

# Why ADHD and Sleep Are So Closely Linked

ADHD (Attention-Deficit/Hyperactivity Disorder) affects how the brain manages things like attention, impulse control, and self-regulation. These same brain circuits are also linked to our internal body clock—what researchers call the circadian rhythm.

- **Circadian Rhythm:** This is like an internal 24-hour timer that tells us when to feel alert and when to feel sleepy. In many individuals with ADHD, this timer is shifted later than usual. So, if your child is a “night owl,” it’s not just a preference—biology may be playing a key role.

- **Research Highlights:** Studies from Sweden, the Netherlands, and elsewhere consistently show that people with ADHD are more likely to have sleep disorders. One large study found that adolescents with ADHD were *16 times* more likely to be diagnosed with a sleep disorder than those without ADHD, with slightly lower (but still significantly higher) risk in other age groups.

This doesn’t mean every single child with ADHD has severe sleep problems. However, it does mean sleep troubles are common enough that it’s important for parents to know what to look out for.

## 2. Common Sleep Issues in Children and Teens with ADHD

Below are some of the most frequently reported difficulties. Your child might have one or more of these, and they can overlap in complicated ways.

### 1. **Delayed Sleep Phase (Night Owl Pattern)**

- Many children with ADHD find themselves wide awake long after everyone else has nodded off. Despite lying in bed, they may toss, turn, and stare at the ceiling.

- When morning comes, they struggle to wake up, leading to tiredness and irritability.

### 2. **Insomnia**

- Insomnia isn’t just trouble falling asleep; it can also include waking up multiple times during the night or rising too early and not feeling refreshed.

- Children might complain they can’t “shut off” their brain, leading to hours of restlessness.

### 3. **Restless Legs Syndrome (RLS)**

- A feeling of itching, tingling, or “creepy-crawly” sensations in the legs that eases only when they move.

- RLS can be linked to low ferritin (iron stores) in the body. Checking iron levels can sometimes uncover an easy fix.

#### 4. **Obstructive Sleep Apnoea**

- Repeated pauses in breathing during sleep, sometimes due to the airway being blocked.

- Snoring, gasping, or very restless sleep might be signs.

#### 5. **Nightmares, Night Terrors, and Sleepwalking**

- Some children with ADHD experience more vivid or frightening dreams, or episodes of sitting up and shouting while still partly asleep.

#### 6. **Narcolepsy (Rare but Notable)**

- Though rare, narcolepsy can be more common in ADHD than in the general population. It involves bouts of excessive sleepiness and sometimes sudden muscle weakness called cataplexy.

Even if your child’s exact sleep problem isn’t listed here, it’s worth remembering that ADHD often comes with *some* form of disrupted sleep. Understanding the specific pattern is the first step towards improvement.

### 3. What Happens When Sleep Goes Wrong

If your child isn’t getting enough sleep or isn’t sleeping well, ADHD symptoms—like lack of focus, hyperactivity, and impulsive behaviour—can get worse. You might see:

- **Mood Swings:** Overtired children can be more tearful, frustrated, or short-tempered.

- **Poor Concentration:** School performance can dip when a child is yawning through lessons.

- **Excessive Daytime Sleepiness:** Nodding off on the sofa, dozing off in class, or just feeling generally drained.

This creates a vicious cycle: ADHD can worsen sleep; poor sleep can worsen ADHD symptoms, leading to even more difficulty settling at night. Fortunately, there are effective ways to break this cycle.

## 4. How Medication Fits In

### 4.1 ADHD Medications (Stimulants and Non-Stimulants)

- **Stimulant Medications:** These include methylphenidate (e.g. Ritalin) and amphetamines (e.g. Elvanse). They help many children focus better in the daytime. However, if taken too late in the afternoon, they might interfere with the ability to fall asleep later on. On the other hand, in some cases, better-managed ADHD symptoms can actually *improve* sleep because a calmer mind might settle more easily at bedtime. It varies from child to child.

