

ADHD & SLEEP

Getting a good nights sleep can be problematic for children and young people with Attention Deficit Hyperactivity Disorder (ADHD).

This information booklet aims to outline some of these difficulties and provide helpful and practical advice and support.



Some sleep disorders seem to be more prevalent in children with ADHD.

Insomnia

This is a sleep disturbance resulting in difficulty falling asleep and staying asleep. ADHD is strongly associated with difficulty falling asleep and with achieving adequate sleep duration.

Nightmares

Nightmares usually occur during slow-wave sleep, which lasts for longer periods in young people. Nightmares are usually brought on by anxiety and worry, which are very common in children with ADHD

Snoring & apnoea

Research has shown that as many as 25% of children with ADHD may experience regular snoring, compared to 12% in Children who do not have ADHD.

A small number of children who snore loudly may have sleep apnoea, which is characterized by changes to breathing patterns during sleep (shallow breathing or pauses in breathing). Apnoea is more prevalent in children with ADHD. It is important that you speak to your GP or paediatrician if you are at all concerned.

Teeth grinding

Grinding the teeth during sleep is common in children with ADHD. If the condition is not treated, it can lead to more problems including gum disease and wear and tear on the teeth. Speak to your child's dentist regarding any of these concerns

Night time bed wetting (Nocturnal Enuresis)

This is about three times more common in children who have ADHD than in children who don't. Research suggests, that bedwetting in children will usually go away on its own. In some ADHD children that development may be slower. Eventually most children with ADHD catch up to their peers, and the bedwetting stops. If you have any concerns speak to your school nurse who will be well placed to advise you in this area. You may be offered an alert alarm, be cautious as some children with autism may react differently to an alarm sound and may become anxious or frightened. Children with ADHD who sleep deeply may also feel unsettled by alert alarms.

There is a biological reason why children with ADHD tend to sleep less than non-ADHD children: Many of the same regions of the brain regulate both attention and sleep. A child who has attention problems is likely to have sleep problems, as well.



Certain medications used to treat ADHD can also affect sleep.

What to do?

If a child taking stimulant medication is having trouble sleeping, you should consult your doctor or specialist clinician, who might reduce the dosage or adjust the timing of the medication

Top Tips to Improve Sleep

The first step to tackling sleep problems is to address current sleep routines.

Play detective and use a sleep diary to get a good understanding of your or your child's needs.

Record current baseline sleep levels, i.e. how much sleep is your child currently getting?

Include time and length of daytime naps and time bedtime routine started. Be mindful of other environmental factors that may be impacting upon sleep.

If your child has these type of difficulties it may help to place a picture of the child asleep in their bed above their bed. This may help to reinforce what is expected of them, i.e. its night time, time to sleep in your bed.

Some parents find a gro clock useful to help their child to understand when it's time to sleep/get up. The Gro clocks glowing screen shows images of stars and sun to communicate sleep and wake up time. Stars go out one by one during the night to show the passing of time.

Is your child waking because they are hungry? Encourage supper as part of their bedroom routine. Sometimes stimulant medication for ADHD means that the child's appetite is poor during the day and kicks in at night and the child then stock piles food. Always try to discourage sugary foods and sweet/fizzy drinks which will further disrupt sleep. Make sure the child has access to sleep inducing foods that they enjoy from the previous list at bedtime.

A warm bath just before bedtime can help your child fall asleep. Immediately after a warm bath, body temperature starts to cool, which helps induce sleep. If a bath is not an option a shower will also work, or alternately warm PJ's on a radiator or place a hot water bottle in the child's bed, then remove immediately before the child gets in.

Research shows that children who use electronic media as a sleep aid to relax at night have tend to have later weekday bedtimes, experience fewer hours of sleep per week and report more daytime sleepiness and decreased function at school/college.

It is vital to avoid using TVs, phones, computers and game consoles in the hour leading up to bed. These items steal our body's natural sleep onset trigger melatonin. Do not let your child use their phone as an alarm clock. Instead buy them a separate alarm clock to avoid this battle to keep their phone on. Some parents find turning off the WIFI helpful at night-time to promote better sleep. Ride the initial meltdowns and persevere.



Scope provide a free downloadable sleep diary www.scope.org.uk/support/families/sleep/diary

Researchers have identified that using a sound machine to help promote sleep can be very effective for children with ADHD and ASD. Children with sensory issues often have extremely sensitive hearing. Using white noise or nature sounds to help block out neighbourhood or household sounds can be helpful for these difficulties. You may have to try several sounds before you find one that works for your child. There are many different types of affordable sound boxes available on the market.

Room temperature: is your child too hot?

Do they kick their bedding off at night or sleep with windows open? Some children like to sleep with a fan on, this helps to keep them cool and also provides a source of white noise.

Is your child too cold? i.e. they wrap themselves up in their bedding. Scope (2016) recommend that the temperature of your child's bedroom should be between 16-18°C.

Does your child understand the difference between day and night? This can be particularly difficult for children on the Autistic spectrum, or who have learning disabilities and who tend to take visual cues from the environment to put things into context This can be especially difficult in the light summer months, when nights are lighter for longer.

