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SLEEP, FATIGUE and SLEEP DISORDERS

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 "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 it may be due to the fact that their 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 difficult 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.

Here are a few suggestions to help you get a good night's rest:

- A **regular afternoon nap** of at least an hour, on the bed, will refresh you for the evening. 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
- Don't go to bed hungry.
- Use the bed for sleeping rather than watching late night television or balancing bank statements.
- 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.
- You may find it easier to be independent in bed if one side is up against a wall for you to push against.

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 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, for instance pauses in breath or shallow breathing throughout the night. Restless Leg Syndrome typically occurs during the evening and 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.

Sources: Pacific Parkinson's Research Centre, University of British Columbia, Vancouver, BC; Parkinson Society British Columbia, Doctor's Alert!: Sleep Disturbance in Parkinson's help sheet; National Parkinson Foundation, www.parkinson.org, USA

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