Sleep Problems and Parkinson's

Sleep problems are a common challenge for people with Parkinson's (and their carers). If you find that you are experiencing poor sleep, talk with your doctor about it because untreated sleep problems make coping with Parkinson’s all the more difficult and most sleep problems can be treated effectively. Why suffer?

Sleep complaints can be grouped into three broad categories: sleep onset insomnia, sleep maintenance problems, and daytime sleepiness. These complaints are not mutually exclusive; i.e., many patients suffer from two or more of these upsets.

**SLEEP ONSET INSOMNIA**
In some instances, sleep onset problems can be related to anxiety or to agitated depression, which if identified, can be the focus of treatment. Additional contributors to sleep onset insomnia may include restless legs syndrome and akathisia (i.e., inner restlessness) and dyskinesias. Talk to your doctor if you are experiencing these problems as they may be able to adjust your medication.

**SLEEP MAINTENANCE INSOMNIA**
Sleep maintenance insomnia – sleep fragmentation – is the most common nocturnal complaint in people with Parkinson’s. Sleep fragmentation is a continuum ranging from unexplained awakenings to awakenings associated with quite specific night-time motor disturbances or the frequent need to use the bathroom. As their condition progresses, patients may experience “off” periods during the night. Immobility with subsequent inability to rise to use the bathroom is a common complaint.

**EXCESSIVE DAYTIME SLEEPINESS**
Excessive daytime sleepiness is a common complaint of both early and mid-stage Parkinson’s patients and may be related to insomnia. Poor sleep at night may contribute to sleepiness during the day. Parkinson’s medications can also contribute to excessive sleepiness.

**TREATMENT:**
The key to effective treatment is appropriate diagnosis. When a person with Parkinson’s or a family member/carer begins to notice sleep disruption, proper evaluation is very important. A careful interview of the person and his or her bed partner provides direction for further evaluation by a sleep specialist if the doctor or neurologist considers it necessary. (A sleep specialist conducts the quantitative studies necessary to evaluate for rapid eye movement (REM) sleep behavior disorder, sleep apnea, periodic limb movements, and some other sleep disorders. While some sleep specialists will accept walk-in clients, most prefer clients referred to them by a doctor as the initial consultation will have eliminated a number of possibilities as the root cause of the sleep disorder and the client will be well informed about the procedures involved in further examinations.)

It is important that the family member/carer attends the initial interview with a GP as they may have an insight into the problem the patient lacks.

Your physician or neurologist will consider the impact that your medication may be having on your sleeping habits.

While sleeping pills may break the cycle of insomnia; behavioural therapies are essential to alter the conditions that perpetuate it. Treatment should address possible underlying factors such as depression, anxiety, or pain.

Cognitive behavioural therapy (CBT) teaches people how to recognise and change patterns of thought and behaviour to solve their problems and has proven very effective in conquering insomnia. CBT attempts to change a patient’s dysfunctional beliefs and attitudes about sleep.

What works in many cases is to have a patient exercise more control over his or her sleep. If you feel the need to have an afternoon sleep, take it sooner rather than later, so as not to interfere with night time sleep.

Standardising sleep helps a person adjust his or her homeostatic mechanism that balances sleep. If a person loses sleep, the homeostatic mechanism kicks in and will work to increase the likelihood of sleeping longer and deeper to promote sleep recovery. This helps a person come back to their baseline and works for the majority.

**THE SLEEP ENVIRONMENT**
A patient can also establish more control over his or her sleeping environment. This could include prohibiting non-sleep activities in the bedroom, such as watching television, and reducing night time exposure to pets and/or their nocturnal movements.

Sleep will come sooner, in a bed that has warm, easily movable top covers. Some people enjoy adding an electric blanket to the top covers, which they limit to the sheet, a single blanket and a thinner, summer-weight spread.

Use satin sheets and pyjamas to help with getting in and out of bed and turning over.

A soft night light, placed just outside the door of the bedroom, can illuminate the way to the nearest bathroom, while not being invasive. Besides making a midnight trip to the toilet safer, using soft night lights may have another, more subtle, benefit. Studies suggest the natural hormone melatonin promotes sleep efficiency and decreases night-time activity, and it seems for many people more melatonin equals better sleep. Levels of brain melatonin are related to light levels: melatonin levels increase in the dark and fall rapidly in bright light. Switching on a bright bedside lamp or room lights will reduce the levels of the sleep regulator significantly, making getting back to sleep more difficult.
PREPARING FOR BED

Talk to your doctor about the best time to take sedating medications, so that you don’t get an increase in symptoms as you are trying to sleep. Be aware that sleep aids available without a prescription usually contain diphenhydramine, an anti-histamine, which blocks absorption of dopamine.

