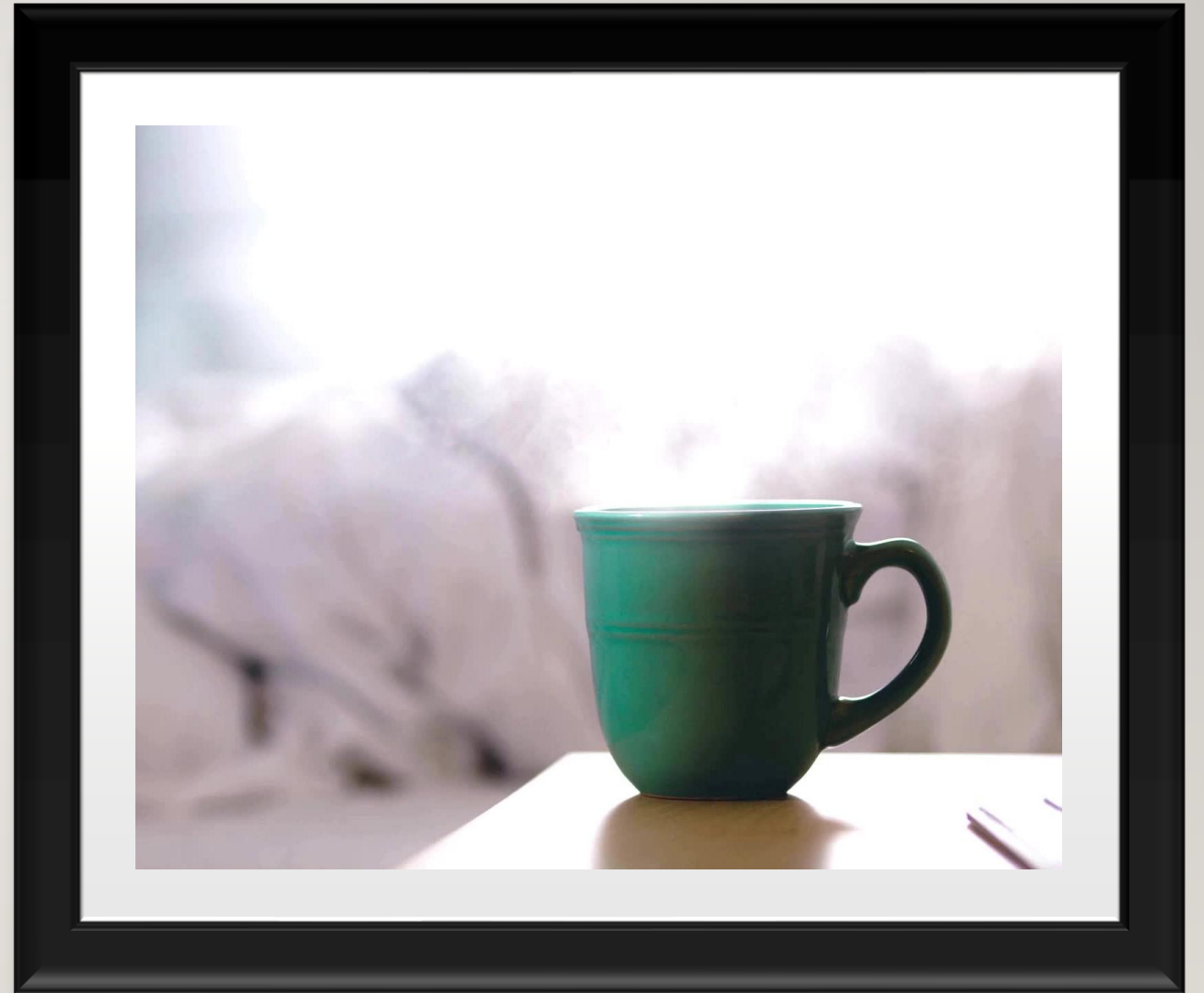


STRATEGIES FOR COPING WITH SLEEP CHALLENGES IN PARKINSON'S

JOAN HLAS, MANAGER
STRUTHERS PARKINSON'S
CENTER



OBJECTIVES



- Provide overview of common issues with sleep for those living with Parkinson's

- Discuss ways to adapt the Environment to enhance quality of sleep

- Present behavioral strategies both during the day & nighttime to improve sleep

STUFF THAT HAPPENS AT NIGHT: COMMON ISSUES IN PD

- Insomnia
- Restless legs syndrome (RLS)
- REM behavior disorder (RBD)
 - Dream enactment
- Vivid dreams
- Hallucinations
- Confusion
- PD Symptoms



INSOMNIA

- Difficulty falling or staying asleep
- Treatments
 - Sleep hygiene techniques
 - CBT for insomnia
 - trazodone, mirtazapine
 - MD recommend staying away from things like:
Tylenol PM, Benadryl, Ambien, benzodiazepines



