, characterizing the adaptive capacity of each
9 species, a phenomenon known as “evolution”, which modu-
10 lates the internal temporal systems. Climatic events are
11 associated with the way society deals with temporal organi-
12 zation, with an impact on cognitive functions, physical and
13 mental health, as well as subjective well-being.³ Climate
14 change is closely associated with human activity with
15 changes in the composition of the global atmosphere,
16 caused by emissions of gases, such as carbon dioxide, which
17 increase the greenhouse effect. This phenomenon was
18 described by Joseph Fourier in 1824,⁴ with the “greenhouse”

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19 effect initially described as essential for survival on the
20 planet. In the 1820s, still at the beginning of the Industrial
21 Revolution, Fourier made a major contribution to addressing
22 this issue. Fourier identified a balance between the amount
23 of energy from the Sun absorbed by Earth and the amount of
24 energy that the Earth re-emits to the universe. According to
25 this balance, the temperature of the Earth should be much
26 lower than it is. Fourier then speculated that the atmo-
27 sphere retains heat to maintain its temperature, functioning
28 like a blanket or greenhouse. Fourier predicted the green-
29 house effect, although he did not give it this name. It is
30 known that the intensity of the greenhouse effect is directly
31 related to the chemical composition of the atmosphere.⁵
32 Apparently, the current composition of the atmosphere is a
33 product of the long evolutionary history of life on Earth, and
34 microorganisms probably determined the basic composition
35 of the atmosphere since the origin of life. Thus, the symbio-
36 sis is such that the chemical composition of the atmosphere
37 promotes the conditions for life, and this regulates the
38 chemical composition of the atmosphere.⁶⁻⁸

39 The Industrial Revolution resulted in the industrial scale
40 of increased carbon dioxide production with increased
41 energy production. In 1896, Chemist Svante Arrhenius
42 described the relationship between the increase in carbon
43 dioxide and the increase in the greenhouse effect.⁹ It is now
44 well understood that we are generating climate instability
45 that causes climate catastrophes, resulting in more frequent
46 and intense extreme disasters related to natural climate
47 change, such as forest fires, storms, and floods resulting
48 from extreme heat with increased temperature and
49 droughts, and climate and environmental changes leading to
50 dry weather. Long-lasting climate change is observed in
51 landscapes and physical environments caused by rising sea
52 levels and altered ecosystems induced by humans, and is,
53 therefore, attributed directly or indirectly to human activity
54 that alters the composition of the global atmosphere, in
55 addition to the natural climate variability observed in peri-
56 ods of seasonality.

57 The climate has been changing in recent decades, affect-
58 ing the health and well-being of children around the world.
59 Events related to climate change affect the health and well-
60 being of children and adolescents, including children's men-
61 tal and physical health, nutrition, safety, and protection,
62 learning opportunities, and family care and connection.¹⁰
63 Sleep and climate are related to the variable of time. From
64 this perspective, the chronological time of sleep is deter-
65 mined by circadian factors that correspond to the Earth's
66 rotation cycle. The climate depends on seasonal factors that
67 interact with environmental conditions according to the
68 time range studied. Climate can also be described as a long-
69 term pattern of weather conditions in a specific location.
70 Climatic elements and factors include solar radiation, tem-
71 perature, humidity, pressure, winds, precipitation, topogra-
72 phy, and sea currents. The globe is warmer with intense
73 meteorological changes due to multiple integrated factors.
74 Climate can also be defined as a set of weather types that
75 generate an average to define the climate of the region,
76 whose changes in meteorological systems result from sea
77 currents and wind currents with extreme events that change
78 the definition of weather and climate, modifying other fac-
79 tors such as temperature, pressure, air mass, rainfall pat-
80 terns, latitude, altitude, vegetation, and relief. Climate

events mainly affect individuals with social and physical vul- 81
nerability, and gender differences, mirroring inequality and 82
social disparities. Pediatrics plays a critical role in raising 83
awareness of new behaviors and more sustainable models. 84

Weather events and pediatric sleep 85

Changes in the climate lead to changes in sleep perception, 86
with acute and chronic consequences for sleep in all age 87
groups. Sleep is a reversible behavioral state of environmen- 88
tal perception with apparent nonresponsiveness followed by 89
wakefulness, characterizing arousability.¹¹ From the period 90
of sleep onset until awakening, sleep instability is observed, 91
which is the result of sleep maintenance mechanisms that 92
act contrary to the forces that promote awakening.¹² Sleep 93
is necessary for restoring wakefulness processes, influencing 94
cognitive activity and emotions, and acting on physical and 95
mental well-being in all age groups.¹¹ 96

Climate change generates events that promote changes 97
in sleep perception, as well as increasing sleep disorders,¹⁰ 98
modifying the sleep of the pediatric population. Sleep in 99
pediatrics is considered vital for development,¹³ and is 100
essential for protecting cognitive activities and restoring 101
synaptic activities. It is well established that sleep is of fun- 102
damental importance for health and well-being, including 103
memory consolidation,¹⁴ regulating the immune system¹⁵ 104
and restoring energy levels.¹⁶ Adverse health outcomes, 105
such as diabetes and cancer, have been associated with 106
sleep disorders and poor sleep quality.¹⁷⁻¹⁹ 107

