

A Practical Guide on

# SLEEP AND PARKINSON'S DISEASE



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# Introduction

Many people with Parkinson’s disease (PD) have trouble falling asleep or staying asleep at night. Some sleep problems are caused by Parkinson’s symptoms, while others may be the result of the medications used to treat those symptoms. Factors unrelated to Parkinson’s can also impact sleep, including other medical conditions, normal aging or poor “sleep hygiene” (habits that prevent or interrupt a regular sleep schedule).

This guide outlines the sleep difficulties that people with Parkinson’s experience most often and the treatments that may be prescribed for each. You’ll also find a list of sleep hygiene tips and answers to frequently asked questions about PD and sleep.

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This content was reviewed by **Rachel Dolhun, MD**, a movement disorder specialist and vice president of medical communications at The Michael J. Fox Foundation.



## Sleep Disorders and Parkinson's

### SEVERAL SLEEP DISORDERS ARE ASSOCIATED WITH PARKINSON'S DISEASE, INCLUDING:

**Insomnia:** Difficulty initiating or maintaining sleep. Parkinson's symptoms, such as stiffness or slowness, may make it difficult to turn over or get comfortable in bed. Or, tremor may interfere with falling or staying asleep. Insomnia may also be worsened by some PD meds, such as amantadine or selegiline. It can also be a condition in and of itself.

**Treatment:** Improving sleep hygiene may help. (See pointers on page 4.) If Parkinson's symptoms are contributing, medication adjustments may be beneficial. In some cases, drugs are prescribed specifically for insomnia.

**Daytime sleepiness/hypersomnia:** Excessive tiredness during the day. Trouble sleeping at night and some PD medications, including dopamine agonists, can contribute to this disorder.

**Treatment:** If you find yourself falling asleep easily during the day (i.e., you doze off while watching television or sitting quietly), talk with your doctor who will review your medications and your sleep schedule and habits. If you snore loudly, stop breathing during the night and/or have morning headaches, your doctor may also order a sleep study to exclude obstructive sleep apnea, another common treatable sleep disorder.

Ensuring good sleep hygiene is key. (Look for advice on page 4.) If Parkinson's medications are contributing to sleepiness, they may need to be adjusted. In some situations, stimulant-type medications are prescribed specifically for this symptom.

**REM sleep behavior disorder (RBD):** Acting out one's dreams, which occurs when normal suppression of muscle activity is impaired. Someone with RBD may kick, punch or yell during sleep. RBD often precedes the motor symptoms and diagnosis of PD by several years.

**Treatment:** If RBD interferes with a person's (or his or her partner's) sleep, or if it poses a safety issue, it may require treatment. Clonazepam is the most commonly prescribed medication for RBD but melatonin is an option for some people.

**Restless legs syndrome (RLS):** An uncomfortable sensation in the legs, particularly when sitting or relaxing in the evening, which improves with moving the legs. Because of the time of day that it occurs, RLS can interfere with falling asleep at night. It may be part of Parkinson's disease itself, a side effect of Parkinson's medications or a separate medical condition (sometimes associated with iron deficiency).

**Treatment:** Treatment may include adjustment of Parkinson's medications, iron supplementation (if levels are low) or prescription of an additional drug specifically to treat RLS symptoms. Note that many Parkinson's medications are indicated for treatment of RLS, even for people who don't have PD.

**Obstructive sleep apnea (OSA):** Fragmented or interrupted sleep caused by paused or shallow breathing; often associated with snoring. A person is often unaware of these breathing patterns but may experience excessive daytime sleepiness or fatigue, morning headaches, or memory and thinking problems as a result. OSA can be diagnosed with an overnight sleep study.

**Treatment:** The most common treatment for OSA is a breathing mask or oral appliance worn at night to keep the airway open during sleep. Weight loss is also recommended for overweight individuals.



## Other Non-motor and Motor Symptoms That Can Affect Sleep

**Stiffness (rigidity) or slowness (bradykinesia):** Motor symptoms of Parkinson's that can cause pain, discomfort or difficulty turning over in bed at night.

**Treatment:** If motor symptoms are interfering with sleep, Parkinson's medication adjustments (such as adding a long-acting medication at bedtime or an as-needed dosage if you awaken with symptoms, for example) may help. Satin sheets or silk pajamas may make it easier to move in bed and regular exercise or physical therapy may help by improving general mobility.

**Nighttime urination:** The slowness and stiffness of Parkinson's may make using the bathroom at night more difficult. If walking or balance problems are present, this can be particularly challenging. Parkinson's also affects the autonomic nervous system — the part that works automatically to control bladder (and other) functions without our having to think about it — which can lead to increased urination. Other medical problems, such as prostate enlargement in men, may worsen urinary disturbances.