RESTLESS LEGS SYNDROME (RLS)

- Hard to characterize feeling in legs; cause discomfort & difficulty settling in bed
- Tends to occur later in day, while sitting or lying down
- Improves with walking
- Treatments
 - gabapentin
 - dopamine (levodopa or dopamine agonists)
 - most anti-depressants can unfortunately make it worse

REM BEHAVIOR DISORDER (RBD)

- Acting out dreams
- REM sleep is Rapid Eye Movement sleep
- When dreaming occurs, normally paralyzed
- In RBD, paralysis incomplete
- Treatments
 - melatonin
 - benzodiazepines (clonazepam)
 - unfortunately, likely levodopa can contribute somewhat



CONFUSION & HALLUCIATIONS

- Tends to be worse in evening (sundown), overnight
- Can at times be hard to distinguish between hallucinations, vivid dreams, etc.
- If untreated, can lead to problematic behaviors & strain in caregiving
- Treatments
 - Donepezil
 - Decrease medications which can cause confusion as side effect
 - Behavioral Adjustments

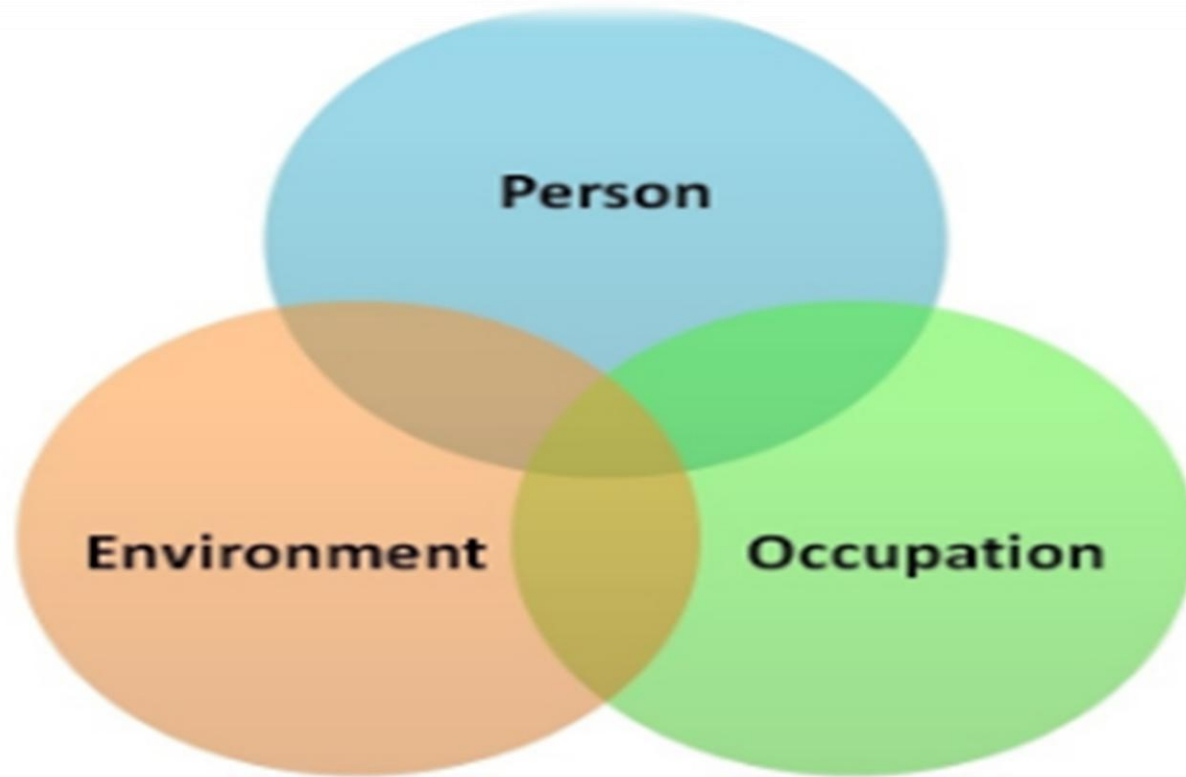
ADDITIONAL CONCERNS

- Parkinson's Symptoms Interference:
 - Tremor or rigidity- make it hard to find comfortable position or to move freely in bed
 - Anxiety/depression- can't settle mind
 - Bladder function- frequent urination & reduced emptying
- Comorbidities- Sleep Apnea
 - Recent study shows an increased risk of Parkinson's, but that early and consistent use of CPAP can potentially mitigate the risk





Restful and adequate sleep provide the foundation to participate in daily life activities.