Sleep is a period of rest of the body associated with brain 108
activities that change according to age group. There are 109
often several individuals of different age groups in a given 110
family environment, each with their particularities, defining 111
a setting referred to as the ecology of sleep, in which chil- 112
dren, parents, siblings, and grandparents cohabit in the 113
same environment.¹² Sleep must be studied and observed in 114
all age groups, and this increases the challenges for families 115
experiencing events caused by climate change. The associa- 116
tion of sleep duration with health is complex, since both 117
short (generally defined as ≤ 5 or < 6 h) and long (generally 118
defined as ≥ 9 h) sleep duration have been associated with 119
adverse health outcomes.¹⁷ While measures of sleep dura- 120
tion are relatively straightforward, the concept of sleep 121
quality is more complex, as is the concept of sleep instabil- 122
ity. It is recognized that climate events modify sleep quality, 123
and this topic will be covered in this review of research on 124
sleep adaptation in relation to the new climate paradigms 125
we will face in the coming years.^{10,20} 126

Ontogenetic changes in sleep 127

Sleep changes throughout childhood growth and develop- 128
ment. Sleep in the neonatal period of up to 6 months can be 129
characterized as a manifestation of the development of 130
brain rhythms. From 6 months onwards, wave patterns con- 131
tinue to change according to brain maturation, which is 132
closely linked to the development of delta sleep, which is 133
associated with synaptic expression. The peak of delta sleep 134
development is around 10 years of age,²¹ when the pubertal 135
growth spurt occurs, as well as when a decrease in neurons 136

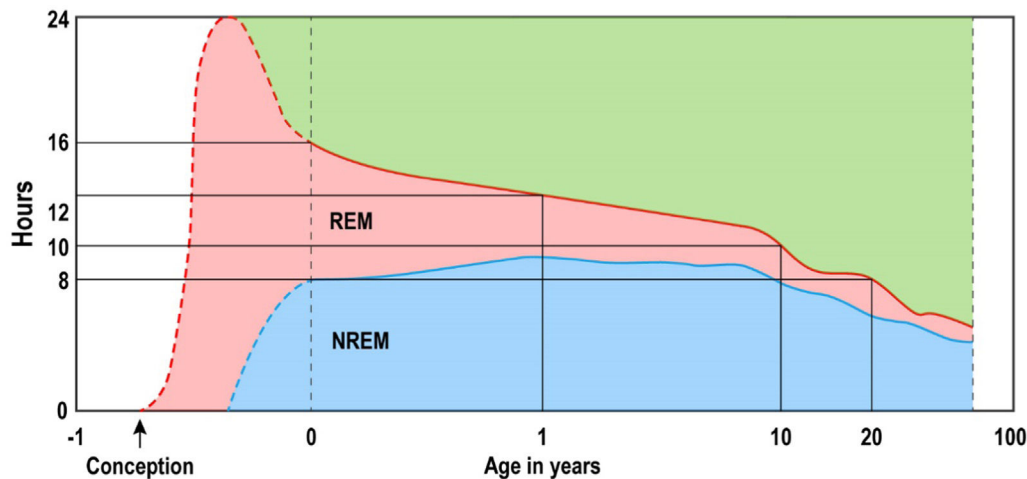


Figure 1 Expression of delta sleep and REM sleep according to pubertal development [12,22].

137 and a consequent decrease in synaptic interactions occur.
 138 REM sleep, in turn, does not present quantitative changes in
 139 adolescence. The expression of delta sleep and REM sleep,
 140 according to the development of puberty, is shown in
 141 Figure 1.²² Subjective and objective sleep analysis contribu-
 142 te to a better understanding of healthy sleep and will be
 143 important tools for promoting the health of children and
 144 adolescents affected by climate change.

145 Sleep in pediatrics: The protective pathway for 146 neurodevelopment

147 According to Nathaniel Kleitman,²¹ our basal state is, in
 148 part, a product of sleep, and we wake up to feed ourselves,
 149 procreate, and maintain our brain activity in contact with
 150 the external environment and our internal environment, or
 151 rather with our endogenous factors. The first hour of life is
 152 marked by the search for breastfeeding, with feeding being
 153 our first pacemaker of extrauterine life in skin-to-skin con-
 154 tact.²³ We seek food regardless of the maturity of the visual
 155 system. Like birds that sing as an immediate survival reflex,
 156 the food search is a reflex and survival instinct supporting
 157 the development process. The chronobiological sleep pace-
 158 maker in newborns is still immature, with polyphasic sleep
 159 being observed, with several cycles in 24 h, generally start-
 160 ing with REM sleep (rapid eye movement), which is closely
 161 linked to the limbic system, modulated by the ascending
 162 reticular system located in the brainstem and pontine nuclei
 163 also located in the brainstem.²² Babies go through different
 164 phases of sleep with active sleep (REM sleep) and calm sleep
 165 (Non- REM sleep; NREM sleep) that correspond to deep sleep,
 166 composed of slow waves, with a restorative component asso-
 167 ciated with synaptic plasticity.²⁴ During the first months of
 168 life, this modulation may be associated with motor develop-
 169 ment, which demonstrated a relationship between sleep
 170 and motor delay only in the first year of life in extremely
 171 premature infants,²⁵ indicating a target for intervention to
 172 protect neurodevelopment. In the first months of life, REM
 173 sleep decreases, and slow-wave sleep increases, peaking at

