

SLEEP, FATIGUE, AND SLEEP DISORDERS

If you have Parkinson's disease (PD), you need enough sleep to ensure that you have the energy to effectively manage your symptoms, and obtain the maximum benefit from your medications. A refreshing sleep may even offer you "sleep benefit", a period of time when you remain symptom free after waking.

Despite this need, you may find your sleep disturbed by a number of factors. Fatigue and sleepiness are common symptoms of PD, and it may be due to the fact that your quality of sleep has decreased. Difficulty turning over in bed, or a constant need to go to the bathroom throughout the night, can significantly decrease your quality of sleep. You may also find that your PD symptoms such as rigidity, tremor, dystonia, or pain return at night, increasing your difficulty to sleep or stay asleep.

Sleep disturbances can significantly reduce one's ability to function. The primary sleep-wake cycle can be deregulated among those with PD causing individuals to have fragmented sleep patterns. This may cause excessive daytime sleepiness and fatigue. Optimizing sleep is critical. Some benefits of good sleep are:

- Improved quality of life
- Improved mood
- Clearer cognition
- Reduced severity of daytime parkinsonism
- Reduced daytime sleepiness

Sleep Disorders such as REM Sleep Behaviour Disorder (RBD) are common among people with PD. People with RBD do not have the normal muscle relaxation during sleep that others do. This causes them to act out their dreams during the REM (rapid eye movement) stage of sleep. They may kick, shout or punch because their body is responding to their dreams. People with severe RBD may want to consider sleeping alone to avoid doing any harm to their bed partner.

Effective treatment of RBD may include taking melatonin before bed, or a low dose of a muscle relaxant such as clonazepam. It is extremely important that you do not treat yourself for these disorders and that you discuss them with your doctor or neurologist in order to determine the best form of treatment for you.

Other sleep disorders may affect someone with PD's sleep such as sleep apnea and Restless Leg Syndrome (also called Willis-Ekbom Disease). Sleep Apnea involves irregular breathing patterns during sleep, including pauses in breath, or shallow breathing throughout the night. Restless Leg Syndrome typically occurs during the evening, and is characterized by an intense urge to move the legs or other limbs, accompanied by uncomfortable tingling or pulling sensations.

Getting a Good Night's Rest

The following strategies can help you fall asleep, or stay asleep through the night:

- Switching to a longer lasting or extended release form of medication, only with the direction of your neurologist or doctor, might help control your symptoms throughout the night.
- Keeping a regular sleep schedule and bedtime routine. Sleep in bed, and keep room cold and dark.
- Nap if you need to, but avoid doing so after 3:00pm.
- Sleep on your side. If your back or hips are sore, put a small soft pillow between your knees.
- If you can roll over without difficulty, spend at least 20 minutes a day on your stomach with your chin resting on your folded arms. This gives the spine an excellent stretch to relieve tension.
- Avoid strenuous exercise, and hot baths or showers before bedtime.
- Do not go to bed hungry, but avoid heavy evening meals and stimulants.

- If you are disturbing your bed partner's sleep or vice-versa, consider the occasional night in separate rooms. Alternatively, you may consider replacing one large bed with two three-quarter or twin size beds with separate mattresses and covers.
- Use the bed only for sleeping or sexual activity, rather than watching late night television.

Additionally, to ensure the best possible sleep, your bed should be comfortable and appropriate for your needs. Consider the following:

- The bed should be high enough to allow you to sit down on it comfortably.
- The mattress should be firm.
- Use a soft pillow that you can position for the greatest comfort.
- Bedcovers should be light but warm.
- If you sleep with a partner, you may find separate covers more comfortable.
- You may find it easier to be independent in bed if one side is up against a wall for you to push against.
- If you have difficulty turning over in bed, try reducing the friction between your pajamas and sheets. Avoid brushed nylon or flannel bottom sheets, which increase friction. You might want to try silky sheets, but be careful they are not too slippery.
- Get advice from a physiotherapist about turning and getting in and out of bed.
- If you have difficulty with swallowing and drooling, sleep with several pillows or raise the head of your bed 30 degrees.

If you are very immobile, you may need a hospital bed with rails and a trapeze. These beds are expensive, but may be tax deductible. Always consult an expert, such as an occupational therapist, before buying.

Identifying Sleep Problems

Consider the case of a 67 year old gentleman, who has reported trouble sleeping. In this case, each of the man's issues pointed to a specific sleep issue, or associated symptoms. If you identify with any of the points in his case, speak to your healthcare team.

- The gentleman's legs started bothering him in the late evening, so he had to walk around for 30 minutes.
 - *Restless Leg Syndrome*
- He woke up several times a night and had trouble getting back to sleep.
 - *Nighttime urinary frequency (Nocturia) and anxiety*
- He awoke unrefreshed, and struggled until mid-morning, when he finally 'got going'.
 - *Drug side effect (e.g. taking high dose of mirtazapine at bedtime)*
- He had a nap in the later afternoon because he couldn't make it until bedtime without sleeping.
 - *Behavioural choice affecting sleep later in the night*
- His wife slept in a separate room as his sleep was disrupting hers.
 - *REM Sleep Behaviour Disorder (RBD)*
- He was becoming more irritable and having problems with his short term memory.
 - *Mood and cognitive symptoms caused by poor sleep*

Sources

Dr. Claire Hinnell, Jim Pattison Outpatient Care and Surgery Centre, Prince George. Presentation 2016.

National Parkinson Foundation, www.parkinson.org, USA.

Pacific Parkinson's Research Centre, University of British Columbia, Vancouver, BC.