Person- behavior, physical & emotional health
Environment-physical space- room, bed, etc.
Occupation-daily activities & routines

PERSON

Share

- Share concerns with healthcare team, consider medications

Address

- Address other sleep conditions, pain, nighttime urination (Nocturia) and safety

Adjust

- Evaluate behaviors (day & night) that may contribute to poor sleep



COGNITIVE
BEHAVIORAL
THERAPY

Feelings

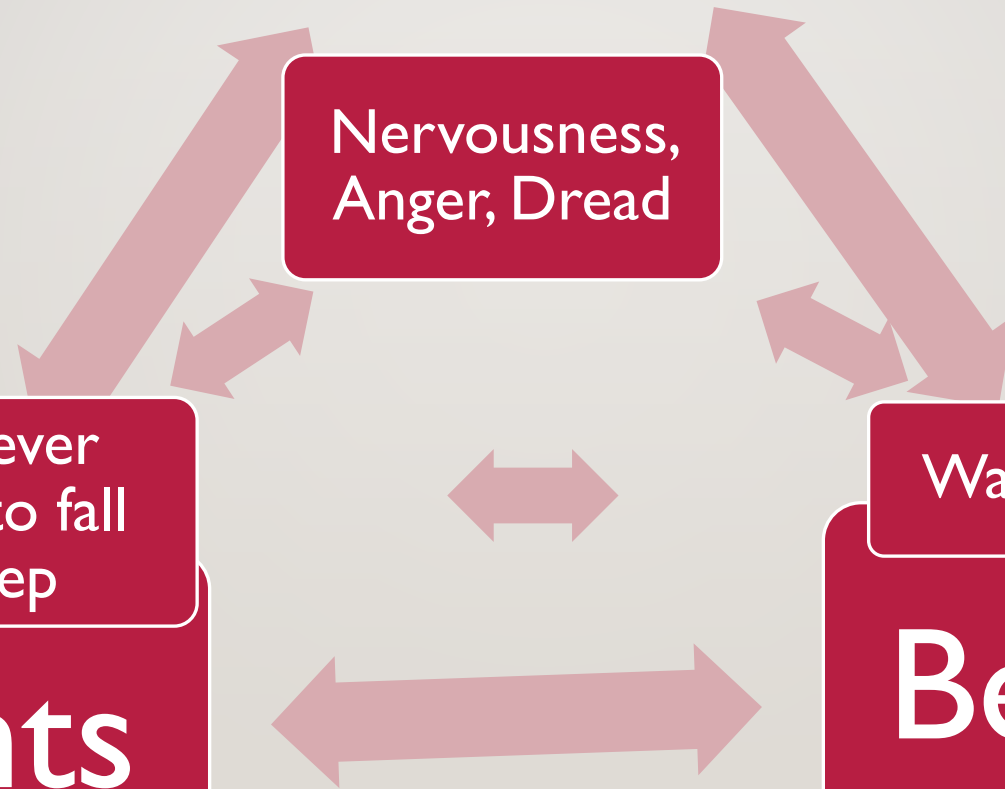
Nervousness,
Anger, Dread

I'm never
going to fall
asleep

Watch tv, eat,

Thoughts

Behaviors



COGNITIVE-BEHAVIORAL STRATEGIES

- Up to 98% of PD patients experience symptoms of a sleep disturbance (Albers et al., 2017)
- 3-day sleep-management course resulted in patient outcomes of decreased anxiety associated with sleep problems and greater sense of control over sleep time (Gregory et al., 2012)
- CBT evidence-based treatment for insomnia (CBT-I); many studies demonstrate efficacy in treating symptoms of insomnia
- Large analysis of CBT on non-motor PD symptoms showed moderate improvement on sleep concerns (Luo et al, 2021)

COGNITIVE STRATEGIES

Distracting your mind to reduce distress of poor sleep
Examples: Mental Lists, Counting, Imagery

Write down your thoughts and put it away until tomorrow
Examples: to do list, journal, repetitive thought/topic

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COGNITIVE STRATEGIES CONTINUED

Challenge negative/worried thoughts

- What are the facts I know for sure about the situation?
- What is the likelihood this is true/will occur (based upon past experience and other evidence)?
- If it does happen- What is the worst, best, and most likely outcome? What would I do? Will it still be important I week, I month, I year from now?



RELAXATION TECHNIQUES

- Breathing
- Progressive Muscle Relaxation
- Body Scan
- Meditation (Apps- Calm, Headspace, InsightTimer)
- Sensory Engagement



Perlis et al., 2005

STIMULUS CONTROL

The idea of associating Sleep with bed/bedroom/bedtime and limiting the amount of time spent awake in the bedroom and type of behavior occurring in the bedroom

- Limit activities in bedroom and bed to sleep and sex
- Lie down to go to sleep only when feeling sleepy
- Get up and leave bedroom if awake for 15+ minutes
- Return to bed only when you feel sleepy

ENVIRONMENT

- What Factors Affect Your Sleep Habits?
- Is the bedroom and bed accessible?
- Are there safety concerns, sharp edges, cords or other tripping hazards?