10 years of age, preparing for synaptic pruning during
 174 puberty, which is also associated with hemispheric speciali-
 175 zation of decision-making, sensations, and emotions. Chil-
 176 dren are morning people; that is, they go to bed early and
 177 tend to wake up early. When we have a child who is not
 178 sleeping early, there are environmental factors that must be
 179 modified to promote healthy sleep.
 180

181 Sleep and its intimate relationship with the 182 climate

183 The data on temperature is clear: the authors have seen a
 184 continuous increase in temperature above the preindustrial
 185 average of 1850–1900; for example, there has been an
 186 increase of 1.7 °C since 1948 in Canada.² “Heat waves,
 187 extreme heat and climate change”⁸ are associated with
 188 extreme weather conditions. Reducing emissions has
 189 become necessary, as has removing carbon dioxide, and
 190 restoring forests in biomes around the world. Global temper-
 191 ature will increase by 1.5 °C by the end of this century, and
 192 without proper control, they could increase by 3 °C or 4 °C.⁹
 193 Sleep duration will decrease as temperatures rise. Insuffi-
 194 cient sleep, in turn, alters cognitive performance, reduces
 195 productivity, compromises immune function, harms cardio-
 196 vascular health, increases depression, anger, and suicidal
 197 behavior.²⁶ Therefore, understanding the physiology of sleep
 198 will be essential for pediatric interventions in response to
 199 sleep changes caused by global warming.

200 The origin of sleep is interrelated with the origin of life.
 201 The resting state that follows the active state is present in
 202 several species and is an important mechanism for repairing
 203 and restoring cellular metabolism. The glymphatic system
 204 filters impurities that can cause harmful inflammatory pro-
 205 cesses in the brain. Sleep is a wonderful journey, and what
 206 makes it even more extraordinary is a simple fact: we never
 207 know that we are actually sleeping or when we are sleeping.
 208 It is impossible to have conscious and experimental knowl-
 209 edge of the dreamless sleep phase. Furthermore, we have
 210 great difficulty in monitoring the exact moment in which we

Table 1 Habits to improve sleep health.

- Keep relatively consistent bedtimes and wake-up times. Changes in sleep habits, such as going to bed later on weekends, can disrupt sleep.
- Sleep only as much as necessary. Staying awake and lying in bed for long periods of time does not improve the quality of your sleep.
- The bedroom should not be used for working, studying, or eating.
- People with insomnia should avoid reading (particularly on a computer or phone screen) and watching television immediately before going to bed.
- Do not nap during the day without a medical prescription.
- Physical exercise should be done at most 4 to 6 h before going to bed.
- Relax your body and mind 60 to 90 min before going to bed. Never try to solve problems before going to sleep.
- Do not drink coffee, black tea, chocolate, or any stimulating drinks after 5pm.
- Although alcoholic beverages help you relax, they can disrupt the quality of your sleep. People who snore should avoid them, as they can worsen snoring and breathing pauses, as a result of the relaxation caused by alcohol in the respiratory muscles.
- Do not smoke before going to bed, as nicotine causes insomnia and nonrestorative sleep.
- Avoid eating just before sleep, eat a lighter meal at dinner time. Balance this by eating a heavier meal at breakfast or lunch.
- Excessive heat and cold significantly affect sleep, so keep the bedroom at a pleasant temperature. Bedroom temperature is best at 66.2°F (19 °C); if not, 68–77°F (20–25 °C); indoor temperature >77°F (25 °C) not recommended for sleep.³¹
- Noise can cause poor sleep. Modify your bedroom to prevent unnecessary noise.

211 are asleep without the help of neurophysiological proce- 248
 212 dures. At certain moments during sleep, the brain seems to 249
 213 be more active than during wakefulness, consuming large 250
 214 amounts of glucose and oxygen, while neurons fire rapidly. 251
 215 While we sleep, our mind assumes a different consciousness 252
 216 and lives in a world that is as complex as the world we live in 253
 217 when we are awake. 254

218 Sufficient sleep is essential for effective memorization, 255
 219 decision-making, and academic and athletic performance. 256
 220 Learning is a cognitive activity resulting from memory con- 257
 221 solidation, and sleep is of fundamental importance in this 258
 222 process of formatting memories. This memorization process 259
 223 is affected by adaptive mechanisms that seem to be deter- 260
 224 mined by circadian phenotypes that are natural genetically 261
 225 established tendencies that promote sleep better and avoid 262
 226 physiological harms of sleep deprivation. This memorization 263
 227 process during sleep is affected by individual phenotypic dif- 264
 228 ferences and a range of environmental factors such as eating 265
 229 habits and engaging in complex learning tasks before bed- 266
 230 time. Cyclical events occur during sleep, with NREM sleep 267
 231 and REM sleep being observed, the latter with activity simi- 268
 232 lar to wakefulness, but with muscle atony. REM sleep is asso- 269
 233 ciated with dreams that influence memory processes, and 270
 234 processes in NREM sleep associated with synaptic neuroplas- 271
 235 ticity are recognized. The presence of synaptic activation 272
 236 may be responsible for allowing processes to be recorded 273
 237 that make memory consolidation during sleep viable.¹² 274