Useful Sleep Resources



This is a generic table and intended to use as a general guide. The likelihood is that some children with ADHD may need less sleep than other children of the same age.

Read your child, and be led by them. Use your sleep diary to reflect on how many hours sleep seems to best suit your child- monitor their presentation after sleep and be mindful of general mood, and behaviours. You will soon be able to establish how many hours sleep is needed for your child to function at their best capacity.

| HOW MUCH SLEEP SHOULD MY CHILD HAVE? | | | |
|--------------------------------------|-------------|--------------------|--------------------|
| Age | Recommended | May be appropriate | Not recommended |
| 0-3mths | 14-17 hours | 18-19 hours | Less than 11 hours |
| Infants 4-11 months old | 18-19 hours | 10-11 hours | Less than 10 hours |
| Toddlers 1-2 years old | 11-14 hours | 9-10 hours | Less than 9 hours |
| Pre schoolers 3-5 years old | 10-13 hours | 8-9 hours | Less than 8 hours |
| School age 6-13 years | 9-11 hours | 7-8 hours | Less than 7 hours |
| Teenagers 14-17 years | 8-10 hours | 7 hours | Less than 7 hours |
| Young adults 18-25 years | 7-9 hours | 6 hours | Less than 6 hours |

A good sleep hygiene routine is vital to achieving a good nights sleep. Evening rituals signal the brain and body to slow down, so the hour or so leading up to your child's bedtime is really important. Be consistent this time should be devoted to reading, listening to music, or some other calm, relaxing activity. Violent TV programs and video games should be strictly off-limits at this time, as should lively play. Instead encourage things like colouring, or read a bedtime story to a younger child or encourage their reading time with an older child. The use of audio books for older children, comics/magazines are also fine. Doing a jigsaw or finger play e.g. loom bands, cats cradles. If your child has sensory needs and likes something to fiddle with, then Mohdoh may be useful.

Be sure the child has their favourite blanket, stuffed toy or squishy soft pillow as they wind down.

Listening to music is also fine just do not play through a phone or computer screen.

Provide your child with some decent fiddle toys.

There are some really good ones available on the market. Just be mindful of what type of fiddles relax and which stimulate your child.

Whatever bedtime you establish enforce it consistently even on weekends. Letting your child stay up late on Friday and Saturday nights will disrupt their circadian rhythm come Monday morning, they will wake up with something akin to jet lag. Sticking to a consistent bedtime is vital during the first month in which you are establishing a sleep routine. However, this can become a little more flexible, once good sleep patterns have been maintained. Examples are available online.

Once you have established the average baseline time in which your child tends to drop off to sleep aim to improve this by half an hour. Research suggests that increasing your child's sleep by as little as half an hour can dramatically improve school performance. For instance if your child's normal time to fall asleep is at 11:30pm aim to reduce this to 11pm and therefore start the bedtime routine at 10pm allowing an hour for bedtime routines, no more and no less. Do this for 2 weeks, then aim to bring the child's bedtime 15 minutes forward every 3 days.

Children with worries/anxieties may benefit from some low level anxiety work before bed. One-to-one time with a parent or carer can be a really beneficial for the child's emotional wellbeing. Use a box with a lid (the lid helps to contain worries) and encourage them to share their daily worries, write these worries down and put them in the box. Explain to the child that they are not their worries anymore, but for mum/school to worry about. Remember to remove the worries once the child is asleep. Always end on a positive note, make a happy box, fill this full of positive things, ask the child what has been their favourite thing about today? Do not empty this box, let it overflow with happiness.

Worry dolls can be useful to use with older children.

Some children may benefit from having their bedtime routine available to them in a visual resource or schedule format.

Useful Sleep Resources



1 Gro clocks are available from Amazon & other online stores

2 Mohdoh sleep available online

3 There are many fidget toys available on the market

4 Various sound boxes are available online

Further Support Services



The Sleep Council
www.sleepcouncil.org.uk

Interactive Bedroom for teenagers:
www.teen-sleep.org.uk



Call or email Karen for more information 07875 575377
 Office 3D Headlands business Centre 10 The Headlands
 Kettering, Northamptonshire
karen.smith@scope.org.uk

Sleep Solutions Northamptonshire

Sleep Solutions provides support for families of disabled children and those with additional needs, aged between two and 19, who have severe sleep problems.

This information booklet has been produced with consultation from sleep solutions. However, if you have followed these strategies, but, sleep continues to be problematic and you require further support and advise, you can self-refer to sleep solutions. See our referral form on the back page.



The National Attention Deficit Disorder Information Service
 Information and Support Service:
www.addiss.co.uk
 Phone: 020 8906 9068

References

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Sleep Foundation (2017) Excessive sleepiness [online] available from <https://sleepfoundation.org/excessivesleepiness/content/how-much-sleep-do-babies-and-kids-need>

SLEEP SEEKERS: LIVING WITH ADHD 24/7- available from: adhd@familystresspoints.co.uk.

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SLEEP DIFFICULTIES? CONSISTENCY IS KEY!

