NeuroFX
Changing Minds

SLEEP AND NEURODIVERGENCE · 12.9

# Sleep Hygiene for the ND Brain: Strategies That Actually Hold Up

Standard sleep hygiene advice is reasonable for the general population and only partially sufficient for neurodivergent brains. The right framing is that hygiene is necessary but rarely sufficient.

**FOR**
Neurodivergent adults working on sleep

**AUDIENCE AGE**
18+

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**PART OF**
The NeuroFX resource library

info@neurofx.co.uk · 0333 533 3303 · neurofx.co.uk

IN SUMMARY

# Sleep Hygiene for the ND Brain: Strategies That Actually Hold Up

## What actually matters most

- **Consistent bedtime and wake time, including weekends.** The single most important move, particularly for ADHD circadian shift and autistic predictability needs. The evidence is strong and the ND-brain benefit is bigger than for the general population.
- **Morning bright light, ideally outdoor.** 15 to 30 minutes within an hour of waking. Much more powerful than the indoor equivalent. For delayed sleep phase specifically, the highest-yield single intervention.
- **Wind-down longer than the standard advice.** 60 to 90 minutes rather than 30. ADHD and autistic brains both benefit from a planned, repeating sequence into sleep. Brief unwind is not enough.

## What is unhelpful or actively wrong

- **"Don't lie in bed if you can't sleep."** For an ADHD adult with delayed circadian rhythm, getting out of bed at 11pm usually means engaging in a stimulating activity that delays onset further. Standard CBT-I advice that does not always transfer.
- **"Just stop drinking caffeine."** For some adults with ADHD, caffeine is doing genuine work during the day. Realistic move is timing, not abstinence.
- **"Tire yourself out."** Vigorous evening exercise often delays sleep onset rather than promoting it. For ADHD brains, late workouts compound late-evening alertness.
- **"Stop thinking about your day."** Telling an ADHD or autistic adult to stop their mind racing is not advice; it is a demand they cannot meet on cue. Worry-time scheduling 15 minutes earlier in the evening, not in bed, is more useful.
- **Generic "calm bedroom" without a sensory audit.** For autistic brains the specific sensory inputs need a tailored audit. The generic version often misses the actual problem.

## How we can help

- **CBT-I where hygiene has plateaued.** Cognitive behavioural therapy for insomnia is the first-line non-pharmacological treatment for chronic insomnia (Trauer 2015 meta-analysis). NHS Talking Therapies offers CBT-I in some areas; ND-literate therapists are in a different category.
- **GP for specialist sleep assessment.** Where a sleep disorder may be sitting underneath the picture (sleep apnoea, DSPS, restless legs). See our when-to-suspect-a-sleep-disorder piece.
- **Prescriber for the medication conversation.** Sleep hygiene plus medication is usually more effective than either alone. NeuroFX prescribing clinicians can address the medication-timing question for patients we prescribe for.

**WHEN TO SPEAK TO A PROFESSIONAL**

Speak to your GP if you have been applying the relevant hygiene measures consistently for six to eight weeks and your sleep has not shifted enough. Ask about CBT-I via NHS Talking Therapies; ask about specialist sleep assessment if you suspect a sleep disorder. NeuroFX prescribing clinicians can address the medication-timing question for patients we prescribe for; the sleep-disorder assessment and CBT-I routes are GP-led.

**SOURCES**

Irish 2015 Sleep Med Rev; Kooij & Bijlenga 2013; Cuomo 2017; Hiscock 2015 BMJ; Trauer 2015 Ann Intern Med; NICE CKS Insomnia

**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.

**neurofx.co.uk** · info@neurofx.co.uk · 0333 533 3303