

# ADHD and Sleep



Derby Hubs Jan 26  
Nickie Sutton, Specialist Sleep Practitioner

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## Welcome!



- ~ Questions?
- ~ Confidentiality
- ~ Phones / distractions
- ~ Feeling sleepy / uncomfortable
- ~ Recording
- ~ Handouts / evaluation



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# Nickie Sutton

Specialist Sleep Practitioner



- Background in Nursing since 1984
- Work with neurodivergent children and adults
- Sleep Practitioner since 2016
- NHS Therapeutic Sleep Programme
- Charity and Consultancy work
- National Sleep Helpline
- TEDx



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# ADHD and Sleep

What we will cover today

- Why do we sleep?
- How do we sleep?
- How does ADHD affect sleep?
- Some strategies to help



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## Why do we sleep?

Sleep is as vital for our health and survival  
as food and water



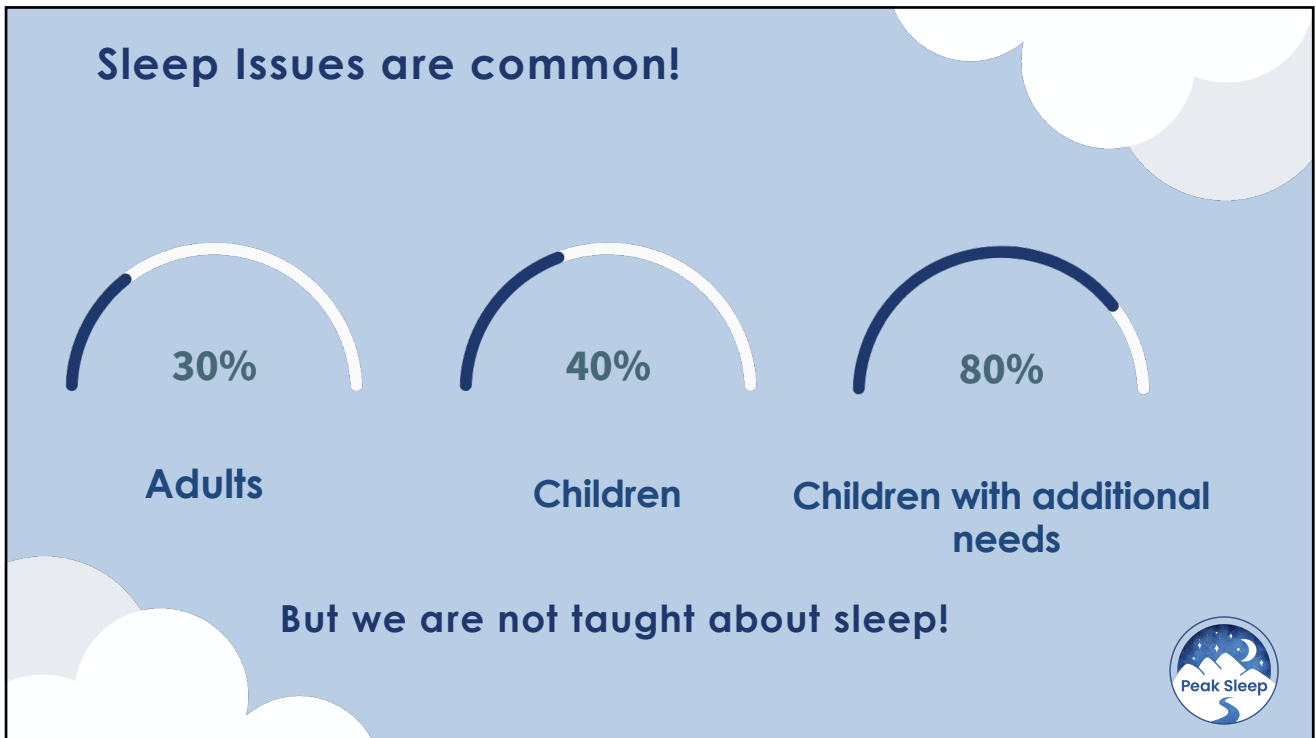
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## Why do we sleep?

- Modern life is not helpful
- Our brains still think we are cave dwellers




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## What happens when we sleep?

- Establish memories
- Solve problems
- Emotional regulation
- Removal of waste products from brain
- Reduction in inflammation
- Healing, repair, growth
- Immune system



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### How much sleep do we need?

Age group (yrs)	Hours sleep per day
1-2	11-14
3-5	10-13
6-13	9-11
14-17	8-10
18-25	7-9
26-64	7-9
65+	7 - 8



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### How do we sleep?

Clocks and rhythms and cycles....



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## How do we sleep?



### The Circadian Rhythm (Body Clock)

- Every cell / organ in your body has its own clock
- Circadian Rhythm keeps things running smoothly and at the right time of day
- Circadian rhythm is actually 24 hours and about 11 minutes

We need to reset it to 24 hours every day and **light is the most important factor in this**



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## How do we sleep?



