



Dr Anthony
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ADHD Newsletter 6

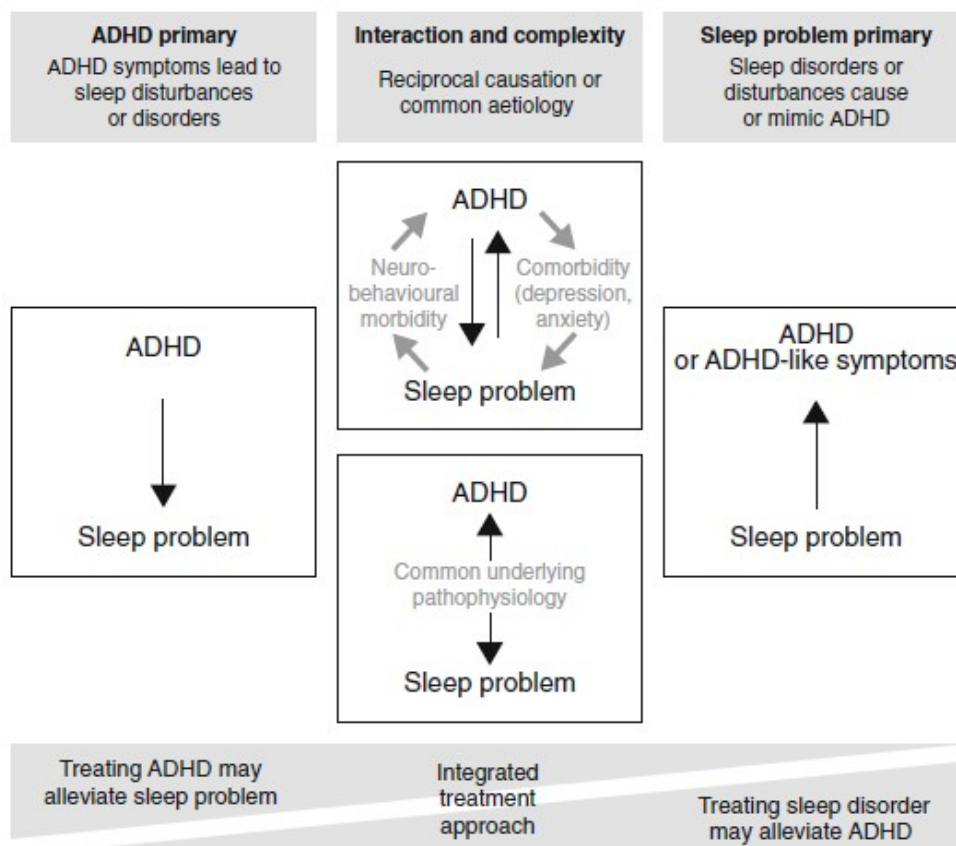
Sleep Disturbance and its Treatment in ADHD

Attention-deficit/hyperactivity disorder (ADHD) affects approximately 5% of children and adolescents worldwide with approximately 2/3rds having symptoms that persist into adulthood. Adult presentations are subtly, but importantly, different from those in younger people. Significant hyperactivity is often absent, and adults can self-reflect and find useful compensating mechanisms. High IQ, and externally imposed structure, often mitigate impairment. Therefore, it is easy to miss the attentional problems and focus on peripheral issues such as depression and anxiety.

The prevalence of sleep disturbance in those with ADHD is as high as 55% in some studies. The association of sleep with ADHD is multifaceted and complex. Problems may be an intrinsic feature of the condition or may

exacerbate, and be exacerbated by, the symptoms of the disorder. Problems with sleep can also lead to the development of ADHD or ADHD-like symptoms, potentially resulting in misdiagnosis. Restricted, disordered or disturbed sleep can manifest as symptoms, behaviours or functional impairments that are remarkably similar to those of ADHD. The interrelationships are further complicated by the use of psychostimulant medications to treat ADHD. These may impair sleep in some people but paradoxically improve sleep in others via a calming effect.

