ADHD Sleep Struggles

A busy mind, a wired body and a world that does not always switch off easily

Sleep difficulties are common in adults with ADHD, although they are not themselves enough to diagnose ADHD. Problems may involve settling to sleep, keeping a regular sleep-wake pattern, switching away from an absorbing activity, sensory discomfort or lying awake with thoughts about the next day.

Sleep is also affected by many things beyond ADHD — stress, anxiety, medicines, caffeine, pain, menopause, sleep apnoea and other physical or mental-health conditions. Persistent sleep problems deserve proper consideration rather than automatically being attributed to neurodivergence.

The aim is not a perfect bedtime routine. It is to make the transition towards sleep easier, more predictable and less demanding for your particular brain and body.

1. A busy mind at bedtime

When external demands finally become quiet, unfinished thoughts can become louder. Ideas, remembered tasks and conversations may all arrive at once. **Try:** keep a capture page beside the bed, write tomorrow's first priorities earlier in the evening and use a low-stimulation transition activity so bedtime is not the first quiet moment of the day.

2. Late-night hyperfocus

An absorbing activity can make stopping feel much harder than continuing. Time may pass without being noticed and “one more thing” can become another hour. **Try:** use more than one cue to disengage — an alarm to begin wrapping up, another to stop, a visible clock and a pre-decided parking note describing exactly where to restart tomorrow.

3. Revenge bedtime procrastination

Some people delay sleep because late evening feels like the only time that belongs to them. This is a descriptive popular term, not a diagnosis. **Try:** look for ways to protect a smaller amount of genuine choice or pleasure earlier, so rest does not feel like surrendering the only personal time available.

4. Irregular routines

Large changes in sleep and wake times can make settling more unpredictable. **Try:** anchor one or two repeatable points rather than building an elaborate routine: a broadly consistent wake time, dimming lights, changing clothes, medication as prescribed, or beginning a familiar wind-down sequence.

5. Sensory discomfort

Temperature, seams, fabric, light, sound, smells, partner movement or the sensation of bedding can keep the nervous system alert. **Try:** treat comfort as information. Experiment with fabric, weight, room temperature, blackout options, ear protection or white noise where safe and appropriate.

6. Worry about tomorrow

Tomorrow's demands can turn the bed into a planning office. **Try:** make a short 'tomorrow landing pad' before bed: first appointment, first action, anything that must be remembered, and what can wait. If worries are persistent or severe, addressing the anxiety itself may matter more than another sleep hack.

NOTICE THE LOAD • PAUSE • REDUCE DEMANDS • RECOVER

Building a flexible wind-down

A useful wind-down is a transition, not a test. If it contains too many steps, missing one step can make the whole routine feel ruined. Choose a small sequence that still works on low-capacity evenings.

Stage	Possible action	Keep it flexible
60–90 minutes before	Notice whether you are still in work / hyperfocus mode.	Use an alarm labelled “begin landing”, not just “bedtime”.
45–60 minutes before	Lower stimulation where practical.	Dim lights, reduce demanding tasks, park unfinished work.
20–30 minutes before	Prepare tomorrow enough to release it.	Write first priorities; place essentials where needed.
At bedtime	Use familiar sensory cues.	Comfortable fabric, temperature, sound and light choices.
If thoughts arrive	Capture rather than solve.	Write one line; decide whether it genuinely needs action now.
If sleep does not come	Avoid turning wakefulness into failure.	Use calm, low-stimulation strategies and follow clinical sleep advice if problems persist.

A simple evening routine planner

My landing cue: What will tell me it is time to begin slowing down?
My parking place: Where will unfinished ideas/tasks go so I do not have to hold them in my head?
My three-step wind-down: Choose only three repeatable actions.
My sensory check: temperature, fabric, light, sound, movement and body comfort.
Tomorrow's first step: decide it now so bedtime does not become planning time.

For partners and family

Sleep support works better when it is collaborative rather than parental. Agree cues in advance instead of repeatedly telling someone to go to bed. If one person needs sound and another needs silence, or different temperatures or bedding, treat this as a practical design problem rather than a relationship judgement. Protecting decompression time earlier in the evening may also reduce the urge to reclaim time late at night.

When to look beyond ADHD

Seek medical advice for persistent insomnia, significant daytime sleepiness, loud snoring or witnessed pauses in breathing, unusual movements, a major new change in sleep, or sleep problems that are seriously affecting functioning. Medicines and other health conditions can affect sleep, so medication changes should be discussed with the appropriate prescriber rather than made independently.

A message from Maggie

Bedtime can be the moment when everything you held together during the day suddenly arrives at once. You may be tired and still not feel able to stop. You may know sleep matters and still want one more hour that belongs only to you. Instead of making bedtime another place to fail, make it a gentler landing. A small repeatable routine, a place to put tomorrow's thoughts and permission to meet your sensory needs can be far more useful than demanding a perfect night.

My Sleep Struggles & Wind-Down Map

Use this to notice patterns across several evenings. It is not a sleep scorecard; it is a way of finding what increases or reduces the load.

What usually keeps me awake?

Busy thoughts, hyperfocus, worry, sensory discomfort, pain, phone use, irregular timing, something else?

What happens in the hour before bed?

Notice activities, lighting, conversations, work, food/drink and how abruptly you are expected to stop.

What are my signs that I am tired but still activated?

Second wind, scrolling, irritability, restless body, repeated ideas, losing track of time?

My sensory sleep needs

What temperature, bedding, clothing, sound, darkness or movement feels most settling?

My hyperfocus exit plan

What cue tells me to wrap up, and where will I record exactly where to restart?

My tomorrow landing pad

Write the first appointment, first action and anything essential to remember. Leave the rest for tomorrow.

My three-step wind-down

Choose three actions that are realistic even on a difficult evening.

What belongs with professional support?

Persistent insomnia, breathing concerns, severe daytime sleepiness, medication questions, anxiety, pain or another ongoing issue?

Further reading and professional context

Sleep and ADHD influence each other in complicated ways. Poor sleep can worsen attention, mood and executive functioning, while ADHD-related patterns may make consistent sleep routines harder to maintain. Assessment should consider other possible sleep disorders and health factors rather than assuming every sleep problem is caused by ADHD.

Book recommendations

Taking Charge of Adult ADHD — Russell A. Barkley. Evidence-informed adult ADHD guidance, including practical external supports and routines.

How to ADHD — Jessica McCabe. Accessible strategies for ADHD-related executive functioning, transitions and everyday self-support.

The Sleep Book — Guy Meadows. Acceptance-based approaches to insomnia and the struggle that can develop around trying to force sleep.

Overcoming Insomnia and Sleep Problems — Colin A. Espie. CBT-informed self-help material focused specifically on insomnia and sleep difficulties.

Professional information

NICE NG87 — ADHD: diagnosis and management. NICE recommends holistic ADHD assessment and ongoing review, including consideration of sleep patterns and adverse effects when monitoring treatment.

NHS — Insomnia. NHS guidance describes common causes of insomnia, practical sleep habits and when to speak to a GP. It also advises seeking assessment where sleep problems persist or significantly affect daily life.

NHS — ADHD in adults. NHS information describes adult ADHD, treatment and support. If ADHD medication appears to be affecting sleep, discuss this with the prescribing clinician rather than changing treatment independently.

This guide is psychoeducational and is not a diagnostic checklist. It does not replace assessment or treatment for insomnia, sleep apnoea, restless legs, anxiety or other conditions that can disrupt sleep.

Space to Breathe Therapy