- **Non-Stimulant Medications:** Options such as atomoxetine (Strattera) or guanfacine (Intuniv) might be less likely to disrupt sleep, though they can still have side effects. If you suspect any medication is affecting your child's sleep, discuss it with your prescribing doctor or paediatrician to see if adjusting timing or dosage helps.

## 4.2 Melatonin

Melatonin is a hormone the body naturally releases in dim or dark environments to signal bedtime to the brain. For children with delayed sleep phase or insomnia linked to ADHD, supplemental melatonin can be helpful when used carefully:

- **Low Dose, Big Effect:** Research suggests that small doses (often 0.5 to 2 mg) taken about an hour before the desired bedtime can shift the sleep cycle earlier. Larger doses don't necessarily work better and can sometimes cause next-day grogginess.

- **Timing Matters:** If your child's natural sleep pattern is very late (e.g. regularly falling asleep at 2 or 3 a.m.), it might take a gradual approach over several weeks to move bedtime to a more typical time.

- **Consult a Professional:** Although over-the-counter melatonin is available in some countries, it's always best to seek guidance from a healthcare professional regarding the correct dose and timing.

## 4.3 Combining ADHD Medication and Melatonin

For some children, taking daytime ADHD medication (to help manage symptoms) and nighttime melatonin (to encourage earlier sleep onset) can be a successful combination. The key is to ensure the daytime medication has worn off by bedtime and to introduce melatonin in a measured way. Always speak to your child's doctor before making any changes.

# 5. Practical Ways to Improve Sleep

Below are steps many families find helpful. While they're not a "magic wand," combining these tips with any necessary medical interventions can lead to significant improvements.

## 5.1 Create a Relaxing Bedtime Routine

1. **Wind-Down Activities:** A warm bath or shower, gentle stretching, or listening to calming music.

2. **Screens Off Early:** Turn off tablets, mobile phones, and TV at least 30–60 minutes before lights-out. Blue light from devices can trick the brain into thinking it's daytime.

3. **Dim the Lights:** Lowering lights in the living area can help the body start producing melatonin.

## 5.2 Keep a Consistent Schedule

- **Same Bedtime and Wake Time:** Try to stick to a regular routine, even at weekends. Constantly shifting bedtimes (like staying up late Friday and sleeping in Sunday) confuses the internal clock.
- **Limit Naps:** If your child absolutely needs a nap, keep it short—20 to 30 minutes max—to avoid messing up nighttime sleep.

## 5.3 “Chronotherapy” or Resetting the Clock

Children with a *delayed* body clock can benefit from deliberately using **light** in the morning to cue their brain that it’s time to wake. This might involve:

- **Light Therapy:** Sitting near a special light box (around 10,000 lux) for 20–30 minutes shortly after waking up. Alternatively, “light glasses” are now available so your child can move around while still getting bright light exposure.
- **Morning Sunshine:** Simply going outdoors for a short walk can work wonders, especially if the weather is bright.

## 5.4 Environmental Adjustments

- **Bedroom Darkness:** Make the room as dark as possible—use blackout curtains or a comfy eye mask if needed.
- **Avoid Bright Lights at Night:** Even a quick middle-of-the-night trip to the bathroom can disrupt melatonin production if the lights are too bright. Consider a very low-level night-light if needed for safety.
- **Cool, Comfortable Room:** A slightly cooler temperature can make it easier to fall asleep. Cosy blankets, pyjamas, and minimal noise can help too.

## 5.5 Addressing Anxieties or Worries

Bedtime can be the moment all the day’s worries rush to the surface. Help your child unwind:

- **Bedtime Chat or Journal:** Encourage them to write or draw their worries earlier in the evening, so they don’t lie awake dwelling on them.
- **Soothing Sounds:** Soft music, white noise, or nature sounds can be calming for some children.
- **Positive Associations:** A favourite cuddly toy, gentle back rub, or reading a comforting story together might reduce bedtime stress.

