

Sleep Problems

What should we know about sleep problems?

Sleep problems are common in children with and without autism spectrum disorders (ASDs). One third to one half of children with ASDs have sleep problems. This can lead to daytime problems with paying attention, being irritable, and displaying more repetitive behaviors. The amount of nighttime sleep needed by preschoolers in general is typically 10 to 13 hours. It decreases with age to 8 to 11 hours by 13 years.

What are some reasons for sleep problems?

Children with ASDs may have many reasons for sleep problems. The causes may be medical, behavioral, or both. Medical reasons for sleep problems may include allergies, breathing problems, and gastrointestinal reflux (stomach discomfort). Medications can also affect sleep.

Sleep normally has cycles with different brain wave patterns. These patterns may be different in some people with autism. Typical sleep patterns include lighter sleep and dreaming later in the night. That is when night waking often happens. The hormone melatonin is made by the brain to control sleep. Some scientific studies have shown that people with ASDs may not have the same amount or action of this hormone.

Some sleep problems include

- Trouble falling asleep. Children may have a hard time falling asleep if there is a lot of activity in the household, if they eat foods with caffeine, or if they are hyperactive. It may be that they do not connect bedtime with falling asleep or that they want to be with the family.
- Night waking. Children who wake up in the middle of the night may stay awake if they don't know how to fall back to sleep alone or they don't understand that nighttime is for sleeping. They may stay awake because they are used to getting food, attention, or other reinforcement when they wake up. Some children wake up when soiled or wet.

- Early waking. Children may wake up early because of abnormal sleep cycling or melatonin production or because of problems with falling back to sleep when they wake up. They may also wake up early because their sleep needs have been met.
- Nightmares, sleep terrors, sleepwalking. These occur in the first few hours of the sleep cycle in children with or without ASDs and are related to brain activity during sleep.

How are sleep problems assessed?

Your child's doctor can do a general physical exam and history of health and sleep problems. Try to keep a sleep diary for a while to help the doctor understand your child's sleep habits. The doctor may also run lab tests if the history or physical exam suggests medical reasons for the sleep problems.

What can we do to help our child sleep better?

Studies have shown that behavioral strategies help more than medication to improve sleep problems. Some basic suggestions include

First step: Sleep schedule (Use for 2 weeks.)

Set a regular time for going to bed and getting up for the day. Start a relaxing routine leading up to bedtime. Try to do this the same way each night. Make sure your child's bedroom is set up for sleep. It should be quiet and dark, without TV or music on. The rest of the household should be quiet at bedtime. Make sure your child knows that the bed and bedtime are for sleep only, not for play or time-out. This sleep hygiene step sometimes works all by itself to help sleep problems, but other steps may be needed.

Next step: Ignoring problem behavior

If sleep problems continue after setting up a good sleeping area and routine for your child, you may want to add the step of ignoring sleep protests. When leaving your child in the bedroom, say "good night" and praise your child for going to bed. Then check in at times you have decided on and ignore protests between checks. Increase the time between checks during the night and over the next several days. When checking, briefly look in the bedroom. If your child is awake, tell him to go to sleep, and then leave.

It is important that all caregivers are consistent in this step. Protests may get worse for 2 to 3 days, but you must do this in the same way for 2 weeks. Families may need ongoing support to carry this out, especially if parents and other caregivers disagree with ignoring protests.

Another potential step: Medication

Your child's doctor may suggest prescription or over-the-counter medications to be used along with behavioral training.

Other behavioral approaches to night waking and delayed sleep onset should be discussed with your pediatrician if you have used the approach described previously in a consistent fashion for 2 weeks and your child still has disturbed sleep. There are other behavioral interventions that can be used. Particularly difficult problems will need consultation from a sleep expert.

Resources

Durand VM. *Sleep Better! A Guide to Improving Sleep for Children with Special Needs*. Baltimore, MD: Paul E. Brookes Publishing Co; 1997

Ferber R. *Solve Your Child's Sleep Problems: New, Revised, and Expanded Edition*. New York, NY: Fireside; 2006

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Published as part of *AUTISM: Caring for Children With Autism Spectrum Disorders: A Resource Toolkit for Clinicians*.

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