

SLEEP AND NEURODIVERGENCE · 12.1

ADHD and Sleep: Why Switching Off Is So Hard

If you have ADHD and bedtime is the part of the day that does not work, the short answer is that the wiring is against you. ADHD and sleep are biologically connected in ways that most generic sleep advice does not address.

FOR

Adults with ADHD whose sleep is not working

AUDIENCE AGE

18+

REVIEWED

18 May 2026

PART OF

The NeuroFX resource library

IN SUMMARY

ADHD and Sleep: Why Switching Off Is So Hard

Why it is so hard

- **The circadian rhythm runs late.** Adults with ADHD have a measurably delayed body clock, typically by 60 to 90 minutes. Dim light melatonin onset (the biological marker of when the brain shifts toward sleep) is shifted later. Trying to fall asleep at 11pm is biologically the equivalent of a non-ADHD person trying at 9:30pm.
- **Dopamine and arousal regulation are part of the problem.** ADHD involves under-functioning dopamine signalling in regions that handle attention, motivation and arousal. The same systems regulate the sleep-wake transition. Hyperarousal at bedtime and racing thoughts are part of the wiring, not a separate problem on top.
- **It is not laziness, discipline or in your head.** The pattern is consistent across the research; the circadian and dopaminergic mechanisms are well-described in adult ADHD.

What it actually looks like

- **Onset insomnia and the 11pm second wind.** The classic pattern: lying in bed with a running mind, then a reliable energy and focus boost in late evening that has nothing to do with caffeine.
- **Mornings are hard.** Multiple alarms, slow start, biological clock not yet caught up to social clock.
- **Fragmented sleep, often with restless legs.** Sleep efficiency is often lower; restless legs and periodic limb movements are significantly over-represented in adults with ADHD and treatable when recognised.
- **Sleep hygiene helps but does not fix it.** Sleep hygiene addresses the inputs to a normally-functioning sleep system. It does not address an underlying circadian shift, an under-functioning dopamine system, or a sleep disorder that has been quietly present for decades.
- **Co-occurring sleep disorders are often missed.** OSA (substantially over-represented in adults with ADHD), delayed sleep phase syndrome, restless legs, and narcolepsy spectrum all warrant low-threshold assessment when sleep is significantly disrupted.

How we can help

- **Medication timing review with your prescribing clinician.** ADHD medication and sleep interact in both directions. Many adults find their sleep improves on appropriately timed medication because the underlying ADHD symptoms settle.
- **Circadian anchoring and evening light reduction.** Morning bright light exposure (15 to 30 minutes within an hour of waking) shifts the body clock earlier over weeks. Reducing late-evening bright light and screens matters more for ADHD than for the general population.
- **GP for assessment of co-occurring sleep disorders.** Specifically ask about OSA (gold standard is a sleep study), delayed sleep phase, and restless legs. Specialist sleep medicine clinics exist in most NHS regions for complex pictures.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if your sleep is significantly disrupted and the standard sleep-hygiene moves have not helped over a couple of months. Specific things to ask about: assessment for sleep apnoea, restless legs, and delayed sleep phase. Specialist sleep medicine clinics exist in most NHS regions for complex pictures. For ADHD medication timing review, your prescribing clinician is the right call; NeuroFX prescribing clinicians can address the timing question for patients we prescribe for.

SOURCES

Kooij & Bijlenga 2013; Bijlenga 2019; Cortese 2009 JAACAP; Hvolby 2015; Sedky 2014 Sleep Med Rev; Faraone consensus 2021; NICE NG87

NEXT STEPS**Speak to NeuroFX**

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