### Sleep Pressure

- The drive for sleep
- The longer we are awake, the stronger the need for sleep
- Caffeine
- Shift work
- If we nap during the day, we are not as tired at bedtime



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## How do we sleep?



## The Sleep Cycle

Predictable

90 minutes long

Everybody wakes in the night

Harks back to our primitive ancestors



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## How do we sleep?



## Sleep Associations

- We wake at the end of each sleep cycle to check for threats
- But the threat is different in the modern world
- We need our environment to stay the same all night



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## How do we sleep?



## How does our environment change?

- Dummies / toys fall out of bed
- We switch lights off
- We cover our children up
- We switch off devices
- We close doors
- Boilers switch on / off
- Traffic / train noise outside
- We go to bed ourselves



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### CORTISOL

Cortisol is our get up, wake up, be alert hormone  
....It is also one of our fight and flight hormones and released when we are anxious



### MELATONIN

Is suppressed by bright light exposure  
It is NOT a sleep hormone  
It merely signals to the body that night is coming



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## What is neurodiversity?

**Neurodiversity** is a term that refers to the natural differences between people and was coined in the late 1990's by Australian sociologist Judy Singer

The idea is that there's no "correct" way for the brain to work.

Instead, there is a wide range of ways that people perceive and respond to the world, and these differences are to be embraced and encouraged.

It is thought that up to 15% of the population are thought to be **neurodivergent**. The remaining majority are **neurotypical**.



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### What is neurodiversity?

Dyslexia

Autistic Spectrum Disorder

Attention-Deficit/Hyperactivity Disorder


Developmental Language Disorder

Developmental Coordination Disorder

Tic Disorders


Intellectual Disability

Dyscalculia




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### ADHD / ADD and Sleep



- Inattention
- Hyperactivity
- Impulsivity
- Differences in structure, functionality, activation and connectivity



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## ADHD / ADD and Sleep

### Hyperactive :

- Fidgety, restless
- Noisy, Talkative, Disruptive
- Impulsive, struggles to take turns

### Inattentive

- Difficulty with close attention / sustaining attention
- Doesn't seem to listen when spoken to
- Difficulty following through on instructions, organizing tasks
- Avoids tasks that require sustained effort
- Loses things
- Easily distracted, forgetful



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## ADHD and Sleep

An estimated 25– 50% of people with ADHD experience sleep problems

- More likely to have nightmares
- Racing thoughts / burst of energy at night
- Fewer distractions, more likely to 'hyperfocus' on something
- Restless, non refreshing sleep
- Child often says 'I cannot switch my brain off' or 'Sleep is boring'



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## ADHD and Sleep



- Circadian Rhythm Disorder – more alert in the evening
- Snoring, Sleep Apnoea and ADHD 33%
- Teeth grinding 43% / 17%
- Restless Leg Syndrome 50%
- Narcolepsy



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## ADHD and Sleep

Why is sleep harder?

**LOW MELATONIN  
LEVELS**

**SENSORY  
PROCESSING**

**ANXIETY**

**EXECUTIVE FUNCTION**

**PAIN**



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## Low Melatonin Levels

- Autism
- Light Exposure
- Diet



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## Screens and sleep: Do they affect melatonin?



- Research shows that blue light from screens does **\*not\*** affect sleep for over 5's
- Neurodivergent children and young people use screens to decompress
- This is valuable at bedtime to help them relax
- Taking screens away causes distress and delays sleep
- What is important is **\*what\*** children are doing on the screens



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## Sensory Processing

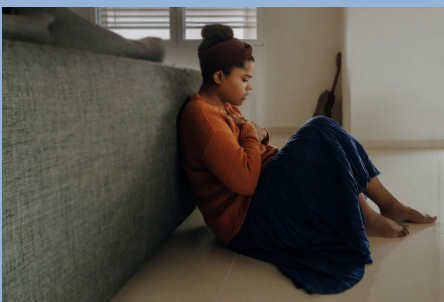


- Touch
- Taste
- Hearing
- Smell
- Vision
- Proprioception
- Vestibular
- Interoception



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## Anxiety and Sleep

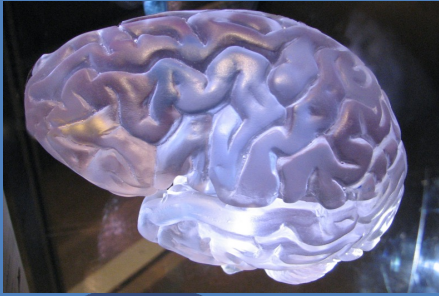


- Fear of sleep
- Sleep = death
- Lack of control / transition
- Unable to switch off
- Rules
- Fear of missing out
- Brings tomorrow on more quickly
- Autism
- Pathological Demand Avoidance



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## Executive Function in ADHD



- What – working memory, planning, goals, problem solving
- When – sequencing, timeliness of actions, time management, transitions
- Why – decisions, making choices, motivation
- Who – awareness of what we do, how we feel



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## Executive Function and Sleep



Busy brain

- Unable to let go of the day
- Unable to regulate feelings / emotions
- Needing distraction / Hyperfocus
- Time for special interests
- Child / young person often says 'I cannot switch my brain off' or 'Sleep is boring'



