NeuroFX
Changing Minds

SLEEP AND NEURODIVERGENCE · 12.10

When to Suspect a Sleep Disorder Alongside ADHD or Autism

The over-representation of sleep disorders in adults and children with ADHD or autism is well-documented; the under-recognition is one of the cleanest single failures in routine practice. This is the closing piece on when to suspect something more specific.

FOR
Anyone whose sleep difficulty has not responded to standard work

AUDIENCE AGE
Adults

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PART OF
The NeuroFX resource library

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IN SUMMARY

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When to suspect something more

- **Loud snoring with witnessed pauses in breathing.** The single most useful signal of obstructive sleep apnoea. Your partner is usually the witness. Morning headaches and choking awakenings reinforce the picture.
- **Very late natural sleep onset with restorative sleep when allowed.** Consistently after 1am or 2am, with normal-quality sleep when allowed to wake late. Delayed sleep phase syndrome, not just being a night owl.
- **Unpleasant urge to move the legs in the evening, relieved by movement.** Restless legs syndrome. Iron deficiency is a common contributor and is worth investigating. Specific treatments exist.

What to know about the main candidates

- **Obstructive sleep apnoea is the most common and most-missed.** Treatment (CPAP for adults; tonsillectomy/adenoidectomy often first-line in children) often produces substantial cognitive and behavioural improvement.
- **Delayed sleep phase syndrome has effective treatment.** Morning bright light, evening light reduction, timed off-label melatonin. The treatment is reasonably effective when delivered consistently.
- **Restless legs is often treatable with iron alone.** Check ferritin first; some adults respond to iron repletion without specific RLS medication. Dopamine agonists and alpha-2-delta ligands available where iron is not the answer.
- **Paediatric OSA often presents as behavioural problems.** Hyperactivity, attention difficulty, behavioural problems rather than adult sleepiness. Many children referred for ADHD assessment have undiagnosed OSA contributing to the picture.
- **Narcolepsy and idiopathic hypersomnia are rarer but exist.** Excessive daytime sleepiness not responding to expected interventions, particularly with cataplexy, warrants specialist sleep medicine assessment.

How we can help

- **GP first, with specifics not adjectives.** STOP-BANG score for OSA risk, Epworth Sleepiness Scale for daytime sleepiness, sleep diary or actigraphy data. "I think I might have sleep apnoea and would like to be assessed" gets the conversation moving faster than a vague complaint.
- **Assessment in the UK is now relatively quick.** Home sleep study is standard first-line for OSA in most regions. Sleep diary and actigraphy for DSPS. Clinical assessment plus ferritin for RLS. The hard part is the referral; the assessment is straightforward.
- **NeuroFX is not a sleep medicine service.** Our ADHD and autism clinicians can support the wider picture and write supporting letters where helpful, but specialist sleep assessment is via NHS routes or specialist private sleep clinics.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if any of the warning signs above are present, particularly more than one of them together. Bring screening tool scores (STOP-BANG, Epworth) where relevant; bring a sleep diary or actigraphy data where you have it. For paediatric concerns, your GP or paediatrician can refer to ENT (for suspected OSA) or paediatric sleep medicine. NeuroFX is not a sleep medicine service; our ADHD and autism clinicians can support the wider picture but specialist sleep assessment is via NHS routes or specialist private sleep clinics.

SOURCES

AASM ICSD-3-TR; Sedky 2014; Veatch 2017; Patil 2019 AASM; Auger 2015; Bruni 2018 JCPP; NICE CKS

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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