



**Episode #210**

**Dr. Roberto Olivardia Talks About  
Kids With ADHD and Sleep Challenges**

May 26, 2020

Debbie: Hello, Roberto, welcome to the podcast.

Roberto: Great being here. Thank you for having me, Debbie.

Debbie: I'm so excited and you have so much expertise that is of interest, I think to my community. So we'll have to bring you back on to talk about many different subjects. But for today, we are going to be talking about sleep. Actually, I've released more than 200 episodes of the show, and I have never covered sleep as its own topic. So I have a lot of questions for you. And I'm really excited to jump in. But can you take a few minutes to just give us a brief introduction about who you are and the work that you do in the world?

Roberto: Sure. I am a clinical psychologist and a lecturer in the Department of Psychiatry at Harvard Medical School in Boston, Massachusetts. I have a private practice where I treat people of all ages, children, adolescents, adults. I specialize in a couple of things. One is ADHD, executive functioning issues. I work with a lot of students with learning disabilities like dyslexia, also specialized in the treatment of obsessive compulsive disorder. I work with boys and men with eating disorders, which is something I co-wrote a book about many years ago. And also from personal experience, I have ADHD. I have a son with ADHD and dyslexia. So I come from this particular topic, you know, from both a personal place as well and do a lot of advocacy work around dyslexia and learning disabilities, and just love to do these kinds of podcasts and webinars and presentations to educate people. Because as I'm sure you know, that ADHD and learning differences, and that whole world is still so misunderstood out there.

Debbie: Yeah, absolutely. And so let's just talk about sleep problems kind of in general, because, you know, I've got a 15 year old and we've had sleep problems since he was a baby like it's just been a part of our life. And so I'd love to even just to start with. Is this common for kids with ADHD and maybe talk about why kids with ADHD might be more prone to having sleep problems?

Roberto: Absolutely. So I would say, I don't know anybody with ADHD, and I know a lot of people with ADHD, that that does not have some issue or problem with sleep. I mean, to the degree that honestly, it really should be, and probably will be at some point, a diagnostic criteria. It is so embedded in the neurological wiring for people with ADHD to have problems with sleep and that those problems can manifest in different ways. So for a lot of people with ADHD and myself included, it can be difficulty falling asleep, sort of just quieting your brain, not almost like not attending to all of the noise in your head and, and just lying in bed. But, you know, as I heard once a quote, which totally resonated with me that said, you know, for people with ADHD sleeping is lying in a boring dark room waiting for nothing to happen. And that's what it feels like you're like, Okay, like what's happening right now and, and when you're somebody who's So, you know, ADHD people, our brains are wired to seek stimulation all the time. Like, that's how we're oriented is what is going to stimulate me and going to bed. You're trying to