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## Pain / Discomfort and Sleep



- Hypermobility
- Bowels
- Restless leg syndrome
- Eczema
- Sensory – hunger / thirst



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## Craving for quick 'hit' (dopamine chasing)



- ~ Caffeine
- ~ Nicotine / substances
- ~ Fast food / sugar (decreased glucose metabolism)
- ~ Social media (fear of missing out)
- ~ Gaming
- ~ Risk taking
- ~ Diet and Iron



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## Medication



- Rebound at the end of the day
- Different lengths of action / modes of action



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## Diet



- A restricted diet or poor absorption of food can affect sleep
- Iron
- Melatonin



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## Common sleep problems in ADHD children / young people

- Transition to bed
- \*Going to sleep
- Staying asleep
- Getting up / going in the morning



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## Normal sleep hygiene advice doesn't always work!

- Screens
- Dark bedrooms
- 'Good routine'
- PDA



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## Principles of good sleep

- Feeling calm
- Feeling safe
- Feeling comfortable



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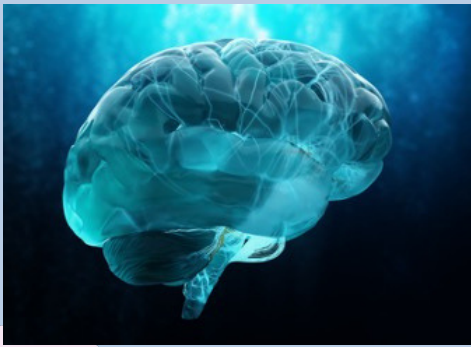
## Strategies – What you can do to help Increasing Melatonin

- Bright light early in the day
- Dim the lights in the evening
- Change what they are doing on screens
- Anxiety reducing strategies
- Sleepy foods
- Consistency
- SAD lamp (10,000 lux)



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## Strategies: What you can do to help Anxiety



- Routine really helps! (PDA excepted)
- We need to slow everything down – breathing, heart rate, brain waves
- This is what happens as most people get ready for bed but is \*hard\* for our children
- We need to help them



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## Strategies: What you can do to help Anxiety - feeling safe

- Decompression time after school
- 3 Good Things
- Books about sleep
- Co-sleeping
- Walkie-Talkie
- Swapping pillows
- Compression sheet



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## Strategies – What you can do to help Food

- Avoid stimulants – chocolate, caffeine, sugar
- Snack before bed
- ‘Sleepy foods’
- Check iron status?



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## Take Account of Physical / Other Needs



- Sensory needs
- Pain
- Executive Function
- Medication



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## Strategies: Daytime

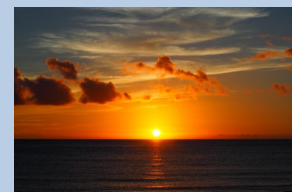


- Work with school / college:  
Sit by a window,  
Break times,  
**Scheduled sensory / movement breaks**  
(that the young person does not need to ask for - too late)
- 30 minutes daylight exposure - SAD lamp?
- Routine / predictable daytimes
- **Decompression time after school / college**
- Address interoception differences during the day - food, fluids, bowels
- **Exercise during the day (not in the evening)**



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## Strategies: Evening



- Environment: cool, calm, uncluttered  
(parent to lay on bed in dark and see through young person's eyes)
- Predictability: consistency in timing, visuals
- Avoid / adapt triggers:  
Bath / drying / teeth / changes of clothing / hair brushing
- **Calming activities together with parent**
- Sensory support
- **Debrief / offloading**
- Food and drink



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# Routine?

Routines can help



- Decide on a time
- Set the scene
- Decide what works – take out anything unnecessary
- Make it predictable – visuals
- Winding down
- Consistency
- Keep in mind everything that may make your child feel uncomfortable or worried



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# Strategies: Night



- Consistent bedroom environment:  
Do not turn anything off!
- Sensory support:  
Light, compression sheet, noise, food and drink, position / location of bed and or mattress
- Anxiety support:  
Swapping pillows, baby monitors, sensory support, co-sleeping



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## Triggers for sleep

- We need to help our body slow down
- We need to feel calm and safe
- We need to produce Melatonin
- We need to consider the sensory aspects of going to sleep
- The environment needs to be right
- We need routine and other strong cues



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# WARNING

### Some medical conditions wake you up to save your life!

- Epilepsy
- Diabetes
- Sleep apnoea

### Some sleep issues need medical attention!

- Snoring
- Diet / low iron
- Any medication changes



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## To finish...

- Sleep issues are common
- ADHD makes sleep much harder for reasons that your child cannot control
- Understanding your child's needs is key
- Your child's behaviour may give you clues
- Ask school for support to reduce daytime overspill
- Ask for help with anxiety



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- Follow your gut instinct. You know your child best!
- Conventional sleep strategies often don't work



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**More support:**

**The National Sleep Helpline 0330 353 0541**

**The Sleep Charity**

**Teen Sleep Hub**

**ADDitude**

**ADHD Foundation**



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