

Many children with ADHD have difficulty sleeping at night, whether or not they are on medication. This is partially related to the ADHD; parents often describe their children as being “on the go” and collapsing late at night. It may also be because stimulant medication has worn off, making it more difficult for them to manage their behavior. Lastly, some children have difficulty falling asleep because the stimulants affect them the same way caffeine affects adults.

Develop bedtime rituals/routines.

- A bedtime ritual is a powerful sign that it is time to sleep. It needs to be simple so the child can “re-create” the ritual even if the parent is not present.
- Try writing out the bedtime ritual to make it consistent.

Pay attention to the sleep environment.

- Background noises, location, sleep partners, bedding, favorite toys, and lighting can all affect a child’s ability to fall asleep.
- A cool, dark, quiet room is best.

Letting children cry themselves to sleep is not recommended.

- Teach them to soothe themselves, such as giving the child a special blanket, a picture of the parent(s), or a stuffed animal to hold while falling asleep.
- Avoid activities that depend on a parent’s presence, including rocking or holding the child until he or she falls asleep.

Make the bedroom a sleep-only zone.

- Remove most toys, games, televisions, computers, and radios from your child’s bedroom if your child is having trouble falling asleep or is often up at night.
- One or two stuffed animals are acceptable.

Limit time in bed.

- Hours spent awake in bed interfere with good sleep patterns; the goal is to make the child’s bed a place for sleeping only.
- Be aware of how much sleep children need at different ages.
- Even though adults need about 8 hours of sleep, infants and toddlers often sleep more than 12 hours and children usually sleep 10 hours. Teenagers also need lots of sleep, sometimes requiring 9 hours or more.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project, and from material developed by Henry L. Shapiro, MD, FAAP, for the Pediatric Development and Behavior Web site (www.dbpeds.org).

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Establish consistent waking times.

- Bedtimes and waking times should be the same 7 days a week.
- It is easier to enforce a waking time than a bedtime.

Avoid drinks with caffeine.

- Caffeine is present in a wide range of beverages, such as tea, soda, cocoa, and coffee. Drinking these beverages past the afternoon may make it more difficult for your child to settle down to sleep.

Establish daytime routines.

- Regular mealtimes and activity times, including playtime with parents, also help set sleep times.

Chart your child's progress.

- Praise your child for successful quiet nights.
- Consider marking successful nights on a star chart and providing rewards at the end of the week.

Waking up at night is a habit.

- Social contact with parents, feeding, and availability of interesting toys encourage the child to be up late, so set limits on attention-getting behaviors at night.

Consider medical problems.

- Allergy, asthma, or conditions that cause pain can disrupt sleep. If your child snores loudly and/or pauses in breathing, talk to your doctor.
- Try medications to help your child sleep only under the care of your child's doctor.
 - Medications need to be used very carefully in young children. Many medications can have complications and make sleep worse.
 - Some children with ADHD may actually be helped by a small dose of a stimulant medication at bedtime. Paradoxically, this dose may help a child to get organized for sleep.
 - Some children may ultimately need other bedtime medications—at least for a little while—to help improve sleep. Talk with your doctor before starting any over-the-counter or prescription medications.

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