238 With rising temperatures, changes are expected in pro- 275
 239 teins that regulate cellular energy balance and alterations 276
 240 in temperature-sensitive signal transduction cascades,²⁷ and 277
 241 temperature-sensitive ion may change due to physiological 278
 242 responses to thermal extremes.⁸ Living organisms may 279
 243 exhibit plasticity in response to heat, repressing gene 280
 244 expression and increasing membrane fluidity.^{28,29} In other 281
 245 words, extensive physiological adaptation will be required 282
 246 to maintain membrane stability in response to increasingly 283
 247 frequent heat waves. Undoubtedly climate change will 284

248 modulate behavior, with changes also in mood due to 249
 250 reduced sleep time. Mood disorders are common and affect 251
 252 more than 120 million people around the world, with phys- 253
 254 ical, mental, social, and economic impairment. The impact 255
 256 of mood disorders on society includes suicidal tendencies, a 257
 258 process that may be modulated by sleep.³⁰ Also, recognizing 259
 260 conditions of social vulnerability early on becomes essential 261
 262 for addressing mental health in childhood and adolescence, 263
 264 in which sleep is essential, with easy detection of sleep dis- 265
 266 orders and a broad and effective therapeutic approach. In 267
 268 climate events, sleep is one of the factors most affected. 269
 270 Pediatrics needs to be prepared to carry out immediate 271
 272 interventions with the application of sleep hygiene measures 273
 274 (Table 1)³¹ and strategies to facilitate more stable sleep and 275
 276 the longest possible duration. 277

Climate, sleep, anxiety and mood disorders 263

264 Anxiety about climate change can be described as a vague 265
 266 and unpleasant feeling of fear, apprehension, characterized 267
 268 by tension or discomfort derived from anticipation of dan- 269
 270 ger, something unknown or strange about climate-related 271
 272 issues.³² However, unlike adults, children may not recognize 273
 274 their fears as exaggerated or irrational, and it has been 275
 276 reported that children and adolescents may experience eco- 277
 278 anxiety and negative affective responses in response to 279
 280 awareness of climate change, including depression, anxiety 281
 282 and extreme emotions such as sadness, anger and fear.³³ 283
 284 Clearly, there is a relationship between climate change, anx- 285
 286 iety and decreased sleep time (Figure 2).^{34,35} 287

276 The projection of insufficient sleep, when associated with 277
 278 changes in nighttime temperature, and the impact of envi- 279
 280 ronmental warming on insufficient sleep is observed cumula- 281
 282 tively and in short sleep attributed to temperature for all 283
 284 countries. Consistent with the literature on climate impacts, 285
 286 and increasing concentrations of atmospheric greenhouse 287

