



AUTISM IN CHILDREN AND SLEEP

- **80% of children on the autism spectrum may have sleep difficulties at some time.**
- **Difficulty settling to sleep is their most common and consistent sleep problem.**
- **Children with autism sleep less than might be expected for their age.**
- **Children with poor sleep often have more daytime behaviour problems and poorer attention.**
- **Most sleep problems can be addressed using behaviour-based interventions.**
- **If such interventions are unsuccessful, melatonin may be prescribed by a medical practitioner to help children sleep.**

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au

1. What is known?

From an early age, children on the autism spectrum are at higher risk of poor sleep than typically developing children. Studies suggest that up to 80% of autistic children may have sleep difficulties at some time in childhood. For many children, these sleep problems can be chronic.

For children on the autism spectrum, sleep problems typically begin to occur from around 30 months of age. Their most common problems are less total time asleep and increased time to settle to sleep. These are similar problems reported by parents of typically developing children. (See [Sleep Problems and Sleep Disorders in School Aged Children](#).)

2. Difficulty settling to sleep

This may be due to an unmet need to follow routines; need for special toys, objects, bed-clothes or bedding; refusal to fall asleep in own bed;

needing a parent present; noise or light; or fears, worries and anxiety. The presence of a TV, tablet or phone in the room is also disruptive. Ideally children should take no more than 20-30 minutes to fall asleep. Settling difficulties are the most common and consistent sleep problem that is reported.

3. Night waking, often for long periods

Some night waking is usual, but young children may not know how to soothe themselves back to sleep, or may seek the comfort of mum or dad. Older children may be worried or anxious and cannot re-settle. Toileting, nappies and bed wetting also contribute to night waking. Younger children with autism and those with an intellectual disability can be difficult to toilet train. Some children on the spectrum may get up in the early hours of the morning and disrupt the household, or simply stay in their room and play for a period of time; others may not return to sleep at all. We do not know why this occurs.



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4. Shortened sleep

On average, children with autism sleep less than might be expected for their age. This may occur more commonly in those with an intellectual disability. This may just be because of the longer time such children take to fall asleep, and/or their extra time spent awake at night. While we do not fully understand why they typically sleep less, there is no reason to suppose that autistic children actually need less sleep than other children. (Recommended sleep times in childhood can be found in [How much sleep do you really need?](#))

5. Impact of poor sleep

Children with poor sleep often have more daytime behaviour problems, poorer attention or are more anxious. Good sleep is also important for [memory and learning](#).

6. What can I do?

Parents can help their child sleep by following good sleep hygiene principles, which involve having regular daytime and bedtime habits (see [Sleep Tips for Children](#) and [Sleep Facts for Parents](#) for more information). Our fact sheet with advice about [Sleep-related Behavioural Problems in School-aged Children](#) may also be helpful.

If your child has regular daytime and sleep habits to promote good sleep and you remain concerned, you should consult your child's regular medical practitioner. It will be important to evaluate and treat any medical conditions that might affect sleep like asthma, epilepsy, and [sleep apnea](#). The first-line treatment for sleep problems, especially for settling issues is a behaviourally based intervention. Your family doctor can refer you to a [sleep specialist](#) (e.g., sleep psychologist or sleep paediatrician) for this.

[Melatonin](#) can be useful for more difficult sleep problems. Research has shown that the prolonged release form of melatonin, which is designed to last all through the night, is effective in improving sleep problems in children with autism who did not respond to behaviour-based treatments. Melatonin is a medication that must be prescribed by a medical practitioner to ensure the correct dose and to monitor changes in sleep (see [Melatonin and Children](#) for more information).

Where can I find more information about sleep and autism?

www.spectrumnews.org/news/sleep-problems-autism-explained/

www.autismspeaks.org/sleep

<https://raisingchildren.net.au/autism/health-wellbeing/sleep/sleep-problems-children-with-asd>

For information on over 70 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au. The underlined topics in this article are covered in detail there.



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A national organisation devoted to education, advocacy and supporting research into sleep and its disorders.

Disclaimer - Information provided here is general in nature and should not be seen as a substitute for professional medical advice. Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.

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