

**NAS SURREY BRANCH MEETING REPORT**  
**Sleep & ASC Talk – Dr Charlie Tyack AND Dr Ann Ozsivadijan, Evelina**  
**London Children’s Hospital**

*Saturday 2<sup>nd</sup> February 2019.*  
*Guildford University*

A brilliant introduction to sleep and ASC, explaining why we sleep, the different stages of sleep and the actual sleep process.

Dr Tyack explained that signs of a lack of sleep include (and you don’t have to have all of them):

- Falling asleep at inappropriate times
- Needing to be woken up and taking more than 15 minutes to get going
- Sleeping more than an extra 2 hours at weekends or holidays
- Mood or behavioural changes after ++ sleep

Charlie explained that our sleep patterns aren’t all the same, some people are fine with less sleep, the solution to any sleep problem is very individual. However, the essential foundations were:

- A consistent sleep schedule – sticking to the same times during the week as well as at weekends and holidays, also trying to keep the maintain that environment (keeping lighting / sound / smell the same)
- A regular bedtime routine (whilst some find a bath or shower useful, this can have a more waking effect on others; similarly, story time can be useful for some – although not if it’s a scary cliff-hanger of a read)
- Appropriate bedtimes – very individual and varies according to age of child

Interestingly, Charlie noted that 40 – 80 % of children with ASC experience some form of sleep difficulty compared to 25 – 40% in typically developing children, they often took longer to get to sleep and appeared more vulnerable to anxiety. Several useful strategies were explained, this included mindfulness, breathing techniques, and talking / offloading.

To help children and young people to sleep, things to avoid include:

- Coffee and chocolate after dinner
- A hot bedroom with no air circulation
- Going to bed when you're not tired or it's too early
- Staying indoors all day
- Using a computer just before bed

He explained that there were many benefits of sunlight, especially in the morning and there have been many studies that show we all sleep better (parents and children), and are more focused if we do not have our mobile phones right next to us at all times!

One useful suggestion was to have a family charging / docking station downstairs – and use a good old-fashioned alarm clock to wake you up. If needing to use some form of night light / clock, Charlie advised against using anything with a blue light – red was more restful / sleep conducive. Another useful idea was to keep the bedroom solely for sleep (this may not be possible but may be worth exploring for some), i.e. no screens, no homework in the bedroom, preferably just a calm quiet restful area.

Charlie also suggested parents/carers ask their GP for referrals to the sleep clinic if concerned.

### **Anxiety in ASD and the relation to sleep difficulties**

**Dr Ann Ozsivadijan Evelina London Children's Healthcare**

As Charlie had mentioned, sleep difficulties and anxiety go hand in hand (the old chicken and egg example). Ann noted that anxiety in children with ASD is much more prevalent than in the typically developing population 40 – 50% compared to 2 – 10%. Anxiety was often the underlying cause of much challenging behaviour. Anxiety can take many forms however, including:

- Arousal or Avoidance
- Reassurance seeking
- Changes to sleep, stomach problems and / or skin complaints
- Subtle changes in demeanour (e.g. twitching or freezing)
- Controlling behaviour

- Fight or flight
- An increase in obsessive / repetitive behaviours
- Verbal expressions of anxiety (if a child is more verbally able)

However, this was not an exhaustive list, anxiety can also be present in:

- A quiet well-behaved child, not wishing to stand out
- A child masking their symptoms (such as smiling all the time)
- Either (or both of the above) with effortful suppression of symptoms – in a safe environment may be released later and take the form of challenging behaviour, teariness or exhaustion)

With much research evidence to support the link between sleep and anxiety, Ann explained that often the clinicians try to tackle the sleep issues initially then look into understanding why a child may be anxious. When a child cannot express their worries, it is often useful to consider an “ABC” or functional approach:

- A. Antecedent – what happened before?
- B. Behaviour – what behaviour is this having?
- C. Consequence – what has been the result?

Some of Ann’s suggestions to help reduce to try at home anxiety included:

- Deep breathing exercises (Ann also recommended a new app under development called “Rezone” think this could be very useful)
- Balancing protection with resilience
- Modelling non-anxious behavior

Whilst there are several psychological treatments her team might use, Ann noted that the role of school is often key and staff often need to be included in any approach or treatment.