actually do the opposite. You're trying to de-stimulate, you're trying to come down from stimulation to allow your body to go into slumber and to the phases of sleep. And that's really, really hard. But it could also be issues with waking up multiple times. It could be even with going to bed and getting ample sleep, difficulty waking up in the morning. And there's a lot of empirical research that documents this in every culture, different socio economic groups that find that kids with ADHD and adults with ADHD are more likely to have sleepwalking, Sleep talking, narcolepsy, sleep apnea, sleep paralysis. All of these issues of which I can tell you from my personal experience, like I am probably the poster child of sleep disorders. I have all of those things. I mean, when I was a kid, as an infant, I had difficulty falling asleep. I was always a night person. My mother said, I remember her telling me years ago that when I was very, I would just be up all night and she said, I wasn't colicky. I wasn't irritable. I was just looking for a party. And, and she has I'm the youngest of three kids. So she had two older kids who she had to be up like during the day for and she called the pediatrician and exhaustion saying Roberto is just he's not sleeping at night. And the doctor said, well have your older kids kind of stimulate him and play with him all day to keep him up, so that he'll just conk out at night. So sure enough, she said she had my brother and sister playing with me all day and I was like All day, and I was up all night like I still didn't go to sleep. But even with that, if anything, she said I was probably more wired. So it is something that parents can retrospectively look back and say, This isn't something that just started when they were 14 like I've always kind of seen this. Many people with ADHD also tend to be night owls. And when I actually had a sleep study, some years ago, it was very validating to me that I have something that a lot of people with ADHD have. It's basically a circadian rhythm disorder called sleep phase delay in your circadian rhythms. So basically, where most people's brains might start quieting down at 10 o'clock at night, I would actually get the surge of energy, and then it would be about two in the morning that my brain would start to like, be tired. And that is what the sleep study showed. And I thought, oh, okay, this is really interesting. So you see a lot of these kinds of issues. Now of course, if we don't get adequate levels of sleep. Because people with ADHD are also more likely in college to get less sleep to be more sleep deprived, which certainly doesn't help anything and especially is going to exacerbate their ADHD symptoms. So it's a big issue and sleep requires a level of executive function. So, you know, one of the reasons that we do see it as a problem, particularly for people with ADHD is, you know, it requires executive planning to say, Okay, I if I plan to be in bed at 10 o'clock at night, that means everything I have to get done, I have to get done before then. Now, we know people with ADHD we procrastinate. We put things off for the last minute. And so a lot of times me being up late at night was a necessity because I wasn't getting the work done. I was supposed to get done putting it off and then I'd be writing papers overnight in college. And so I wasn't getting sleep. So it's like how do you quiet the body down? And how do you quiet the mind down to sort of get into sleep. But I always tell parents, it's it's really important to understand when your kids are sort of fighting you on it, that some of it, you know, might feel behavioral, but it really does have a neurological underpinning to it. You know, it doesn't mean and I tell the kids this, it doesn't mean it's like, oh, I have ADD I can stay up till two in the morning. We have to work at it because sleep is incredibly

necessary for health. But to understand that it does have this biological underpinning to it.

Debbie: You just shared so many. I took a bunch of notes that I'm just like, where do I go from here because you shared so many interesting things. One I just want to start with is that I never connected, executive functioning with sleep issues. And of course, like that makes absolute sense. We know that most differently wired kids have some deficits with their executive functioning skills and so on. You know, and I think of my kid who was up till one in the morning doing the homework that he had four days to do and waited to the last minute and then it just, you know, we've been in this cycle then all week of the sleep deprivation and then that makes total sense. I would love to talk about even just going back maybe talking about ages a little bit. So I think about the listeners who have kids who are like in preschool or early elementary and are really struggling with their kids being able to turn off their brains at night. And then we know we read the literature, right that your six year old is supposed to be getting, you know, 11 hours of sleep a night or whatever that is, and we get advice. I got advice to use melatonin and so I'm wondering, you know, I'd love to hear your thoughts on melatonin and then also, just specifically with that age group, what it looks like because I imagine it changes as they become teens.

Roberto: Yes. So firstly, To keep in mind that, you know, from a behavioral perspective that for an ADHD brain, we need some level of stimulation to almost ground ourselves. And so like when we think about kids who are on the hyperactive side, for example, that that hyperactivity is a result of them not getting the proper internal level of stimulation to ground them. So their bodies now are literally moving to search for that kind of stimulation. So now when we're in bed, the lights are off. There's supposedly no sound happening and we're lying in bed, there's no stimulation now to someone with ADD, that means that your head is easily either your body's going to create that stimulation, so you're going to start moving and so things like restless leg syndrome, about a quarter of people with ADHD have restless leg syndrome, which are these involuntary movements of the legs that almost feel like these jerks in a sense, but it's really the body's way of almost literally trying to get stimulation or we're going to create it mentally. In our head, so sometimes, you know, for me, it could be something I'm excited about. And then I start activating myself thinking about this or it could be something I'm anxious about. And now I'm revved up from anxiety, and it's even harder to fall asleep. So one suggestion from an environmental perspective, is creating some level of stimulation, however, a level of stimulation that is not going to activate them. So for example, having an instrumental song, the same song on repeat at a low volume, so it's something that the kid can hear, but it's not stim. It's not like overstimulating to them but it's almost like white noise where their brain is recognizing stimulation, which means that they don't have this vast space to be thinking about tomorrow's day at school and all these things. It's like, Oh, I'm hearing this piano song, but it's the same song on repeat to the point that it almost gets boring, and then they end up they can easily fall asleep. I keep my bedroom very cold actually so that I like I need weight on me when I'm sleeping. I don't know how people sleep with just a sheet on them. That's so weird to me. Even in the summer I mean I have air conditioning in my

