IMPROVING YOUR SLEEP WITH PARKINSON’S DISEASE

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DISCUSSION OUTLINE

COMMON SLEEP DISTURBANCES IN PATIENTS WITH PARKINSON’S DISEASE

EVALUATION OF CERTAIN SLEEP PROBLEMS

TREATMENT
Research has focused on the relationship between Parkinson’s and both the timing and duration of sleep.

12-year study by researchers at the National Institute of Environmental Health Sciences found that among nearly one million nurses, working the night shift was associated with a lower risk of Parkinson’s disease.

Long sleep (sleeping 9 hours or more) was associated with a higher risk.
PARKINSON’S AND SLEEP

• Early sign of PD, before motor symptoms develop
• 60% of patients with PD develop sleep problems, insomnia, parasomnia and hypersomnia
• Insomnia
• EDS
• Nightmares
• REM Behavior Disorder
• PLMs or Restless Legs
• Nocturia
• Worsen as the disease progresses
INSOMNIA

- Difficulties falling/staying asleep
- More often in women, depression anxiety
- Associated with decreased REM and SWS
- Due to underlying PD symptoms - cramps, dystonia, nocturnal hypokinesia
- May improve with dopamine or DBS (mixed results)
INSOMNIA TREATMENT

• Stay active during the day/exposure to bright light early in the day
• Go to be only when tired
• Avoid TV or electronics at least 90 minutes before desired bedtime
• Avoid large meals before sleep
• Dopamine/agonist extended release to prevent nocturnal hypokinesia
• Avoid alcohol and nicotine, caffeinated drinks after 4 pm

• Consistent bedtime
• Bath 20 minutes
• Rapid cooling
• Snacks
• Consistency
INSOMNIA TREATMENT

• Silk/satin pajamas
• Long acting medications at bedtime
• Ambien and Lunesta to improve sleep continuity
• Clozapine
• Seroquel /Trazodone

• Xyrem
• Klonopin if RBD symptoms coexist
HYPERSOMNIA

- Excessive daytime sleepiness
- Daytime sleepiness in 76% of Parkinson’s patients.
- Major impact on quality of life for Parkinson’s patients
- May be due to poor sleep at night - insufficient sleep, poor quality, sleep apnea
- Sleep attacks - occur when eating, sleeping, driving, caring for a child, triggered by dopamine agonists Mirapex, Pramipexole
- Treat underlying cause
- Use of a sleep promoting agent such as Provigil, Nuvigil
- Use bright light therapy
LIGHT THERAPY
SLEEP ATTACKS

“Sleep attacks,” patients may be suddenly overcome with drowsiness and fall asleep – regardless of what they are doing/dangerous for those patients who are still driving, operating equipment (even kitchen and lawn equipment or other tools) or caring for dependents.

• 1999- 9 patients that took dopamine agonists/dopamine and developed sudden irresistible sleep attacks
SLEEP DISORDERED BREATHING

• OBSTRUCTIVE SLEEP APNEA

• Proximal obstruction

• Respiratory effort seen on the sleep study

• Diagnosed by an increased AHI index more than 5/hr

• Sleep apnea and higher AHI associated with lower MoCA scores
SLEEP DISORDERED BREATHING

- STRIDOR
- Partial obstruction of the larynx
- Harsh inspiratory noise
- Can be treated successfully with CPAP
SLEEP STUDY SETUP
HOME SLEEP STUDY
TREATMENT FOR OSA
TREATMENT FOR OSA
PARASOMNIAS

- Periodic leg movements of sleep
- Associated with RLS
- Repetitive, stereotypical behavior of legs or arms
- Diagnosed clinically and by sleep study
- Treated with dopamine agonists, benzodiazepines, narcotics
PARASOMNIAS

• REM behavior disorder – strong association with patients developing PD within a 10 year spam
• RBD associated with PD, dementia with Lewy bodies and Multiple System Atrophy
• Rem without sleep atonia
• Acting out dreams
• Dreams are intense, vivid, violent, colorful, scary
• Patients act out to protect themselves of the perceived dream content
PARASOMNIAS - RBD

- Seen in 30-40% of patients with PD (more common if a diagnosis of OSA exists)
- Vivid dreams, dream enactment
- Triggered or exacerbated by Welbutrin, MAOIs, antihypertensive
- Tend to occur more often in nights following sleep deprivation or prior sickness
RBD TREATMENT

• Separation of the bed partners
• Removal of guns or harmful objects
• Mattress on the floor and no furniture around
• Worsened by caffeine, alcohol and sleep deprivation
• Klonopin
• Melatonin
CONCLUSION

• Sleep problems are very common in PD
• Non prescription inquiries – acupuncture, marijuana, dietary changes and dietary supplements
• Ask about your symptoms
• Goal – independence and preserving quality of life