

And so to sleep...

VICTOR MCCONVEY, Parkinson's Specialist Nurse Consultant, identifies some of the Parkinson's-related sleep difficulties that individuals may experience, and suggests ways they can be managed.

Sleep difficulties are often one of the more challenging symptoms of living with Parkinson's. There are many ways that sleep can be affected and, unfortunately, more than one sleep difficulty may be experienced at the same time.

Sleep difficulties are unpleasant and have the tendency to be disruptive for you and your bed partner. In addition, poor quality sleep will often make managing other Parkinson's symptoms during waking hours more difficult.

Difficulty in moving

A common problem is having difficulty moving or repositioning yourself if you wake in the middle of the night. As Parkinson's medications are typically not taken over night (or are taken at much lower levels), you are in effect "off" during this time and certain Parkinson's symptoms can be at their worst (of course, if you were to sleep through the night you probably wouldn't notice).

Some simple measures can help to enhance mobility during this time. A satin bottom sheet, combined with satin pajamas will assist you in gliding over the mattress, making it easier to move, sit up or reposition. Sometimes also using a bed stick is helpful.

Discussing sleep difficulties with your neurologist is a good idea. They may suggest taking a long-acting Dopamine replacement medication (such as Sinamet CRT™ or Madopar HBST™), or incorporating a dopamine agonist into your medication regime to optimize the uptake of dopamine overnight.

Nightmares & vivid dreams

Nightmares and very realistic dreams are often triggered by Parkinson's medications.

While it is commonly believed that **dopamine replacement therapy** triggers this type of reaction, many people also experience nightmares and vivid dreams when taking **dopamine agonists**. In addition, some reports indicate that those who experience nightmares are also more likely to experience hallucinations. Experiencing nightmares and vivid dreams is very disruptive to your sleep pattern and often that of your bed partner. Often this is a minor disruption, with the individual returning to sleep very quickly. However, if these symptoms are severely affecting your sleep and that of your partner, again discussing things with your neurologist is an ideal first step in managing the situation. Your neurologist may adjust your Parkinson's medications or introduce an additional medication.

Unexpected movements

While sleeping is a time when we typically move very little, many people intermittently develop an **REM sleep disorder**, and this is particularly common if you have Parkinson's.

REM stands for **Rapid Eye Movement** which is the deepest sleep we achieve in our sleep cycle (dreaming occurs when we are in REM sleep). During this time we achieve a state of atonia (or mild paralysis). An REM sleep disorder, combined with the tendency to have nightmares, may mean that you yell or punch out physically. This may wake you, and will most certainly wake your bed partner. It is interesting and somewhat ironic to note that people with Parkinson's and an REM sleep disorder will often have better motor coordination at this time as compared with when they are awake.

Your neurologist may suggest a sleep study to investigate your sleep cycle and pattern, and they may also review your medication and introduce other medications to assist in normalizing your REM sleep phase.

Nocturia

Needing to go to the toilet frequently once you have retired to bed is a common symptom of Parkinson's.

The underlying reason for this is that many of the medications used to manage Parkinson's symptoms also have the effect of slightly lowering blood pressure (sometimes causing a symptom known as postural hypotension). Lowered blood pressure reduces blood flow to the kidneys, slightly reducing their function and urinary output during the day. When you lie down, blood pressure and flow of blood to the kidneys is normalized and urine production increases.

There are medications that increase bladder tone and when used will reduce the frequency of having to urinate. Your doctor may prescribe these, and, if you are taking anti-hypertensive medications for a past history of high blood pressure, they may reduce your dosage. (NB: If you are a male over the age of 50, you should talk to your doctor about a prostate examination, to ensure that prostate problems are not contributing to Nocturia.)

Insomnia

Many people living with Parkinson's may experience episodes of insomnia on occasions. Insomnia is a difficulty in getting to sleep, or resuming sleep once you wake. Insomnia is a very difficult symptom to live with as we all need a certain amount of quality sleep to function normally. Practicing good bed time habits (what the experts refer to as "sleep hygiene") is important if you are having difficulties getting to sleep. These habits include:

- Winding down and having some quiet time before going to bed
- Avoiding watching TV or using your computer prior to bedtime (as these are both visually stimulating and may keep your brain working when you're trying to "switch off". Reading a magazine can have the same effect).

• Avoiding alcohol, caffeinated and high sugar drinks within an hour of going to bed. Consider a warm glass of milk or herbal tea instead.

- Learning some relaxation techniques (deep breathing, meditation) and incorporating them into your bedtime ritual should also be considered.

Most doctors will be reluctant to prescribe sleeping tablets and while most of these drugs are safe to take if you have Parkinson's, prolonged use should be avoided.

Depression

Unfortunately, depression is a common symptom of people living with Parkinson's, and one sign of depression is difficulty getting to sleep.

Depression is often associated with concerns and worries which make it difficult to relax, mentally switch off and allow your brain and body to move into REM sleep. However, depression is also related to a decrease in the production of a brain chemical called **Serotonin**, which stabilizes our mood and helps us sleep.

In Parkinson's, the decreased dopamine production is accompanied by a decrease in the production of Serotonin. The result typically causes depression and impacts on the individual's sleep. Treating depression will usually resolve sleep difficulties in this instance.

Night time anxieties

Many people with Parkinson's encounter feelings of anxiety at night, which may be heightened if the individual is also experiencing problems with poor sleep and/or nightmares.

Feeling anxious, which can progress to an actual anxiety attack, is often a response to (symptom of) lower levels of medication or "wearing off".

If you are feeling anxious overnight, learning some relaxation techniques is a good first step to overcoming it. You may also wish to talk with your neurologist who may look at your medications and adjust them to minimize wearing off overnight.

Day time sleepiness

Sleep difficulties don't always manifest as a problem in getting **to** sleep, but can be related to experiencing a "sleep attack".

Sleep attacks, where you suddenly and unpredictably fall asleep during the day, may be a side effect of dopamine agonist medication, and can be more common in those who are having problems sleeping during the night. Sleep attacks are often more an inconvenience, however they can be dangerous if they occur while you are driving or operating machinery. It is important to note that not all sleep difficulties are related to Parkinson's and most people will experience these sorts of problems from time to time. However, sleep difficulties will have notable impact on Parkinson's symptoms, and will worsen fatigue and make managing symptoms and performing daily activities more difficult.

If you are having trouble sleeping or are experiencing sleep related-issues and the problem lasts longer than a week, it is advised that you speak with your GP or neurologist. The client services team at Parkinson's Victoria is also able to discuss your concerns, and provide suitable information, advice and referrals that can help.

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www.parkinsonsvic.org.au/about-ps/publications.htm#signposts

For more information about Parkinson's and sleep, or if you have any question in relation to Parkinson's, please contact Parkinson's Victoria.