house, but my bedroom is pretty cold so that when I get in bed, I have the weight of a heavy comforter and for a lot of kids with ADHD do actually really well with weighted blankets. I try that and for me, there's no question I slept more deeply. But for me personally, I felt groggy for hours after I woke up. So it's almost like it made me sleep too deeply. But I have patients who use 15 pound weighted blankets and it really helps them fall asleep because it literally is grounding them kind of in the bed. You want to make the bed an inviting place to be and that way with younger kids, I mean, so I have a son, he's 14,, he's in the ninth grade. He has ADHD and dyslexia. And he is his father's son. I mean, there's no question that the genetic, the genetics are pretty, pretty strong. And when he was very young, he had a very hard time sleeping and we bought one of those swings, those, you know, baby swings that you put them in. And we would literally put them in that and we put it on the highest setting. So for some kids that would be very overstimulating, where they'd be like crying, there's no way they'd be able to fall asleep with a swing going back and forth, and back and forth. For him, that is exactly what he needed. And we just, I didn't care how many batteries I needed to use. That's what got him to sleep so that my poor wife could get some sleep. And he would fall asleep. And then I would make, you know, keep them in there for a little bit. And then I take them out, we put them in his crib, he'd fall asleep. And when you have a child with ADHD, you want to keep in mind that, you know, their brain is requiring something different than maybe your other kids who might not have ADHD that we have to be outside the box when I would sing lullabies to myself. Son, I didn't sing the typical soft, you know, easy kind of cadence. I sang like rock songs to him. And very, you know, loud like what again would totally perturb, like my daughter who doesn't have ADHD like I sang to her the classic kind of lullabies, but to my son, the louder I sang, the easier he fell asleep. So it might seem paradoxical. Now with melatonin, you know, I always tell people, of course, always check with your pediatrician, never engage in using anything without talking to your doctor. But studies show it can be very effective and it even in young people, because part of it is and I understand, you know, parents, obviously, we always want to be aware and concerned about what we're giving our children. But I have to stress that the impact of sleep deprivation causes so much harm to our body, to our immune system, to our brain. It exacerbates ADHD anxiety, all of those things that, you know, we always want to make sure that we're weighing it with that Not to mention for the parent or the caregiver themselves, who if their child isn't sleeping, it means they're probably not sleeping and that's not good for their mental health. But melatonin can be very effective because part of it is that the ADHD brain for a lot of kids with ADHD it is and it's been shown, melatonin levels are not naturally being released in the ways that they are for neurotypical people who when the sun goes down, they start to get tired. Again, like I said, it could be this paradoxical effect where they're feeling like a second wind and a burst of energy. And it's almost puzzling, you know, to a parent that doesn't have ADHD like I totally understood that because I, I knew it I intimately lived that experience. So the Melatonin is basically giving the brain something that it almost has like a deficit. And so but again, always check with your pediatrician in terms of dosages because it really varies depending on the person. And just like stimulant medication. stimulant medication is not dose to body weight, which, unfortunately some some doctors who don't understand ADHD as well still do. Because this isn't, it's all about how



it's metabolizing for that particular person and I know, you know, younger children who are on even ADHD medication, who are on higher doses than some adults that I work with, because of just the nature of their symptoms and impulsivity and things like that.

