NeuroFX
Changing Minds

CO-OCCURRING CONDITIONS · 5.5

ADHD and Sleep: Why Switching Off Is So Hard

Sleep difficulty affects most people with ADHD across all ages. The drivers are biological as well as behavioural, and standard sleep hygiene is rarely enough on its own.

FOR
Adults and parents managing ADHD-related sleep difficulty

AUDIENCE AGE
All ages

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PART OF
The NeuroFX resource library

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IN SUMMARY

ADHD and Sleep: Why Switching Off Is So Hard

The link in plain terms

- **50 to 75 percent of children and adolescents with ADHD have sleep difficulty.** Similar or higher rates in adults. Sleep onset insomnia is the most consistently reported, followed by sleep maintenance difficulty, lower total sleep time, and lower subjective sleep quality.
- **Untreated ADHD shows the same elevated rates.** Medication is part of the picture but not the cause. Children and adults with ADHD who have never taken medication still show the elevated sleep difficulty rates.
- **The ADHD body clock often runs late.** Delayed melatonin onset, longer endogenous circadian period, reduced morning cortisol response. This is biology, not a behavioural failure.

What helps in practice

- **Consistent sleep timing.** A regular bedtime and wake time, with no more than a thirty-minute variation across the week. Weekend lie-ins disrupt the pattern more than people realise.
- **Morning light exposure.** Bright light in the first thirty to sixty minutes of waking pulls the body clock earlier. Outdoor light is more effective than indoor lighting. A light box is an alternative in winter.
- **Evening light limitation.** Dim lighting from an hour before bed, limited screens for thirty minutes before sleep. Harder to maintain with ADHD than with most populations, but evidence-based.
- **Caffeine after lunch is the most common avoidable contributor.** Caffeine has a long half-life and is amplified by ADHD stimulant medication. Limiting it after midday helps a substantial proportion of patients.
- **Investigate restless legs and sleep apnoea where suspected.** Both are over-represented in ADHD and both can mimic ADHD daytime symptoms. Sleep clinic referral via the GP is appropriate where the picture suggests it.

How we help

- **Sleep is considered in every ADHD review.** Onset, quality and morning function are tracked through titration. Where medication is contributing, formulation, brand and timing changes are the prescriber's main tools.
- **Melatonin in specific situations for children.** Modified-release melatonin (Slenyto) is licensed for children and adolescents aged 2 to 18 with neurodevelopmental conditions where sleep hygiene has been insufficient. Adult use is unlicensed and prescriber-dependent.
- **CBT-I and sleep clinic referral where appropriate.** Cognitive behavioural therapy for insomnia works in adults with ADHD, often with adjustments. Sleep clinic referral is the right step where apnoea or restless legs is part of the picture.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if sleep difficulty is significantly affecting daily function, if you notice signs of obstructive sleep apnoea (loud snoring, witnessed breathing pauses, severe daytime sleepiness), or if persistent fatigue is not explained by anything else. Seek urgent help via 999 or A&E for any acute mental health crisis associated with severe sleep loss.

SOURCES

NICE NG87; Hvolby 2015 (ADHD Atten Defic Hyperact Disord); Bijlenga et al. 2019 (ADHD Atten Defic Hyperact Disord); Faraone et al. 2021 (Neurosci Biobehav Rev); BNFc

NEXT STEPS

Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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