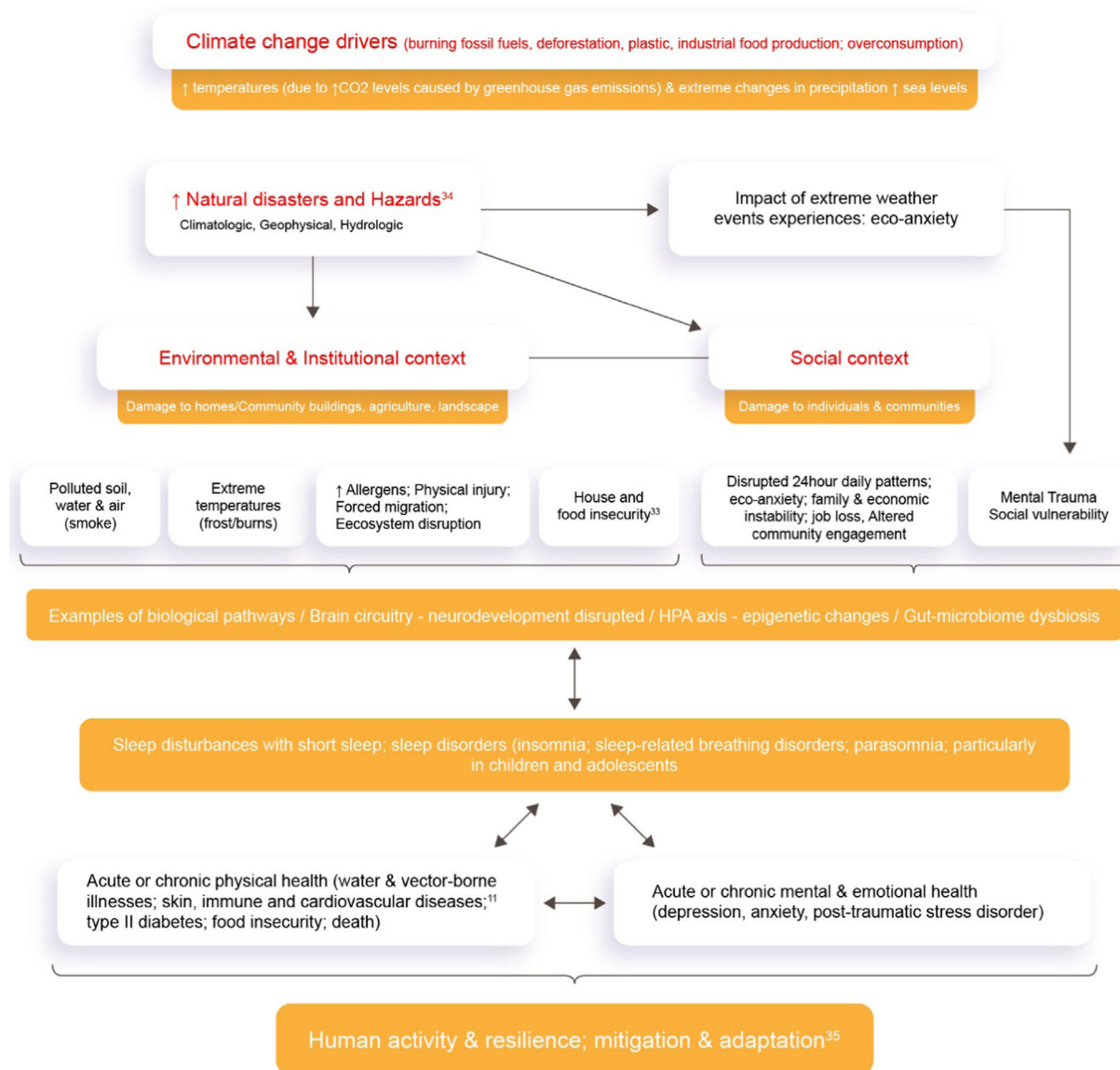


Figure 2 Relationship between sleep, anxiety, and climate change according to Gaston et al. 2023 [34] and Helldén et al. 2021 [35].

282 gases and linked to temperature projections, there is an
 283 annual excessive loss of individual sleep due to nighttime
 284 temperatures, with temperatures reducing an estimated
 285 average of 44 h of sleep per person annually.²⁶ There may be
 286 a strong relationship with heredity, illustrated by several
 287 people in the same family experiencing anxiety about cli-
 288 mate change and its impacts. In experiments on adults in
 289 which environmental temperatures were reduced, there
 290 was an annual increase of 11 additional nights of sleep.²⁶
 291 Total annual sleep loss due to warming nighttime tempera-
 292 tures may increase steadily until mid-century, with annual
 293 losses becoming significantly greater by 2099 in a scenario of
 294 increasing greenhouse gases. This phenomenon, identified
 295 as “sleep erosion” due to climate issues associated with ris-
 296 ing temperatures, will have increasing impact on sleep due
 297 to the number of short nights of sleep attributed to rising
 298 temperatures. Such prospects increase anxiety about

climate events and highlight the need for further studies on
 sleep protection and sleep maintenance.²⁶

Sleep deprivation due to the effects of climate change

Children are vulnerable to the health impact of disasters
 associated with climate events, with greater sensitivity to
 pollution and increased risk of physical and sexual abuse in
 shelters resulting from migration (Figure 3).¹⁰ This vulnera-
 bility is associated with free play, exposure to pollutants
 leading to bronchial hyperreactivity, developmental changes
 that impair weight and height growth, higher energy
 requirements from food than in adults due to a need for
 greater food intake per unit of body weight, sensitivity to

