

information

SLEEP AND PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

Sleep changes are commonly reported in Parkinson's and often precede the diagnosis. Disturbed sleep pattern with rapid eye movement behaviour disorder is included in the Parkinson's Associated Risk Syndrome. In addition, medications used in the management of Parkinson's may affect sleep pattern.

Sleep changes are challenging both for the person living with Parkinson's and their sleep partner. This can lead to fatigue and impact on quality of life. It is widely accepted that disturbed sleep will have an impact on cognition.

Sleep disturbances associated with Parkinson's include:

- Bed mobility changes
- Rapid Eye Movement Behaviour Disorder (RBD)
- Restless Legs Syndrome
- Sleep apnoea
- Sleep fragmentation (broken sleep)
- Vivid dreams and nightmares

Bed Mobility Changes

Automatic skills such as rolling over in bed are difficult with Parkinson's. Muscle rigidity, especially of the trunk, adds to this problem and results in impaired bed mobility overnight. The use of satin nightwear or satin sheets is helpful. A self-help rail for the bed will also assist. The input of an occupational therapist and introduction of strategies is recommended. A review of medications to address overnight mobility may be discussed with the treating medical specialist.

Rapid Eye Movement Behaviour Disorder

This is reported in 25% to 50% of people living with Parkinson's. Excessive motor (movement) during the dream phase of sleep is a common feature of Parkinson's. This leads to acting out of dreams and can result in sleeptalking, shouting and intense, sometimes violent movements. These features contrast with the restricted speech pattern and movement during the day. These night time occurrences can often lead to partners sleeping separately. Discussion with the treating medical specialist is recommended.

Restless Legs Syndrome

This occurs in approximately 20% of people living with Parkinson's and involves uncomfortable sensations and the urge to move the legs, particularly overnight. Medical management includes dopamine agonists. Discussion with the treating medical specialist is recommended.

Sleep Apnoea

Reduced or intermittently absent airflow during sleep can lead to snoring with resulting disturbed sleep pattern and daytime fatigue for both bed partners. Assessment at a sleep clinic and the introduction of a continuous positive airway pressure (C-PAP) machine may be of benefit.

Sleep Fragmentation

Night time awakenings occur for a variety of reasons in Parkinson's and it is essential to assess for a regular pattern or cause.

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your state Parkinson's organisation:
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The breakthrough of motor symptoms (tremor, stiffness and rigidity) may occur as a result of medication wearing off. Discussion with the treating medical specialist is recommended and a review of medications may be necessary.

Early morning dystonia or cramping of the lower limbs is a common occurrence and should be reported. Discussion with the treating medical specialist is recommended and a review of medications may be necessary.

Nocturia (passing urine overnight) may become more frequent and resettling to sleep may become more difficult. Fluids should not be restricted throughout the day. For males, regular prostate examination and blood tests are recommended.

Depression may result in a broken sleep pattern and should be discussed with the general practitioner or specialist.

Improving sleep habits involves a regular sleep schedule, a regular exercise program and reduction of daytime napping. Alcohol and caffeine and other stimulants should be avoided in the evenings.

Vivid Dreams and Nightmares

These occur frequently and may be increased by the medications used in the management of Parkinson's. If the nightmares are disturbing, the treating medical specialist may adjust the timing of medications.

Less commonly these dreams or nightmares may be carried over into the waking period and may be confused with hallucinations.

In addition to sleep disturbances other changes may be experienced. These include:

- Daytime fatigue
- Excessive daytime sleepiness
- Sleep attacks

Daytime Fatigue

Fatigue is a disabling, poorly understood and under-diagnosed symptom of Parkinson's. There is no clear association between the severity of fatigue and the progression of the condition. Fatigue may precede the motor symptoms. If depression is present it should be treated and the associated fatigue may improve. Otherwise, little is known about how to improve fatigue in Parkinson's.

Excessive Daytime Sleepiness

Approximately 50% of people living with Parkinson's experience excessive daytime sleepiness. This may be related to medications and sleep disruption. Monitoring and review of medications may assist.

As the condition progresses, periods of sleep are extended and it is thought that this is due to changes in the mid-brain.

Sleep Attacks

Sudden onset sleep has been described as occurring while eating or driving. It is generally accepted that all Parkinson's medications may be responsible but the dopamine agonists are a more common cause. Reporting the occurrence of sleep attacks to the treating medical specialist is essential.

Adopting a regular routine before bed will be of benefit. Night time sedation (sleeping tablets) must be assessed on an individual basis as they may cause increased daytime drowsiness and increase the risk of falls.

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