Debbie: So interesting. Yeah, I mean, I'm remembering when my son was younger that we went through maybe two years where my husband would kind of they wrestle together, you know, before bedtime, like that very, that was very physical wrestling kind of helped him calm down, and then for years and years and years, probably until he was maybe 12. At least he would listen to a book on tape, he'd go to sleep to that, but he would do the same book on tape. So, because we know reading for him, I used to say it's like when you read a book because he's an avid reader, I'm like, that's like watching a movie for another person. It puts me to sleep, it makes him wake up more because it comes to life. But I guess listening to the same story over and over, was kind of our equivalent of that dull background noise because it wasn't new every time.

Roberto: Exactly, exactly. So he's, that's a that's those are wonderful suggestions that, you know, a book on tape that he's very familiar with. So he knows he doesn't have to totally pay attention to it because he knows the details, but he's paying enough attention to it. And you know, with reading, it's really all of these things are very individual like so for me personally, you know, reading was not one of my favorite activities. And so if I'm going to read something, it has to be interesting and exciting and, if it is interesting, exciting, then it's going to activate me and make it difficult to just put the book down and go to sleep. So reading for me would never work. But there are lots of people with ADD who are like, you know what, I'm going to read a chapter and then that helps ground me and calm me down. And so a lot of it. And this is not just for sleep, this is for lots of things with ADHD is, you know, I always say to anyone of any age, like you're really going to be your own researcher, and figuring out what's going to work for you. And the benefit, especially when kids are young and you're having these conversations with them, is you're helping them recognize, you know, what is going to work for them and to be mindful of that. And I've always felt that one of sort of the upside of the ADHD experience is that because of all of that, that I had to navigate, you know, when I was younger, and still, you know, it's not like, you know, there's, it's an evolution, but I really know myself really well, like, I know what works and what doesn't because I had to like I had to figure those things out in a way and so I always tell you One advice to talk to your kids about because it can be tough, and it's really frustrating. And especially kids who feel like oh, like Why do I always have to work so hard at this and this and this is to let them know. Yes, it is hard work and there's a lot of trial and error. But the result of this is you're going to know yourself and you're going to understand totally what works for you in a way that really could be advantageous later on. But right now, it is challenging, and it is hard.

Debbie: It's so true. I always say that these kids do have to work so hard and know themselves so well that their emotional intelligence has evolved much more of their self awareness than most neurotypical people because they've never had to really work at it or try absolutely that deep dive. I'm wondering about some of

the strategies like if you, as many parents have done as I did, you know, are googling How do I help my child sleep and you know, take a warm bath, try meditation, you know, lower the lights, you know, an hour before, like, are there? We've tried everything at some point and tried creating new routines, you know, in addition to the things that you've shared, is it really just individual? Or are? Can some of those strategies like doing a guided meditation or doing some deep breathing or taking a warm bath? Can that be helpful?

Roberto: Absolutely. So all of those things you mentioned are things that I advise people to do. So, you know, when we think of the ADHD experiences that, you know, we're externally stimulated and externally focused, and so people with ADHD lack what we call an interoceptive awareness, which is really kind of tuning in inside our bodies, and that includes sleep that includes eating which is something maybe we could talk about at a later podcast because I treat a lot of people with ADHD and problems with eating and overeating and impulsive eating. But that same notion of Am I tired like, you know, people My life, you know, who don't have ADHD when they're like you're tired, like, you know that you're tired. And to me it's like, well, I don't know what that means. I guess for me, I used to define 'I'm tired' by 'there's nothing else for me to do. So I should just go to bed.' But if there's something for me to do, and then when you're in college, especially, there's always something there's always somebody up, you know, no matter what time of day, then I'm not tired. But that's similar to food, which also, you know, healthy eating also requires a lot of executive function. Like if the food is there, and I like it. Well, why wouldn't I eat it, whereas other people would be like, Oh, I'm satisfied. So I'm not going to eat that food even though I like it because I'm, I don't need it. That's really hard for people with ADHD. We almost have to train ourselves to do that. And with sleep part of that is setting up the environment. So you mentioned things like dimming the lights, like I used to not change into my sleeping close until literally a second before going into bed. What I implemented years ago was two to three hours beforehand, I changed into my sleeping clothes so that it's almost like you're looking at your body thinking, Oh, I guess I'm going to sleep soon, you know, even though you still might not be feeling it, but you're getting like the cues, you're dimming the lights, which is telling like I'm somebody I love lots of bright lights. And so I had to be conscious of that and make sure to dim the lights. For some people it means getting off of electronics and that's especially true for kids. I mean, I didn't grow up with the internet and all of that and the kid in me wished I did but the mean now I'm so glad I didn't because I would have totally had a problem with it. That the amount of stimulation video games or the internet can give it can be a lot you know to go from that to then nothing you know, in terms of stimulation, I'm keeping a room super dark for me helps no light and that includes any clocks or anything. Now, sometimes kids have a harder time with that. They'd rather a little nightlight and they almost can focus on the little nightlight and then they end up falling asleep. Light music on repeat, I have kids that wear eye masks to sort of block out, you know, extra light. I have kids that wear earplugs because, any sound you know, because a lot of kids with ADHD find that they might not even be hitting the deep stages of sleep as quickly as we think they are. They might be like light sleepers. So they almost can wake up at anything. But in the morning, it's like Waking the Dead, you know, it's so difficult. But I was a kid where the slightest sound when I