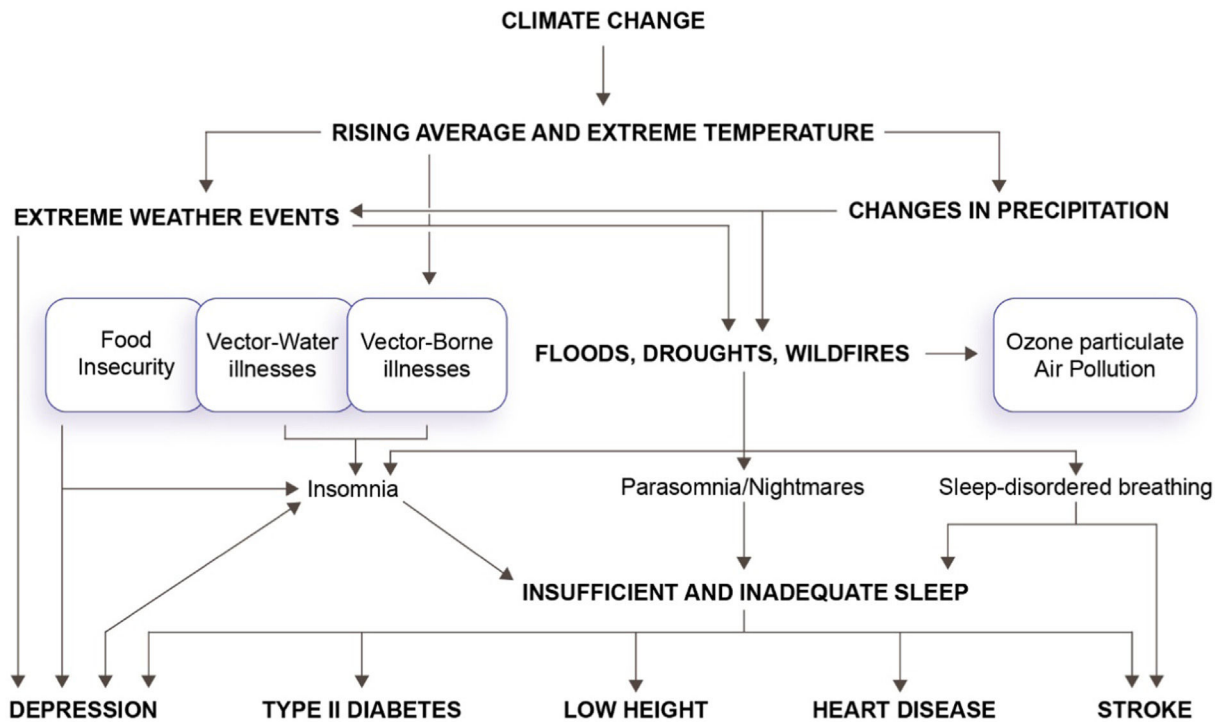


Figure 3 Relationship between climate change and sleep disorders according to Rifkin et al. 2018 [10].

312 trauma, which can affect sleep in childhood,³³ and an
 313 increase in risk factors for physical and mental health disor-
 314 ders that begin in childhood and worsen in adulthood.^{36,37}
 315 Therefore, routine pediatric assessment of trauma related
 316 to climate change as an adverse or traumatic experience in
 317 childhood is necessary, as well as increased attention to the
 318 impact of climate change on sleep health throughout life.³³

319 Climate change, eating healthy, and sleep 320 patterns

321 Healthy eating and sleeping are determining factors in the
 322 quality of life of the pediatric patients. Climatic events
 323 reduce sleep duration, increase sleep disorders, and lead to
 324 reduced food supplies necessary for full growth and develop-
 325 ment in childhood and adolescence. Understanding the close
 326 relationship between eating and sleeping can be a support
 327 strategy in climatic events that affect food distribution.

328 Sleep patterns improve after consuming tryptophan, a
 329 precursor of serotonin and an amino acid present in foods
 330 such as milk. Likewise, tryptophan depletion has been shown
 331 to reduce sleep quality. The mechanism for this revolves
 332 around tryptophan competing with other major neutral
 333 amino acids (e.g., valine, leucine, isoleucine, tyrosine, and
 334 phenylalanine) to cross the blood-brain barrier, where it is
 335 converted to serotonin, the precursor of the “nighttime hor-
 336 mone,” melatonin, released by reduced ambient light. We
 337 may ask ourselves: If a baby is not properly fed, will he or
 338 she have any difficulty sleeping? The question can be under-
 339 stood from the opposite perspective: If an infant is fed
 340 excessively at night, there is a risk of bronchoaspiration,

341 gastroesophageal reflux, and increased nocturnal awaken- 341
 342 ings. Milk protein allergy is one of the causes of insomnia in 342
 343 infants. Reducing the nocturnal eating period is a well-toler- 343
 344 ated dietary approach to caloric restriction, and it would be 344
 345 interesting to evaluate its long-term effects on sleep in chil- 345
 346 dren and adolescents. These effects suggest that nutrition 346
 347 affects health not only through the quantity or quality of 347
 348 intake, but also through the timing of food consumption 348
 349 according to the circadian cycle. 349

350 More broadly, it would be interesting to monitor and com- 350
 351 pare other health behaviors and markers, such as sleep qual- 351
 352 ity or physical activity with eating schedules, according to 352
 353 the individual circadian cycle. In fact, smartphones can help 353
 354 with monitoring to provide detailed information on lifestyle 354
 355 behaviors according to the circadian clock. Consistent eating 355
 356 routines and sleep routines are essential. Sleep hygiene, 356
 357 eating following well-established routines, and physical 357
 358 activity are excellent strategies for maintaining healthy 358
 359 sleep (Table 1). Homeostatic factors, circadian factors, and 359
 360 conditions that generate hyperexcitability are associated 360
 361 with screen time and activities performed at night. Psycho- 361
 362 education about habits and lifestyle encourage healthy sleep 362
 363 patterns for the entire family. Foods with antioxidants are 363
 364 recommended, as well as probiotics and prebiotics. Exces- 364
 365 sive consumption of sugar and ultraprocessed foods should 365
 366 be avoided as they cause inflammatory processes in the 366
 367 intestine, affecting mental health through the brain-intest- 367
 368 inal axis. Certain foods promote neuromodulation through 368
 369 the expression of cholecystokinin (one of the first gastroin- 369
 370 testinal peptides, acting as a neuromodulator and signaling 370
 371 center of the brain-gut axis, mediating emotion, digestion, 371
 372 and memory regulation). Improving sleep and nutrition leads 372
 373 to full hippocampal functioning with a positive effect on 373

374 memory and expression of emotions.³⁸ Considering repercussions
375 in pediatrics due to climatic events, it is imperative to
376 evaluate dietary habits associated with sleep hygiene.

377 Final considerations

378 The main objective of this article is to identify the direct relationship
379 between climate change and children's sleep. Climate events alter sleep,
380 mental health, and eating habits in pediatric patients. The decision to
381 reduce carbon emissions resulting from household supplies is correlated
382 with the consumption behavior of families, expressed according to financial
383 or physical conditions. Household consumption includes all areas of
384 personal consumption in housing, mobility, food and other consumption
385 (such as clothing, furniture, electronics), which depend on decision-making
386 regarding behavioral changes that can affect sleep in children,²⁹ as well
387 as the need to protect sleep, with care regarding stimuli before bedtime
388 and care regarding the sleeping environment.