## 6. Supporting Overall Health

Sleep problems rarely exist in isolation. Think about wider lifestyle factors too:

- **Diet:** High-sugar foods or caffeine (in fizzy drinks or chocolate) too close to bedtime can rev up the system. Encourage nutritious, balanced meals and limit sugary snacks in the late afternoon or evening.
- **Exercise:** Regular physical activity, particularly earlier in the day, helps children burn off energy and feel more physically tired at night. Just avoid intense exercise right before bedtime, as it might be too stimulating.
- **Mental Health and Mood:** If your child or teenager also struggles with anxiety, low mood, or stress, these can amplify sleep difficulties. Talking therapies such as cognitive behavioural therapy (CBT) may be worth exploring.

## 7. When to Seek Professional Help

If you've tried adjusting routines, addressing lifestyle factors, and possibly trialling melatonin under guidance—yet you still see ongoing difficulties—it might be time to consult a specialist. Options include:

- **Paediatrician:** They can evaluate your child's overall health, check for physical causes like low iron levels or enlarged tonsils, and review any current medications.
- **Sleep Clinic or Specialist:** For suspected sleep apnoea, narcolepsy, or unusual sleep behaviour (like frequent night terrors or severe insomnia), a sleep study might be recommended.
- **Child Psychologist:** If anxiety, depression, or a high level of stress is at the heart of your child's sleep issues, a mental health professional can offer tailored support.

## 8. Encouragement for Parents

### 8.1 Stay Hopeful

It can be worrying and exhausting to cope with your child's sleepless nights and daytime tiredness. The good news is that many families report real improvements once they address sleep directly—whether that's by consistent bedtime routines, adjusting ADHD medications, or exploring melatonin and light therapy.

### 8.2 Take It Step by Step

Don't feel you need to overhaul everything overnight. It's often best to make small changes gradually and see how your child responds. For instance, if bright screens are a major bedtime culprit, start with no screens after 9 p.m. and slowly bring that forward if needed.

### 8.3 Celebrate Small Wins

Maybe your child used to lie awake until 2 a.m., and now they're drifting off at midnight. That's still progress! Each small improvement in sleep can have a knock-on effect on mood, behaviour, and family harmony.

## 9. Additional Resources and Useful Links

- **National Sleep Foundation (UK):** Offers general advice on children's sleep habits.
- **The Sleep Charity (UK):** Provides practical resources for tackling bedtime issues.
- **Local ADHD Support Groups:** Hearing from other parents who've walked this path can offer fresh ideas and moral support.
- **The DIVACentre.eu:** Originally for adult ADHD assessments, it also has relevant insights on ADHD and co-occurring conditions.

## 10. Final Thoughts

Remember that although ADHD can complicate sleep, there's a wide range of interventions—from simple lifestyle tweaks to specialised treatments—that can help your child rest better. As their sleep improves, you'll likely see benefits not just in the night-time routine but also in school performance, emotional resilience, and family life in general.

You are not alone. Many parents have felt the same frustrations and worries. With determination, patience, and guidance from healthcare professionals, you can turn things around so that both your child and the rest of the family can enjoy more peaceful nights and brighter days ahead.

**Disclaimer:** This booklet is based on evidence-based research and clinical insights. It is not a substitute for one-to-one medical advice. If you have specific concerns about your child's sleep or health, please seek professional guidance from a qualified healthcare provider.

## Recommended Sleep Times By Age Group

	Age Range	Recommended Hours of Sleep
Newborn	0-3 months old	14-17 hours
Infant	4-11 months old	12-15 hours
Toddler	1-2 years old	11-14 hours
Preschool	3-5 years old	10-13 hours
School-age	6-13 years old	9-11 hours
Teen	14-17 years old	8-10 hours
Young Adult	18-25 years old	7-9 hours
Adult	26-64 years old	7-9 hours
Older Adult	65 or more years old	7-8 hours