Hvolby (2015) has put forward a conceptual model of the possible interaction between ADHD and sleep

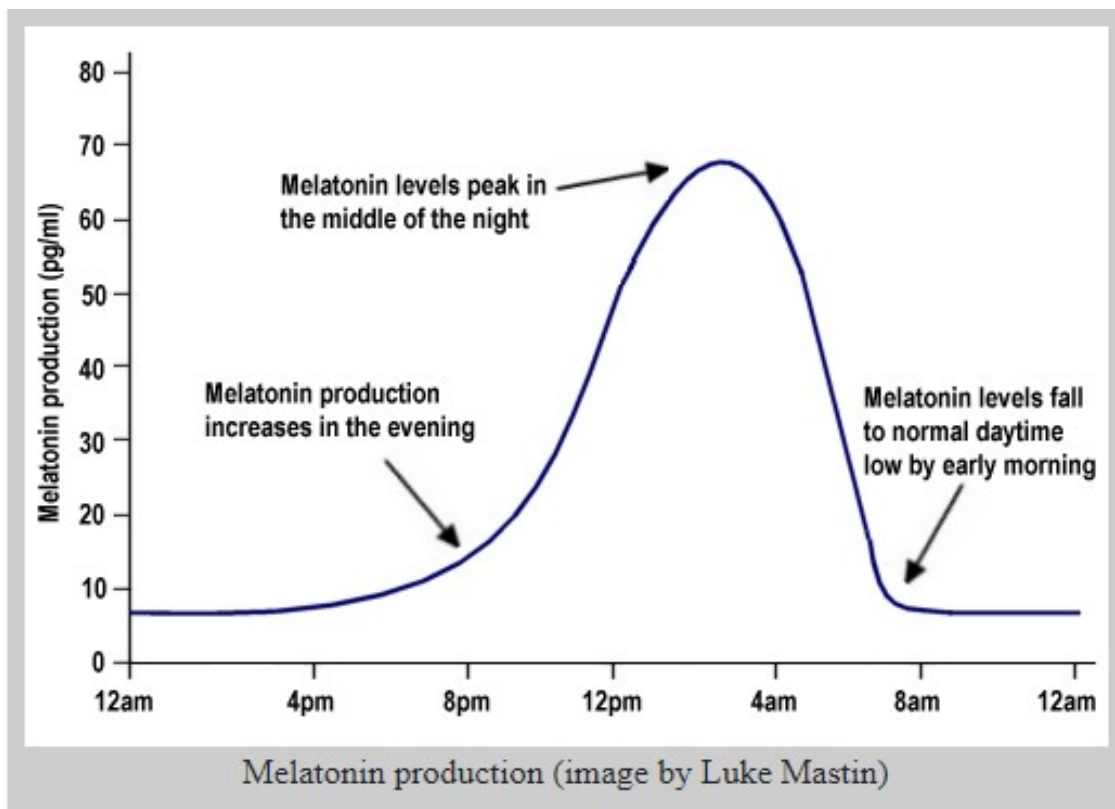


Both European and US Guidelines recommend assessment of sleep disturbance during evaluation of an individual for suspected ADHD, and before the initiation of pharmacotherapy. This enables any effect of the disorder on sleep to be distinguished from those of medication.

Treatment is focussed on sleep hygiene and medication. Light emitting devices (most recently using easy to wear glasses) to alter sleep phase timing have been studied at Flinders University over the past 25 years. Healthy sleep practices include a regular sleep/wake schedule; adequate opportunity for sleep; calming and structured bedtime routines; avoidance of caffeine, large amounts of liquids, naps, exercise

and the use of alerting activities, such as electronic devices, leading up to bedtime; sleeping only in bed and using the bed only for sleeping; and attention to environmental factors such as bedroom furniture, lighting and temperature. Such an approach can be formalised by seeing an experienced therapist.

Hypnotic agents do not form part of current clinical guidelines. Immediate release clonidine is used widely for sleep onset delay (as opposed to the extended release formulation used as an ADHD therapy). Circadin is useful in those with circadian rhythm disorder as this can be due to delayed melatonin release which is important in sleep regulation



Bright light therapy can be used to adjust an individual's circadian rhythm. The use of re-timer glasses has been well described by Wright and Lack (2015). These use light from

the green – blue spectrum and are available from Re-Timer Pty Ltd based at the Flinders University Building in South Australia

Hvolby, A. (2015). Associations of sleep disturbance with ADHD: implications for treatment. *Attention Deficit Hyperactivity Disorder* 7, 1-18
Wright, H.R. & Lack, L.C. (2015). *How to Sleep Better*. South Australia: Re-Time Pty Ltd

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