391 Regulation is necessary to mitigate climate change and invest in
392 prevention to avoid extreme weather events. Mitigating climate change
393 will need to be the primary focus, but we will also have a migration crisis
394 and the need to prepare coastal cities for the impacts on the economy,
395 mental health and sleep resulting from extreme weather events. Individual
396 and collective efforts are essential, together with government and
397 organizational commitments to decouple economic well-being from
398 increased emissions, with information about climate mitigation and
399 adaptation, encouraging and supporting families to become active
400 agents of decarbonization.³⁹

403 Monitoring the effects of climate change should be universal, especially
404 in pediatric populations, with consideration of diversity of socioeconomic
405 status, racial/ethnic issues, and gender differences, with a focus on the
406 role of sleep in climate change-related events on physical and mental
407 health across the lifespan. These efforts will increase the capacity to
408 incorporate healthy sleep into climate change adaptation, mitigation,
409 and resilience strategies. Addressing pediatric sleep must be included
410 in postdisaster programs, with appropriate indications for treatment,
411 recovery, and resource allocation. Early detection of vulnerability
412 conditions can inform adaptation strategies such as air conditioning,
413 energy security programs, maintenance of good hydration, and
414 psychoeducational programming. Training healthcare workers to address
415 climate stressors with a focus on healthy sleep and addressing eco-anxiety
416 is critical. The world needs help, and pediatrics has an important role
417 to play in protecting healthy sleep in children.

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424

425 Conflicts of interest

426 The author declares no conflicts of interest.

References

1. Powell RA, Rao M. Balancing climate anxiety with hope: learning from collective climate activism. *BMJ*. 2023;383:2316. 428-430
2. Hebbert C, Gosselin P, Chen K, Chen H, Cakmak S, MacDonald M, et al. Future temperature-related excess mortality under climate change and population aging scenarios in Canada. *Can J Public Health*. 2023;114:726–36. 431-434
3. Hertwich EG, Peters GP. Carbon footprint of nations: a global, trade-linked analysis. *Sci Technol*. 2009;43:6414–20. 435-436
4. Fourier JA. Remarques générales sur les températures du globe terrestre et des espaces planétaires /Résumé théorique des propriétés de la chaleur rayonnante. *Ann Chim Phys*. 1824;27(136–67):236–81. 437-440
5. Fumia HF, da Silva SL. Fourier revisited: a simplified model for the greenhouse effect. *Rev Bras Ensino Fis*. 2022;44:e20210103. 441-442
6. Kasting JF, Siefert JL. Life and the evolution of Earth's atmosphere. *Science*. 2002;296:1066–8. 443-444
7. Junges AL, Santos VY, Massoni NT. Efeito estufa e aquecimento global: uma abordagem conceitual a partir da física para educação básica. *Experiências Ens Ciências*. 2018;13. 445-446
8. Stillman JH. Heat Waves, the New Normal: summertime Temperature Extremes Will Impact Animals, Ecosystems, and Human Communities. *Physiology (Bethesda)*. 2019;34:86–100. 448-450
9. Anderson TR, Hawkins E, Jones PD. CO₂, the greenhouse effect and global warming: from the pioneering work of Arrhenius and Callendar to today's Earth System Models. *Endeavour*. 2016;40:178–87. 451-454
10. Rifkin DI, Long MW, Perry MJ. Climate change and sleep: a systematic review of the literature and conceptual framework. *Sleep Med Rev*. 2018;42:3–9. 455-457
11. Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine. Saunders/Elsevier; 20115th ed. Accessed November 21, 2024 <http://www.clinicalkey.com/dura/browse/bookChapter/3-s2.0-C20090598753>. 458-461
12. Lopes MC, Alves RC, Nunes ML. Sonos Dos Adolescentes. São Paulo: Atheneu; 2023. p. 124p. 462-463
13. Kohyama J. Sleep as a window on the developing brain. *Curr Probl Pediatr*. 1998;28:69–92. 464-465
14. Gais S, Lucas B, Born J. Sleep after learning aids memory recall. *Learn Mem*. 2006;13:259e62. 466-467
15. Irwin MR. Why sleep is important for health: a psychoneuroimmunology perspective. *Annu Rev Psychol*. 2015;66:143e72. 468-469
16. Akerstedt T, Nilsson PM. Sleep as restitution: an introduction. *J Intern Med*. 2003;254:6e12. 470-471
17. Mullington JM, Haack M, Toth M, Serrador JM, HK Meier-Ewert. Cardiovascular, inflammatory, and metabolic consequences of sleep deprivation. *Prog Cardiovasc Dis*. 2009;51:294e302. 472-474
18. Chien K-L, Chen P-C, Hsu H-C, Su T-C, Sung F-C, Chen M-F, et al. Habitual sleep duration and insomnia and the risk of cardiovascular events and all cause death: report from a community-based cohort. *Sleep*. 2010;33:177e84. 475-477
19. Kripke DF, Garfinkel L, Wingard DL, Klauber MR, Marler MR. Mortality associated with sleep duration and insomnia. *Arch Gen Psychiatry*. 2002;59:131e6. 478-481
20. Christensen DS, Zachariae R, Amidi A, Wu LM. Sleep and allostatic load: a systematic review and meta-analysis. *Sleep Med Rev*. 2022;64:101650. 482-484
21. Kleitman N. Sleep and Wakefulness. Chicago: University of Chicago Press; 1987. 552 p. 485-486
22. Roffwarg HP, Muzio JN, Dement WC. Ontogenetic development of the human sleep-dream cycle. *Science*. 1966;152:604–19. 487-488
23. Saco MC. Skin to skin contact and breastfeeding in the first hour of life and its influence on breastfeeding. 91f. (Master's dissertation). Escola Paulista De Enfermagem, 2015. São Paulo: Federal University of São Paulo; 2015. <https://doi.org/10.1590/1980-265x-tce-2018-0260>. 489-492

