

A Short Investigation on Sleep Problems in Adults with Autism Spectrum Disorders

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ABSTRACT

ASDs are neurodevelopmental disorders marked by persistent difficulties in reciprocal social interaction and communication. Sleep issues are a common symptom of ASD that affect social interaction, daily life, and academic achievement, and have been linked to higher maternal stress and parental sleep disruption. The majority of the abnormalities found in ASD children's Polysomnography studies were related to rapid eye movement (REM) sleep, including decreased quantity, increased undifferentiated sleep, and immature organisation of eye movements into discrete bursts, as well as decreased time in bed, total sleep time, REM sleep latency, and increased proportion of sleep stages. The mainstay of behavioural management is the implementation of non-pharmacotherapeutic strategies such as bedtime rituals and a sleep-wise strategy. Treatment techniques, as well as restricted regulated medication, can assist ASD youngsters improve their quality of life and have a positive impact on their families.

Keywords: ASD, REM, Sleep Problems

INTRODUCTION

"Autism Spectrum Diseases" are a group of neurodevelopmental disorders characterised by a wide range of clinical symptoms relating to social interaction and communication. ASD is defined by chronic difficulties in reciprocal social interaction and communication in a variety of settings, as well as confined, repetitive, and stereotyped behaviours and interests [1]. Co-occurring behavioural difficulties are very common in children with ASD. Sleep disorders are a common occurrence in people with ASD, and they are caused by complex interactions between biological, psychological, social/environmental, and family factors, as well as child raising approaches that aren't conducive to adequate sleep. ASD is a neurodevelopmental disease with various degrees of severity. Sleep difficulties in ASD children have a complicated aetiology, with genetic, environmental, immunological, and neurological variables all thought to play a role in ASD development. There is evidence that there is a link between sleep and melatonin rhythms, with changes in melatonin rhythm synchronisation causing sleep disorders. Sleep issues have also been linked to higher maternal stress and parental sleep disruption in children with ASD. Sleep problems are prevalent in children with ASD, and they can have a severe influence on not just the child's quality of life and daily functioning, but also the family's stress level. This has also been linked to more challenging behaviour in ASD children during the day, as well as a negative impact on their capacity to control emotion [2]. Sleep quality has been linked to common medical

disorders such upper respiratory problems and visual problems. Poor appetite and growth have been linked to increased night-time awakenings and a decreased willingness to fall asleep. Increased aggression, hyperactivity, and social difficulties in children with ASD may be signs of poor mental health outcomes caused by sleep disruption. An early and routine evaluation of sleep in children with ASD could benefit both the children and their parents. Subjective and/or objective metrics can be used to assess sleep. Children with ASD may have a variety of sleep issues, including trouble going asleep, analyses of frequent night awakenings, and/or a lower TST. Sleep problems that are on-going and persistent can have a negative impact on the kid, parents, and other family members. The value of re-enforcing a healthy sleeping routine cannot be overstated. The following are some useful tips: Any underlying medical conditions that may impair sleep, such as tonsillitis, adenoids, gastrointestinal difficulties, and seizures, are assessed. Routines for getting ready for bed, Screening for sleep apnea, restless legs syndrome, and periodic limb movement disorder, among other sleep disorders. Food and/or environmental allergies are frequently seen in people with ASD. Examine the temperature of the room, bedding, and sleep garments as well as any environmental factors that may affect the child's sleep. Certain textures can either relax or agitate your youngster, potentially disrupting their sleep [3]. Consider the volume of noise and the visual stimuli in the room, as well as how they affect the youngster. Most youngsters value bedtime routines because they aid in the development of healthy sleep habits. Make a visual bedtime routine and choose a fair bedtime, as well as

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Received: September 18, 2021; Accepted: October 04, 2021; Published: October 11, 2021

Citation: Das N (2021) A Short Investigation on Sleep Problems in Adults with Autism Spectrum Disorders. Autism Open Access.S4:004. DOI: 10.35248/2165-7890.21.S4.004.

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reminders and consistency for the entire family. A solid bedtime routine will assist a youngster in learning to relax, settle down, and prepare for sleep. Wait a few minutes after the evening routine is completed and the child is in his or her bed or crib, but is agitated and clearly not sleeping, before returning to the child's room to check on him or her. Checks entail returning to the child's room and briefly stroking, rubbing, or, for an older child who responds better to these signals, delivering a "high five," "thumbs up," or embrace. "It's okay, it's bedtime, you're okay," or a similar sentence should suffice, and then leave the room until the next check or until the youngster falls asleep [4]. It's crucial to understand that the child's conduct will most likely deteriorate for a few days or longer before improving.

CONCLUSION

Children with ASD have a high prevalence of sleep disorders, many of which go unnoticed. Sleep difficulties have a negative impact on caregivers' social interactions, academic progress,

and well-being. The mainstay of care is the implementation of nonpharmacotherapeutic strategies such as bedtime rituals and a sleep-wise strategy. These therapeutic measures, in combination with carefully regulated medication, can assist ASD youngsters have a better quality of life while also reducing family and parental distress.

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