



## Why does sleep matter?

We all need good sleep to feel well. There are some special reasons for children to need good sleep<sup>i</sup>:

- Poor sleep interrupts learning processes
- Poor sleep worsens attention and behavioural difficulties
- Poor sleep worsens day time function and impacts on the quality of life of the child and the entire family

Children with autism suffer from sleep problems at a higher rate than typically developing children- 40-80% having poor sleep or insomnia<sup>ii</sup>; difficulties in falling asleep and waking frequently – staying awake for hours being noisy or distressed - are common in ASD.

## What causes sleep problems?

Poor sleep in ASD is a result of interaction between biological, psychological, family and social factors; poor child rearing practices often make sleeping patterns worse.

Disturbed circadian rhythm and poor production of melatonin (the sleep hormone) have been implicated.

Coexisting attention deficit and hyperactivity disorder, anxiety and behavioural difficulties, and sometimes some medicines also contribute to poor sleep.

## How does poor sleep impact on a child with ASD?

Poor sleep worsens children's social function and repetitive behaviours.

## How to help children with sleeping difficulties?

First, find out what the sleep problem is, e.g., delay in falling asleep, frequent waking or unusual behaviour during sleep.

### **DO's**

Improving sleep hygiene – the bedtime routine - select appropriate bedtime.

Minimise watching of TV or playing computer video games an hour before bed time

Reduce emotional/behavioural stimulation before going to bed.

Avoid environmental sounds/noises during bed time.

Promote daytime physical activity.

Promote relaxation before going to be e.g. reading, listening to music.

Manage coexisting conditions e.g. iron deficiency, ADHD.





## **DONT's**

Don't give tea, coffee, fizzy drinks 4 hours before going to bed.

Try not lying down in the bed with your child when putting him/her to sleep.

If the sleep problems persist, and are causing a significant impact on the Quality of Life of the child or the family, consider treating with: Melatonin in a dose of 1 to 6 mg given 30 minutes before the bedtime and in conjunction with a help plan.

Monitor effects with a sleep diary – a daily record of sleep pattern <sup>iii</sup>.

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<sup>i</sup> Bruni, O, (2010). The importance of sleep for children's well being. *Sleep Medicine*. 11(7), 599-600.

<sup>ii</sup> Cortesi F, et al. (2010). Sleep in children with autistic spectrum disorders. *Sleep Medicine*, 11(7), 659-664.

<sup>iii</sup> Kotagal, S., & Broomall, E. (2012). Sleep in children with autism spectrum disorder. *Pediatric neurology*, 47(4), 242-251.

