

## **A Comment on Honomichl R. D. *et al.* (2002). Sleep patterns of children with pervasive developmental disorders. *Journal of Autism and Developmental Disorders*, 32(6), 553–561**

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The article by Honomichl *et al.* (2002) contributes to the literature on sleep in pervasive developmental disorders (PDDs) by considering the short-term stability of sleep patterns in these children and by directly comparing children with autism or other PDDs with and without parent-defined sleep problems. Thus, the paper may add to existing knowledge. However, this writer has some concerns that are outlined in the following comments. The reader is directed to the reviews by Richdale (1999), Richdale (2001), and Stores and Wiggs (1998) for further references related to the comments that follow.

The results of Honomichl *et al.* generally supported previous, published findings regarding sleep problems in children with autism and indeed sleep problems in children with an intellectual disability (Wiggs & Stores, 1996; Quine, 2001; Richdale *et al.*, 2000), and are therefore not as novel as the authors suggest (for a review of sleep in intellectual disability, see also Didden & Sigafos [2001]). Additionally, there was no control group, their return rate was very small, and their sample included children with autism, Asperger syndrome, PDD-NOS, Rett syndrome, childhood disintegrative disorder, and Angleman syndrome. The authors claim that it is of particular interest that the sleep of children in their study differed from that reported for typically developing children. What is more pertinent is that their results are largely consistent with previous prevalence rates, age-related findings, parent reports regarding the characteristics and severity of sleep problems, and reports of associations

with parent stress and child behavior problems for children with autism or other developmental disabilities. Thus, it is surprising the authors largely ignored the existing literature on sleep in autism and other developmental disabilities in their discussion.

It was stated that the association between sleep and behavior “remains unanswered” (p. 554). However, several authors have considered the relationship between sleep and behavior in autism both directly and from theoretical considerations. These associations include challenging behaviors, more severe levels of psychopathology, more excited and energetic daytime behavior, and abnormalities in social interaction and communication. Quite clearly, sleep and problematic behaviors found in autism are associated; it is the direction and importance of this association that remains unanswered.

Parents’ perceived severity of the sleep problem have been associated with night waking frequency and early morning waking, and ratings of the severity of past and present sleep problems are also associated (Richdale & Prior, 1995). Sleep onset and maintenance problems, including delayed sleep onset, longer sleep latencies, and shortened night sleep have been reported by many authors, and studies have included comparison with control groups matched on age, gender, and intellectual functioning (e.g., Patzold *et al.*, 1998; Richdale & Prior, 1995). Older children in the study by Honomichl *et al.* were more likely to have a parent-reported sleep problem, but this may be an artefact of the age division chosen for analysis (age 5 years), the age range (2–11 years), and the inclusion of a large number of children with diagnoses other than autism (35%). The age of children studied previously has varied considerably. For example, Richdale and Prior compared children 8 and older with those under 8, and

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Patzold *et al.* divided their group at age 7 years: Richdale and Prior included adolescents, and both studies had few children under 4 years. Schreck and Mulick (2000) studied children age 5 to 12 years.

The association of stress and sleep problems also supports existing literature. High levels of parent stress are associated with sleep problems in children with developmental disabilities (Wiggs & Stores, 1998), and both hassle frequency and hassles intensity are associated with sleep problems in children with a developmental disability, including children with autism (Richdale *et al.*, 2000).

Homonichl *et al.* conclude by considering reasons for the increase in sleep problems in children with autism spectrum disorders, in particular the possible role of circadian timing, entrainment of biological rhythms, and the cortisol and melatonin rhythms. This writer could not agree more as she and others have consistently put forward this view in previous publications (Patzold *et al.*, 1998; Richdale, 1999; Richdale, 2001; Richdale & Prior, 1992; Richdale & Prior, 1995; Stores & Wiggs, 1998).

Thus, it was disappointing that the report of Homonichl *et al.* did not adequately address or refer to the existing literature on sleep in autism and other developmental disabilities. Had it done so, their findings would have been placed in a more appropriate perspective.

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