was growing up, I'd be like, What's that, you know, I could just almost like I wasn't even sleeping. But then especially in high school, oh my gosh, I would sleep through alarms that my brother and I who should we shared a room together he'd be like, how are you not hearing that that's literally ringing in your ear drum and I'd be on out and because at that point I'm now in that stage for deep sleep but it would take me hours probably to get there. As a parent for my son I would sing to him and if sometimes it would be like 45 minutes of me singing to him but that's what got him to sleep. It could be other sort of sensory type things so you know, a certain kind of blanket, a wedge pillow I sleep with a wedge pillow. There's something about sleeping fully horizontally. That's uncomfortable for me. I don't I can't tell you why but since I sleep with a wedge pillow I sleep so much better like sleeping almost on like an angle or an incline. So it's trying these things that might seem very odd in some way. Now you mention like, you know your son and your husband wrestling. Absolutely. Now, I work out in the nighttime so tonight for example, I'll be you know, at the gym at nine o'clock at night. Now for a lot of people that would totally activate them. I will have a better time sleeping tonight, having had that workout, I'll work out, I'll come home, take a shower, and I'm more likely to get to bed at a normal time than if I didn't. So it's almost like because these are not conventional brains, so to speak, some of the conventional methods might also, you know, be different, you know, in that way.

Debbie: Super interesting. So let's go back to Waking the Dead because, you know, we read all the articles about teenagers' sleep patterns changing, like they tend to become night owls. And that's why there's so much conversation about changing school start times for high school students and things like that. Is that just the same for kids with ADHD? Or does it look different that those rhythm changes that happened for adolescence?

Roberto: I would say it's the same, but it's a level... it's almost exacerbated all of that. So with ADHD, it's all of the stuff that you would typically see happen with an adolescent brain, but an additional challenge. You know with it, because these are even like the typical adolescent you'll find might have issues with like the night owl issues with sleep. But if you're someone who's been pre-existing, it's been literally since the day you were born, that you had issues with sleep, it's going to be that much more. Sleep and eating. These two topics are probably the most prevalent topics that parents will bring up to me about their ADHD kids. They're like, you know, it's so difficult getting them ready in the morning and, and I'm pulling my hair out and I don't understand, you know, how are they? Now first of all, I'm a huge supporter of the late start time. My son fortunately is in one of those high schools where they have a late start time. I cannot imagine being at school at 7:15 or 7:30. In the morning, when I was in high school, 8:30 was when we started and 8:45 was actually the first class so 8:30 was homeroom and that was still difficult for me. I mean, I honestly don't even remember first period of all four years of my high school. I mean, that's how out of it I was, I don't even think I woke up until 10 o'clock really like cognitively. And so there is something biological about that. And so, now studies show what can help with that is if kids can have some, you know, and it's hard in the morning, but even like 10 minutes of jumping jacks, you know, running around any kind of physical