**Treatment:** Try decreasing fluid intake in the afternoon and evenings (but make sure you drink enough during the day to meet any requirements for low blood pressure and/or constipation). If this isn't enough, medications are sometimes prescribed to decrease nighttime urination. A bedside urinal or commode might lessen bathroom trips and prevent falls for those with significant walking and balance issues. A consultation with a urologist may be considered to evaluate for issues other than Parkinson's that may be playing a role as well.

**Depression and anxiety:** Common non-motor symptoms associated with PD, which can interfere with sleep. These mood disturbances can prevent you from falling asleep, or wake you up in the middle of the night or early in the morning.

**Treatment:** Many medications are available to manage depression and anxiety. Talk therapy or counseling is also beneficial for many people.

## Sleep Hygiene Tips

As you work with your doctor to pinpoint and treat the cause of your sleep problem, practicing good sleep hygiene may help you get a better night's sleep. See if you find one or more of these tips helpful:

- » **Keep a sleep diary.** Important notes to record include the time you go to bed and get up, how many times you awaken during the night and why, and how many hours you sleep. Keep track of the caffeinated beverages you drink (both how many and at what time of day), if you nap and your exercise routine. These notes will help you to have a productive conversation with your doctor about your sleep.
- » **Limit daytime naps.** Sleeping too much during the day, especially late in the day, will likely prevent you from sleeping well at night.
- » **Avoid caffeine, alcohol and exercise later in the day.** Caffeine consumed in the afternoon can keep you awake at night. Although alcohol may seem to help you fall asleep more easily, it may interrupt your sleep later in the night. Working out regularly earlier in the day can improve sleep overall but exercising too close to bedtime might make it harder to fall asleep.
- » **Don't drink too much fluid before bed.** This is especially important if you experience frequent nighttime urination.
- » **Use the bedroom only for sleep and intimacy.** Don't watch television, read, use your telephone or do anything other than sleep in bed. When you use your bed only for sleep, your body and mind will automatically know what's supposed to happen when you get into bed.
- » **Create a bedtime routine.** An hour before bed, start to prepare for sleep. Turn off the television, computer and other electronics that emit stimulating light. Take a warm bath, drink a cup of decaffeinated tea or read something for fun. Get your body and mind in the habit of winding down and preparing for sleep.
- » **Keep a regular schedule.** Go to sleep and get up at around the same time every day, even on the weekends.



## Parkinson's and Sleep: Frequently Asked Questions

### **Should I take melatonin to help me sleep better?**

Melatonin is a hormone made by the brain that helps control the sleep cycle; levels are typically low during the day and higher at night. Melatonin is available over the counter in a variety of dosages and many people use it to help manage insomnia. Before you take it, though, talk with your doctor. This and all other supplements do have potential side effects and drug interactions. Also make sure that the root cause of your sleep problems is addressed before you start taking medication or supplements just to treat them. Melatonin is sometimes recommended as a treatment for REM sleep behavior disorder, a sleep disorder in which people act out their dreams, which is commonly associated with Parkinson's.

### **Is it safe for people with Parkinson's to take sleep aids?**

In general, it's important to be careful about combining medications or adding to complex medication regimens, particularly when it comes to medications that induce sleep. These drugs might temporarily worsen balance or memory disturbances, so they should be used cautiously in people with these problems. When dealing with a sleep problem, the first step is to determine the underlying cause, whether it's depression, motor symptoms or bladder dysfunction. Before prescribing a sleep aid, your doctor will review your current medications and investigate for an underlying cause of the sleep problem. Depending on the problem, doctors will sometimes prescribe medications that are meant to help a person fall asleep or stay asleep. Sometimes, when a person is depressed and has trouble sleeping, they will recommend anti-depressant medications that also help with sleep. Sleep aids can be used safely in PD, but this depends on the individual and his or her symptoms and other medications.

### **Can deep brain stimulation (DBS) help sleep?**

Following DBS, some people with Parkinson's are able to sleep better at night, especially if sleep problems were related to medication wearing off. Most people also

reduce their medication after DBS, so if sleep problems were due to medication side effects, DBS might make a difference there as well. DBS is otherwise not specifically a treatment for sleep disturbances and is not performed specifically for that; it's a surgical treatment that is most beneficial for the motor symptoms of Parkinson's. Not everyone is a candidate for the procedure.

### **Should I nap during the day?**

Some people with PD who experience fatigue find that napping, particularly in the afternoon, can be energizing. If this is the case, aim for a 10- to 30-minute nap in the early afternoon (around 2 or 3 p.m.). Longer naps later in the day can interfere with your ability to fall asleep.

