UNDERSTANDING YOUR DIAGNOSIS

Delayed Sleep Phase

Also called Circadian Rhythm Sleep-Wake Disorder, Delayed Sleep Phase Type

Your body clock runs hours later than the world around you. You are not lazy, and the timing can be shifted.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
Up to 1 in 6 teens	Around puberty	Yes - light and timing	Most people outgrow it

What this is

- Your internal clock is set late. Sleep will not come until the early hours, and mornings feel almost impossible.
- The sleep itself is fine. Given a free schedule, you sleep a normal length and wake up rested, just at the wrong hours.
- This is not laziness, poor discipline, or a bad attitude, and it is not the same thing as insomnia. It is timing.
- A **sleep diary** kept for one to two weeks, sometimes with a wrist tracker, is usually all that is needed to confirm it.

What it can look and feel like

- You lie awake until **2 to 6 a.m.** no matter how early you got into bed or how tired you tell yourself you are.
- Alarms barely reach you. Getting up for school or work feels like being dragged out of the deep end of a pool.
- You are foggy and miserable all morning, then come alive in the late afternoon and evening.
- On weekends and holidays, when nobody sets your hours, you sleep well and wake up genuinely refreshed.
- You are late a lot, you miss first period or early meetings, and people have called you lazy or unmotivated for it.
- Your mood is low and your patience is short on weekdays, which comes from chopping hours off every single night.
- Sleeping in on Saturday feels like catching up, but Sunday night is worse than ever.

What is happening in your brain and body

- A small cluster of cells deep in your brain runs your body clock, and it resets each day using light hitting your eyes.
- Special cells in your eyes react most to blue-white light. Morning light pulls the clock earlier; evening light pushes it later.
- In this condition the clock naturally runs a bit long, or it responds too strongly to evening light and too weakly to morning light.
- **Melatonin**, the hormone that signals night, is released late in your body. That is why sleepiness arrives so late.
- At puberty the clock shifts one to two hours later for almost everyone. That is why this so often starts in the teen years.

What can make it more likely

- It runs in families. Certain body-clock genes make some people run late from childhood on, and one of these is well described.
- Puberty shifts the clock later for everyone, so a late-running clock plus a **7 a.m.** school bell is a collision.
- Bright screens, gaming, and late socializing in the evening deliver exactly the kind of light that pushes the clock later.
- Sleeping in on weekends re-delays the clock every week, so the progress you made on weekdays gets erased.

What to expect

- This responds well to treatment, but the schedule has to be held. The clock drifts back late whenever you stop.
- Expect to move your sleep time earlier slowly, by **15 to 30 minutes** every few days rather than in one big jump.
- Low mood and poor focus often clear up on their own once the timing is fixed, since they came from lost sleep.
- Many people shift a little earlier naturally in their twenties. Until then, treatment and accommodations carry you.

What helps

Treatment works. Most people get better.

Talking therapies

- **CBT-I**, the talk therapy for insomnia, is adapted for body-clock problems and works over about **4 to 8 sessions**.
- A therapist helps you plan a gradual shift and keeps you honest about the weekend sleep-in that undoes it.
- The hard part is honest: treatment costs you your favorite hours. Talking that through openly is what makes it stick.
- For teens, bring in family and school. A later first period and an agreed screen curfew do more than nagging ever will.
- If you have picked up bedtime anxiety along the way, cognitive work on those thoughts clears out what is left.

Medicines

- **Melatonin** is the main medicine, and the timing matters far more than the amount. A small dose is what is used.
- It is taken **4 to 6 hours** before you currently fall asleep, not at bedtime. Taken late it just makes you groggy.
- Melatonin is sold as a supplement in the US, and the amount in the bottle varies. Look for a USP-verified product.
- **Ramelteon**, a prescription medicine that acts on the same signal, is another option your prescriber may raise.
- Sleeping pills and stimulants do not move the clock. They hide the problem and bring their own troubles.

Everyday things that help

- **Bright light** right when you wake, for 30 to 60 minutes, is the strongest tool you have. Going outside works and costs nothing.
- Dim the evening. Warm low lamps after about 8 p.m., night mode on every screen, and less light in the last hour.
- Hold one wake time all seven days. Sleeping in more than about an hour on the weekend re-delays the clock.
- Move your body and eat your meals earlier in the day. These are weaker clock signals but they pull in the right direction.
- Keep caffeine to the morning. Late caffeine both delays your clock and keeps you awake once you finally lie down.

Get help right away if

- Falling asleep at the wheel on a morning drive is an emergency. Stop driving and call your clinician.
- If sleepiness stays bad even on your own free schedule, ask to be checked for other sleep disorders.
- If your mood is low and you think about ending your life, call or text **988** or go to the nearest ER.

Questions to ask your care team

- *When exactly should I take melatonin, and how much should I take?*
- *How do I get a light box, or will morning sunlight be enough?*
- *Can you write a note for later school or work start times?*
- *How do I keep the new schedule from slipping back on weekends?*

Where this information comes from

American Academy of Sleep Medicine. (n.d.). *Delayed sleep-wake phase*. Sleep Education. https://sleepeducation.org/sleep-disorders/delayed-sleep-wake-phase/

American Psychiatric Association. (n.d.). *What are sleep disorders?* https://www.psychiatry.org/patients-families/sleep-disorders

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Auger, R. R., Burgess, H. J., Emens, J. S., Deriy, L. V., Thomas, S. M., & Sharkey, K. M. (2015). Clinical practice guideline for the treatment of intrinsic circadian rhythm sleep-wake disorders. *Journal of Clinical Sleep Medicine, 11*(10), 1199-1236. https://doi.org/10.5664/jcsm.5100

MedlinePlus. (2024). *Sleep disorders*. National Library of Medicine. https://medlineplus.gov/sleepdisorders.html

National Heart, Lung, and Blood Institute. (n.d.). *Circadian rhythm disorders*. National Institutes of Health. https://www.nhlbi.nih.gov/health/circadian-rhythm-disorders

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.