Parkinson's and Sleeping Problems

Many people with Parkinson's have trouble getting to sleep and staying asleep. However there are a few tips you can follow to help yourself or the person with Parkinson's you care for sleep more soundly. Sleep problems fall into three main categories: sleep onset insomnia, sleep maintenance problems, and daytime sleepiness. Many people are affected by more than one of these problems.

SLEEP ONSET INSOMNIA

Sometimes sleep onset problems may be related to anxiety or depression, whether diagnosed or undiagnosed. If you can determine this is the case, your treatment can focus on dealing with these issues. Other contributing factors to sleep onset insomnia may include restless legs syndrome, akathisia (i.e., inner restlessness) and dyskinesias. These problems can keep you from sleeping and lead to daytime sleepiness. Talk to your doctor if you are experiencing these problems as they may be able to adjust your medication.

SLEEP MAINTENANCE INSOMNIA

Sleep fragmentation is the most common nocturnal complaint in people with Parkinson's. It ranges from unexplained awakenings to awakenings associated with quite specific night-time motor disturbances or the frequent need to use the bathroom. Problems moving and then not being able to get up to go to the toilet are a common complaint.

EXCESSIVE DAYTIME SLEEPINESS

Excessive daytime sleepiness is a common complaint of both people with early and mid-stage Parkinson's. Poor sleep at night may contribute to sleepiness during the day. Parkinson's medications can also contribute to excessive sleepiness and can be adjusted or substituted.

TREATMENT

Most important is consulting the right health professionals so that the causes of poor sleep can be explored and a management plan discussed and agreed upon. Remember that sleep problems may not always be related to Parkinson's, especially in older patients.

It's important that when a person with Parkinson's or a family member begin to notice a sleep problem, the issue is evaluated. It's helpful if your partner or other family member attends the initial interview with a GP as they may have an insight into the problem that you don't, because you're too busy trying to sleep!

If you feel anxious or down, mentally sluggish, negative about yourself or display any of the other classic symptoms of depression, tell your GP. They may be able to refer you to a clinical psychologist for assessment and a treatment plan. Alternatively they may recommend a course of anti-depressants for you to try for suitability. If the first

antidepressants they prescribe do not help do not hesitate to ask for something different.

While sleeping pills may break the cycle of insomnia, psychotherapy treatments such as Cognitive Behavioural Therapy (CBT) teach people how to recognise and change patterns of thought and behaviour to solve their problems and has proven very effective in conquering insomnia. What works in many cases is to exercise more control over your 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 make help you adjust your homeostatic mechanism that balances sleep.

Other standard approaches to managing depression well include ensuring a good, balanced diet; regular exercise that has you breaking into a sweat, enough quality sleep and maintaining your social life.

WHERE YOU SLEEP

You can re-think your sleeping environment. This could include eliminating activities apart from sleeping in the bedroom, such as watching television; and reducing night time exposure to pets.
Sleep will come sooner, in a bed that has warm, easily movable top covers. Use satin sheets and pyjamas to help with getting in and out of bed and turning over. A soft night light can illuminate the way to the nearest bathroom, while not being invasive. 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. Melatonin levels increase in the dark and fall rapidly in bright light. Switching on a bright bedside lamp or room light will reduce the levels of the sleep regulator significantly, making getting back to sleep more difficult.

If you're 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.

PREPARING FOR BED

If you take sedatives of any type, make sure you talk to your doctor about the best time to take them, so that you don't get an increase in symptoms just as you are trying to get to sleep. You need to know that sleep aides available without a prescription typically contain diphenhydramine, an antihistamine, which blocks the absorption of dopamine. Therefore it's not unlikely that when you take a sleeping pill your Parkinson's symptoms will flare up.

It's advised you minimise beverages before bedtime to help avoid the need for frequent visits to the toilet. You know your own bladder so make sure you drink no more than you know it will cope with processing overnight.

NATURAL REMEDIES

Valerian has been prescribed since ancient times for its calming and sleep-inducing properties. Other natural remedies include camomile tea,

lavender oil, hops, ginseng, and lemon balm. The synthetic version of the natural hormone melatonin (see above under Where you Sleep), which influences sleep cycles, is also available as a dietary supplement. Acupuncture helps some people too.

OTHER SUGGESTIONS

Techniques aimed at relaxing muscles and quieting the mind (meditation for example) are often effective in treating insomnia. Several studies show that regular meditation results in higher blood levels of the melatonin. Studies also show that exercise can improve sleep. Even low to-moderate intensity tai chi can improve the quality of sleep. Experts generally advise completing exercise at least three to four hours before bedtime. All sorts of CDs, MP3 downloads and similar are available when it comes to nice music to drift off to sleep with. Many of them are extremely peaceful – soft harps and the gentle patter of rainfall for example. Keeping a book next to your bed to help you drift off again after a night awakening is preferable to switching on the TV. The latter is too stimulating and will keep your brain alert and awake. The consumption of alcohol late in the evening leads to rebound wakefulness, and should be avoided.

Insomnia is common in the general population, and within the Parkinson’s community it seems widespread.

RESTLESS LEGS SYNDROME AND PERIODIC LIMB MOVEMENT DISORDER

Restless Legs Syndrome (RLS) frequently affects Parkinson’s patients. The most common RLS 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, pulling, tugging or gnawing at the legs.

Periodic Limb Movement Disorder is not uncommon and involves episodes of repetitive leg movements when asleep. It tends to disrupt the sleep of the sleeping partner more than the person with Parkinson’s.

REM SLEEP BEHAVIOUR DISORDER

This disorder involves the acting out of violent dreams. Usually, as a person dreams during REM sleep (when the most intensive dreaming occurs), nerve impulses going to their muscles are blocked so they can’t act out their dreams. In REM behaviour disorders, the nerve pulses are no longer blocked. Many people with Parkinson’s have partial or complete loss of muscle paralysis (atonia) during REM sleep. This may lead to vocal and physical enactment of dreams and a person may inadvertently strike their partner while asleep.

If you are affected by this please talk with your GP and Parkinson’s Educator, as there are effective treatments for this condition.

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