Minimise beverages before bedtime to help avoid the need for frequent night-time urination.

NATURAL REMEDIES

Valerian, used in ancient Ayurvedic medicine and by the Chinese, has been prescribed since ancient times for its calming and sleep-inducing properties. Once referred to as “the valium of the 19th century”, valerian was later used to treat shellshock victims in the First World War, and a number of studies have suggested that valerian may indeed promote sleep.

Other natural remedies promoted as effective sleep remedies include camomile tea, lavender oil, hops, ginseng, and lemon balm.

The synthetic version of the natural hormone melatonin, which influences sleep cycles, is available as a dietary supplement. Traditionally, it has been used by those whose circadian rhythms were thrown off due to travel or shift work, a use for which it has been proven effective. However, melatonin can also be used to treat secondary insomnia, or sleep problems that are symptoms of another disorder.

Acupuncture is often used in traditional Chinese medicine for the treatment of insomnia and other sleep disorders. This involves inserting very fine needles (sometimes in combination with a small electrical stimulus or with heat produced by burning specific herbs) into the skin at specific points in order to influence the functioning of the body.

OTHER SUGGESTIONS

Increased muscle tension and intrusive thoughts interfere with sleep. Therefore, it is not surprising that techniques aimed at relaxing muscles and quieting the mind (meditation or bedside prayer) have been effective treatments for insomnia. Several studies show that regular meditation, either alone or as a part of a yoga session, results in higher blood levels of the sleep regulator melatonin.

Studies also show that exercise can improve sleep. Even low-to-moderate intensity tai chi can improve the quality of sleep. However, although consistent exercise has been shown to improve sleep quality, most experts advise completing exercise at least three to four hours before bedtime to avoid interference with sleep.

In recent years, there has been a huge growth in the availability of pre-recorded music for relaxation. Hundreds of CDs are available, offering recordings ranging from the peaceful—soft harps and the gentle patter of rainfall—through to the purely monotonous—the never-ending rumble of a spindryer.

Keeping an oft-read book next to your bed to help you drift back to sleep after a mid-night awakening is preferable to switching on the television which can be too stimulating.

Sleep is critical for wellbeing. Insomnia of one sort or another is surprisingly common in the general population, within the Parkinson’s community it appears to be very widespread indeed. While this may be a result of the condition, there is no reason at all to suffer unnecessarily as often the problem can be addressed directly and effectively. Talk to your doctor.

RESTLESS LEGS SYNDROME & PERIODIC LIMB MOVEMENT DISORDER

Restless Legs Syndrome (RLS) frequently affects Parkinson’s patients. RLS has been called the most common movement disorder you’ve never heard of; its most common symptoms are a restlessness of the legs and an uncontrollable urge to move them. This is usually accompanied by strange sensations, which a lot of people describe as being like having bugs crawling under the skin. Others describe the symptoms as a creeping, a pulling, a tugging and a gnawing at the legs. Periodic Limb Movement Disorder (PLMD) involves an irresistible urge to move around during the night in order to get comfortable and is also quite common in people with Parkinson’s. Both disorders contribute to insomnia. Your doctor may be able to adjust your medication to help with this.

REM SLEEP BEHAVIOUR DISORDER

REM Sleep Behaviour Disorder involves the acting out of violent dreams. REM sleep, or rapid eye movement sleep, is the form of deep sleep where the most intense dreaming occurs. Usually, as a person dreams during REM sleep, nerve impulses going to their muscles are blocked so they can’t act out their dreams. In REM behaviour disorders, that blocking of the muscle impulses no longer occurs. While estimates vary, about 50% of Parkinson’s patients have partial or complete loss of muscle paralysis (ataonia) during REM sleep. This loss of the normal motor inhibition may lead to physical enactment of REM dreams, many of which appear to be violent. A patient may attack their partner while asleep, thinking they are an intruder. This acting out is dangerous both for the patient and their sleep partner. The danger associated with “acting out” may necessitate separate beds or even separate and secure bedrooms. You should consult your doctor as there are medications that may help this.