activity that there have been research studies that have shown that kids who engage in kind of high intensity physical activity in the morning that that can really jumpstart their frontal lobe and that's where all of our executive functions are housed, having a high protein breakfast, and you know, in America we associate cereal as a typical breakfast. Honestly, most cereal is filled with sugar and really doesn't have any substantive nutrients to it. Eggs even leftovers from dinner the night before, chicken, you know, whatever you have that will be a much more substantive meal from a nutritional perspective to give these kids an extra boost of sort of starting their day, you know, anything like that can be really helpful. And we know with even waking them up, especially like kids who you have in high school, have an alarm that's not at arm's length that they have to get up for, you might set multiple alarms, you really, especially in high school really want to work at having them begin to sort of wake themselves up. And but at the same time, you know, understanding that they are, they're going to need your help, and they're going to need your support in in doing that, but it's almost this collaborative effort of you don't want all the responsibility to be you waking your kid up, because then when that kid goes to college, they have not learned how to actually do that, like these things don't just get internalized. They really have to sort of practice that.

**Debbie:** Let me ask you a question about making up sleep. So I have read that having a regular sleep schedule, going to bed at around the same time waking up around the same time every day is important just for emotional mental well being as opposed to I know a lot of our kids on a weekend will sleep until noon or something, the older kids to make up for sleep. What are your thoughts on that?

**Roberto:** So this is the depressing fact. And I was not happy when I learned about this. When you lose sleep, it's gone like you do not actually make up for sleep. What happens is that we're so exhausted if we haven't slept well, that our body will just want more of it. But it doesn't undo the effects of that sleep deprivation. And so from a scientific perspective, we're not making up on sleep. And that's why it is important to try to wake up and go to bed and you know, understandably on the weekends, you know no kid especially is going to want to wake up at seven o'clock. But they say at least within a two hour range, once you get beyond a two hour range, so if you're typically waking up at seven, and that kid now is waking up at noon, that's really upsetting their circadian rhythms. And that's, again, even more so for kids with ADHD. So kids with ADHD, and adults for that matter, we need more of that structure and routine. And part of having ADHD is we almost rebel against wanting to be around structure and routine, but at the same time, we need it a lot. But yeah, we don't make up for that. And what's sad, I mean, there are a lot of studies that show just even you know, sleep deficits of one to two hours can have noticeable executive impact. The next day, I mean, there are studies of showing like, you know, sleep deprivation to be equivalent to people who are moderately drinking alcohol in terms of you know, driving processing and things like that and knowing that kids with ADHD or I should say anyone with ADHD as a whole have higher rates of you know, car accidents and things like that distracted driving that now when you put sleep deprivation on that it doesn't doesn't bode well. And so it is it is super important and you know I share with people like I am a fairly healthy person and and but one of the things that I

do regret is how I viewed sleep I was somebody and a lot of people with ADHD share this that I sort of looked at sleep as an inconvenience I looked at it is this thing that got in the way of me doing other things or socializing with friends and having fun, and I had I pushed my body in ways that I really shouldn't have and as a result, you know, I your body does very wacky things and your mind does very wacky things like I I got shingles when I was in you know, my early 30s and shingles, you know, for young people out there who might not know what it is, I mean, that's something that like people typically in their 80s get, you know, like, it's not normal to get shingles when you're 30. But when you run your body down like that, it has such a noticeable impact on your immune system, but also, just mentally in terms of our mood, our ability to regulate our mood, it affects our appetite that there's a high correlation between sleep deprivation and obesity, because there are hormones that are happening in the body that actually program it to conserve body fat and implement our metabolism when we're sleep deprived. So there's so many implications of it that I think a lot of, especially young people, don't really appreciate. And I was one of those young people that didn't really appreciate it's only when I got older and it started to hit me in a different way that I thought, I guess I should really work at this. So I think it should be a conversation just you know, even when your kid is young and you know in language that they understand to start to sort of prep how important sleep is not just because it's one of those like, oh, sleep is important because it is it's, you know, oh, like sharing with them that, you know, when you sleep, it actually, your brain is doing a lot of activity in terms of making you stronger and making you think better the next day like we think of sleep as a passive process. There's a lot of activity happening when we're sleeping.

