

Parkinson's disease and Sleep Issues

Most people with Parkinson's disease experience difficulty sleeping and resting. There are many different sleep disorders and they are sometimes difficult to distinguish (see table). Insomnia is the most frequent sleep problem reported by people with Parkinson's.

Sleep and Relaxation Disorders	Characteristics
Insomnia	Difficulty falling asleep and staying asleep. Frequent awakenings, early or late morning awakenings.
Sleep apnea	Periodic, momentary interruption of breathing during sleep. Duration: 10-60 seconds Frequency: Up to 30 times per night
Nocturnal cramping (dystonia)	Involuntary movements in the form of muscle contractions or spasms (calves and thighs). Often occurs in the early morning when dopamine levels are low.
Hypersomnia	Excessive drowsiness during the day.
Nightmares, nocturnal hallucinations, life-like dreams	Disturbing dreams, periods of unconscious agitation and activity. Often a side effect of the medication.
Paradoxal sleep disorders	Loss of the paralysis associated with certain sleep phases. Unconscious agitation and activities.

People with Parkinson's disease (PD) may have trouble sleeping through the night. If you have Parkinson's disease (PD) you need enough sleep to ensure that you are rested and have the energy needed to effectively manage your symptoms, and to obtain the maximum benefit from your medications. A refreshing sleep may even offer you a "sleep benefit"; a period 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 this may be due to the fact that a person's 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 find that your PD symptoms such as rigidity, tremor, dystonia or pain return at night, increasing your difficulty to sleep or stay asleep.

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.

Sleep disturbances are commonly experienced among people with PD, which can significantly reduce their ability to function. According to research, the primary sleep-wake cycle can be deregulated among those with PD causing them to have fragmented sleep patterns. This may cause excessive daytime sleepiness and fatigue.

If you are having trouble sleeping, there are simple things you can do that may help. Here are a few suggestions to help you get a good night's rest:

- A regular afternoon nap of NO MORE than an hour, on the bed, will refresh you to continue your day. A nap allows you to rest your muscles, relieving tension and aches.
- 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 and relieves tension.
- Avoid strenuous exercise, hot baths or showers for two hours before bedtime.
- Do not go to bed hungry.
- Use the bed for sleeping rather than watching late night television or balancing bank statements.
- Wear comfortable nightwear.
- Keep your bedroom cool and quiet.
- 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 individual beds with separate mattresses and covers.
- You may find it easier to be independent in bed if one side is up against a wall for you to push against

Getting in and out of bed and turning over in bed may be difficult for some people with Parkinson's who suffer from muscle stiffness or have movement problems. Changes to your medication may help with this, so speak to your doctor.

Troublesome Daytime Sleepiness

Excessive sleepiness during the day may be a symptom of PD and may even start before the characteristic movement symptoms appear.

Many PD medications can cause sleepiness during the day and may even cause sudden sleepiness with potentially dire consequences, such as falling asleep while driving.

Too much napping during the day makes it hard to sleep through the night.

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 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.

According to research, 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 disorders may affect the sleep of someone with PD such as *sleep apnea* and *Restless Leg Syndrome (also called Willis-Ekbom Disease)*. *Sleep apnea* involves irregular breathing patterns during sleep, for instance, 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, and is accompanied by uncomfortable symptoms of tingling or pulling sensations. These disorders are commonly found in those with PD and can be treated with the appropriate attention from your doctor or neurologist.

If you have trouble sleeping, remember that you do not have to “just live with it.” Speak to your doctor; there may be medical therapies that can help some sleep difficulties.

See also *Parkinson’s Disease An Introductory Guide (author R. Postuma)*

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