- 494 24. Timofeev I, Chauvette S. Sleep slow oscillation and plasticity. *Curr Opin Neurobiol.* 2017;44:116–26. 522
- 495 25. Manacero S, Nunes ML. Longitudinal study of sleep behavior and 523
- 496 motor development in low-birth-weight preterm children from 524
- 497 infancy to preschool years. *J Pediatr (Rio J).* 2021;97:44–51. 525
- 498 26. Minor K, Bjerre-Nielsen A, Jonasdottir S, Sune Lehmann S, Nick 526
- 499 Obradovich N. Rising temperatures erode human sleep globally. 527
- 500 *One Earth.* 2022;5:534–49. 528
- 501 27. Jost JA, Keshwani SS, Abou-Hanna JJ. Activation of AMP-acti- 529
- 502 vated protein kinase in response to temperature elevation 530
- 503 shows seasonal variation in the zebra mussel, *Dreissena poly-* 531
- 504 *morpha.* *Comp Biochem Physiol A Mol Integr Physiol.* 532
- 505 2015;182:75–83. 533
- 506 28. Somero GN, Lockwood BL, Tomanek L. *Biochemical Adapta-* 534
- 507 *tion: Response to Environmental Challenges from Life's Origins* 535
- 508 *to the Anthropocene.* Sunderland: Sinauer Associates; 2017. p. 536
- 509 572. 537
- 510 29. Hiremath SS, Sajeevan RS, Nataraja KN, Chaturvedi AK, Chin- 538
- 511 nusamy V, Pal M. Silencing of fatty acid desaturase (FAD7) gene 539
- 512 enhances membrane stability and photosynthetic efficiency 540
- 513 under heat stress in tobacco (*Nicotiana benthamiana*). *Indian J* 541
- 514 *Exp Biol.* 2017;55:532–41. 542
- 515 30. Lopes MC, Boronat AC, Wang YP, Fu-L L. Sleep Complaints as Risk 543
- 516 Factor for Suicidal Behavior in Severely Depressed Children and 544
- 517 Adolescents. *CNS Neurosci Ther.* 2016;22:915–20. 545
- 518 31. Lomas KJ, Li M. An overheating criterion for bedrooms in tem- 546
- 519 perate climates: derivation and application. *Build Serv Engineer* 547
- 520 *Research and Technology.* 2023;44:485–517. 548
- 521 32. Coffey Y, Bhullar N, Durkin J, Islam MS, Usher K. Understanding 549
- eco-anxiety: a systematic scoping review of current literature 522
- and identified knowledge gaps. *J Clim Change Health.* 523
- 2021;3:100047. 524
33. Léger-Goodes T, Malboeuf-Hurtubise C, Mastine T, Généreux M, 526
- Paradis PO, Camden C. Eco-anxiety in children: a scoping 527
- review of the mental health impacts of the awareness of cli- 528
- mate change. *Front Psychol.* 2022;13:872544. 529
34. Gaston SA, Singh R, Jackson CL. The need to study the role of 530
- sleep in climate change adaptation, mitigation, and resiliency 531
- strategies across the life course. *Sleep.* 2023;46:zsad070. 532
35. Helldén D, Andersson C, Nilsson M, Ebi KL, Friberg P, Alfvén T. 533
- Climate change and child health: a scoping review and an 534
- expanded conceptual framework. *Lancet Planet Health.* 535
- 2021;5:e164–75. 536
36. Kajeeveta S, Gelaye B, Jackson CL, Williams MA. Adverse child- 537
- hood experiences are associated with adult sleep disorders: a 538
- systematic review. *Sleep Med.* 2015;16:320–30. 539
37. Vadukapuram R, Shah K, Ashraf S, Srinivas S, Elshokiry AB, Trivi- 540
- edi C, et al. Adverse childhood experiences and their impact on 541
- sleep in adults: a systematic review. *J Nerv Ment Dis.* 542
- 2022;210:397–410. 543
38. Binks H, Vincent G, Gupta C, Irwin C, Khalesi S. Effects of diet 544
- on sleep: a Narrative Review. *Nutrients.* 2020;12:936. 545
39. Dubois G, Sovacool B, Aall C, Nilsson M, Barbier C, Herrmann A, 546
- et al. It starts at home? Climate policies targeting household 547
- consumption and behavioral decisions are key to low-carbon 548
- futures. *Energy Res Social Sci.* 2019;52:144–58. 549