Debbie: So how about for listeners whose kids are on ADHD medication? I don't have personal experience with this. But I have heard that that can also sometimes affect or maybe you tell me like, Is there a correlation between ADHD meds and trouble going to sleep or what is the relationship there?

Roberto: Yes, so the class of medications for ADHD are the stimulant medications, things like Concerta and brittle methylphenidate, the Adderall, amphetamine salts. And it's interesting that so yes, there are Some people who if they take a dose of their medication later in the day, it will affect and impact their sleep and keep them up for a long period of time. However, I actually have many patients who will take a dose of their medication, sometimes within a four hour window before they go to sleep. And it actually helps them go to sleep because it's properly focusing them on going to sleep, meaning they're not going to be distracted by all those other thoughts that might be circulating in their head. They're better able to feel grounded and in their body in that way. So again, it's so it's trial and error that each individual with ADHD presents differently, you know that there's this commonality that we all have and share and when you're talking to someone with ADHD, there are going to be those moments. It's like, oh, man, that's exactly like me. Oh, I totally understand. And then there are going to be things that are wildly different, you know? I have an older brother, he has ADHD. ADHD manifests in very different ways; he's more of the inattentive type. I'm definitely more of the hyperactive type. And so as a result that presents, you know, there are commonalities and then there are differences. And so, I would say with

parents, you know, whose children are taking medication. And this could be frustrating, but it's worth going through this process of almost preparing for a little trial and error. And that might mean sometimes trying four different medications because again, somebody could have taken one medication and it keeps them up all night and they could take another one in the same family like they could take another medication in the same methylphenidate family, let's say and it does something different. And that's what's interesting is that it's not as sort of predictable in some ways as some other classes of medications like the SSRIs which are antidepressants because you know, the stimulant is working in context. That particular person. So to give you another example, like if somebody has ADHD and anxiety, so 30% of people with ADHD have anxiety, sometimes stimulant medication makes their anxiety worse because they're focusing more on the thing that's making them anxious. And a lot of people the stimulant helps their anxiety because they're better able to properly focus on what they want to be focusing on and moving away from the anxiety. But there's no prediction as to which people will be in what group so they're people I work with with ADHD in obsessive compulsive disorder, who cannot be on a stimulant and then there are some that the stimulant is a very important part of actually helping, even though the stimulant is not a treatment per se for their OCD. But if their executive function and their lives are in place, and there isn't a lot of chaos, their OCD doesn't get triggered. And so the same as with sleep is you have to sort of try it out but. Don't throw out the idea of all medications because one of them doesn't work it really, there's so there's they're so nuanced these medications, even though they're in similar families, that it could be worth it.

Debbie: Great. Thank you for that. Super helpful. So let me just ask one more question. And that is for parents who are listening who are in this predicament and their child is really struggling with sleep, and they don't know where to start. Do you have strategies or maybe some favorite resources? Or what should their first step be to try to get things back on track or help their child?

Roberto: Yeah, I would say really just, you know, trying to get an assessment of what the issue is, you know, are they having an issue with almost properly grounding themselves to like go to sleep? Are they worried, you know that they're going to wake up in the middle of the night or maybe they will wake up in the middle of the night, and they're worried about how to then soothe themselves back to sleep, trying to get a sense Have that and also working with your child around bedtime hours. Now, this is something also, I would say more for high school students that sometimes, and I would agree with this that, you know, with a high school student, sometimes there's this window, if they go to bed too early, then they're not almost tired enough. And then they're thinking, thinking, thinking and then they're up all night. So sometimes it's actually helpful for them to go to bed like maybe a half hour, 45 minutes, maybe even sometimes an hour later, but then they're much more tired and able to fall asleep and then they get a more solid level of sleep. So it's almost keeping I would keep a log basically of like, how many hours are they sleeping, what's helping them fall asleep, what's getting you know, in the way, certainly talking with their pediatrician or a therapist that has experience with ADHD to try to, you know, understand and really work collaboratively with with the child because a lot of times, especially when