PERSON IN THE ENVIRONMENT



Occupational Therapy and Education: Treating the Patient & Caregiver

- Body Mechanics that address PD Symptoms
- Training in adaptive equipment

ENVIRONMENT - ADAPTATIONS

- Twin bed easier to move in
- Bed cradle at foot of bed
- Recliner Chair to sleep
- Firm mattress
- Bed Rail/ Bed pole
- Lightweight comforter without top sheet
- Use of commode or urinal
- Light in bedroom/curtains
- Temperature adjustments
- Smooth Sheets/pajamas

ENVIRONMENT: EQUIPMENT



ENVIRONMENT: Lighting





DAILY ROUTINES

- Do I get up and go to bed at predictable times?
- What do I do to get ready to sleep?
- What do I do to stay active during the day?
- Are there PD symptoms getting in the way?
 - Fatigue & Apathy

SLEEP HYGIENE:

SLEEP ROUTINE & ENVIRONMENT

- Create a comfortable “Goldilocks” environment that suits you (Right amount of light, noise, temp)
- Limit caffeine, alcohol, and tobacco use prior to bedtime and during the night
- Go to bed full and feeling fit (don’t go to sleep feeling hungry, exercise 3hrs+ prior to bed)
- Get up & Go to Bed at the same time each day (set your “biological clock”)
- Limit naps during the day (if possible) to increase chance for successful sleep at night
- Stay in bed only when sleepy & leave bedroom if not able to sleep (don’t force it)

COPING WITH FATIGUE

Keep Track:

- Times of day when energy is better or worse
- Daily Activities in relation to fatigue (planned or unplanned)
- If fatigue is connected to when medications are Not working well- “Off” times
- Review with physician your medication schedule

Remember- you will be more fatigued if you have fewer daily tasks & Less physical activity



PACE YOURSELF...BUDGET YOUR ENERGY

- Listen to your body - learn your limits and respect them
- Avoid overdoing it – balance rest and activity
- Know that heavy energy days may require extra rest days afterward
 - Family gatherings, celebrations, fishing trips, travel, etc.
- Consider short, routine naps-
 - Ideally no later than early afternoon
 - Less than 1 hour/nap to avoid deep sleep/dreaming



EXERCISE CAN HELP!

- Prolonged sitting can lead to increased stiffness and decreased alertness

Exercise regularly

- Stretching, yoga, Tai Chi, water or chair exercises
- Group exercise classes
- Try “snacking” on exercise – a little bit at a time
 - PD Goal 2 ½ hours/week
 - 5x/wk ½ hour or two 15 min sessions
- Make It a goal to move at least once an hour



Exercise and physical activity can improve many motor and non-motor Parkinson's symptoms:



Aerobic Activity

3 days/week for at least 30 mins per session of continuous or intermittent at moderate to vigorous intensity

TYPE: Continuous, rhythmic activities such as brisk



Strength Training

2-3 non-consecutive days/week for at least 30 mins per session of 10-15 reps for major muscle groups; resistance, speed or power focus

TYPE: Major muscle groups



Balance, Agility & Multitasking

2-3 days/week with daily integration if possible

TYPE: Multi-directional stepping, weight shifting, dynamic balance activities, large movements, multitasking



Stretching

>2-3 days/week with daily being most effective

TYPE: Sustained stretching with deep breathing or dynamic stretching before exercise

Parkinson's Foundation Exercise Recommendations

APATHY IN PARKINSON'S

- Lack of interest or “motivation
- Greek word meaning without passion
- No desire to learn new things or self-direct future goals and plans
- Not a response to physical impairment and associated disability **
- Seen not in the context of emotional distress or cognitive impairment

ADDRESSING APATHY

- Daily Schedule- 3 things everyday
 - 1) Physical activity
 - 2) Social- Connect to others
 - 3) Something to feel good about yourself
- Goals-
 - Start small, Be purposeful
- Accountability- let others motivate you
- Rewards



DAILY ROUTINES: RESTRUCTURE DAYTIME ACTIVITY

- Get Outside in Natural Light



- Regular Mealtimes



SUMMARY

- Important to Understand what concerns & symptoms impact your sleep
- Involve Medical Team in treatment- MD, OT, PT, Mental Health Provider
- Make Adjustments in Person, Environment & Occupation
 - *And Remember...*

It's not *selfish* to
love yourself, take care
of yourself, and
to make your
happiness a priority.
It's necessary.



MANDY HALE

GH



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