children are young, they If they have trouble falling asleep, they might just come into your room and want to sleep with you. And initially, that's gonna be fine and there are some nights. But what I've seen a lot is that that can become then a habit where the kid is not learning their own way of soothing themselves because part of it is what we're trying to do is help them remain in bed, even though their brain might be kind of bored and so in their brain is now going to look for something to stimulate, and they have a hard time soothing from that what are tools that we can give them and helping kids have like a toolkit, maybe they have a teddy bear that they sleep with, maybe there's something sensory that they can touch a certain blanket that helps them adjusting the temperature in their room and, and saying, Okay, let's work together to figure out how we can help you sleep. Also, keep in mind and be watchful. If you have a child that snores like loud, you know, like to the point where you can hear them in the next wall. Please talk to your pediatrician about a sleep study. I have very severe sleep apnea. And I was a snorer my whole life. And I was a short, skinny kid, you know, when I was very young and my brother would be horrified by the noise that came out of me. And it wasn't until I had a patient who had sleep apnea and ADD that I researched sleep apnea. And I thought, Hmm, I can relate to a lot of these symptoms. How to sleep study, and basically you need 20 of what they call an event 20 events and an hour to be diagnosed where you're either not breathing or your oxygen levels are super low and I had 98 events and an hour. And it turned out I had a deviated septum in my nose, which was only allowing for 30% oxygen to go through my nostrils and my throat, basically is anatomically in such a way where my tonsils are enlarged and it's so crowded that I was getting almost nothing through my throat. So the doctor said it was literally like me breathing through a straw under the ocean, like trying to get oxygen. So and it's in it could be very harmful for your health, luckily, I caught it early where you know, my heart's fine and everything but with kids, sometimes they do a tonsillectomy. And that could help. Sometimes it's a septoplasty, where they remove the clear out that deviated septum. Sometimes it could be related to weight. You know, sometimes it's anatomical, sometimes it's weight related. But definitely just be aware of that, because that's something that even though your kid might look like they're sleeping, if they're snoring that loudly, they may never be entering those deep levels of sleep, which then can explain why they have a hard time waking up and it can absolutely exacerbate their ADHD symptoms. And in some cases, I've worked, I've done consultations where kids did not have ADHD, they actually had severe sleep apnea. And then in a lot of the cases they had, it's both I think, again, you'll see a higher rate of sleep apnea and the sleep disorders and kids with ADHD.

Debbie: Wow, so helpful. This just you've shared so many great Words of wisdom and insights and just information. So thank you so much for all of that. And is there a place for listeners to connect with you? Or are you on social media or what's where do you suggest people go?

Roberto: So I'm sort of in the dark ages where I don't have any social media. And I don't even have a website, but I do welcome. I have good old fashioned email. My email addresses Roberto, , underscore Olivardia, at h M. s as inheriting Mary

sally.harvard.edu. And honestly, any parents out there. I welcome you know, any questions and I will definitely get back to everybody.

Debbie: Thank you so much listeners. I'll have Roberta's email on the show notes page. If you want to check that out. And Wow, okay. And yeah, I actually just did an episode recently about body positivity and differently wired kids, but I'll definitely want to circle back to to talk more about your work regarding food and toys and kids. So thank you for that. And thank you again, just for everything you shared today. I really appreciate all the time you took with us.

Roberto: Absolutely. It's my pleasure.



## RESOURCES MENTIONED:

- Dr Olivardia's email: [roberto\\_olivardia@hms.harvard.edu](mailto:roberto_olivardia@hms.harvard.edu)
- [Children and Adults with Attention-Deficit/Hyperactivity Disorder \(CHADD\)](#)
- [Attention Deficit Disorder Association](#)
- [Understood](#)
- [Additude Magazine](#)