

Sleep Disorders and MS

Diane Hart, age 43, struggled to fall asleep every night for almost half a year. On her “good” nights, she awoke as frequently as every hour; on the worst ones she lay awake until breakfast. She moved through her days in a fog. Nighttime was a battleground, and she lost all zest for life. Not until an MRI was done did she learn that MS was behind her almost continual headaches, stiff neck, and the nighttime body jerks that made falling and staying asleep so difficult.

Now, Ms. Hart reports, she sleeps “like a baby.”

She found relief when her primary-care physician referred her to the Providence Sleep Center in Seattle, where she underwent tests and learned to change some habits. The changes included restricting caffeine to early morning; exercising early enough in the evening to insure she is sufficiently tired for sleep, but not so close to bedtime that the endorphin release (the surge of well-being that exercise brings) will interfere with falling asleep. She now does a deep-breathing relaxation exercise just before bedtime and has a regular time for retiring and rising. In addition, Ms. Hart received a prescription for an

antidepressant that releases the sleep-inducing chemical serotonin.

Her natural upbeat attitude has returned. “I’m finally getting the deep sleep I craved,” she said. Her MS is also more controlled since her neurologist prescribed a disease-modifying drug.

THINGS THAT GO BUMP IN THE NIGHT

Ms. Hart’s problems are eased, but every night people with MS lie awake, gripped by anxiety and plagued by physical symptoms. These include painful muscle spasms from spasticity, the need to make frequent trips to the

bathroom (called “nocturia”), or involuntary twitching and kicking called “periodic limb movements in sleep,” or PLMS.

Smaller numbers of people with MS have difficulty swallowing during sleep or suffer from sleep apnea—temporary pauses in breathing, often accompanied by gasping, choking, or violent snoring.

MS symptoms and the sleep problems that tangle up with them are many and diverse. Some are directly related to symptoms; some may be caused by the location of MS lesions (areas of damage) within the brain. Others may stem from stress. Sleep specialists—psychiatrists, psychologists, neurologists, and neuropsychologists who specialize in sleep disorders—have a smorgasbord of pharmaceutical and behavioral treatments to offer.

ZZZS WITH EASE

“Behavioral techniques for sleep disorders empower people with a feeling that they can do something to take control of their sleep problems,” said Campbell M. Clark, professor of Psychiatry at the University of British Columbia in Vancouver, Canada. The techniques he teaches include:

- Repetitive mental exercises such as counting sheep or repeating a mantra. (Some people fall asleep just from the tedium!)

- Visualization (seeing yourself being lulled to sleep in a tranquil environment, perhaps a spot with a rippling mountain brook or palm trees swaying in a cool breeze).
- Progressive relaxation (mentally “putting to sleep” each part of the body through tensing and then relaxing muscles). People with spasticity should be careful with this one, he suggests, as tensing could trigger muscle spasms.

Specific instructions on these techniques can be found in our booklet, “Taming Stress in Multiple Sclerosis.” Call 1-800-FIGHT-MS [1-800-344-4867].

SOUND SLEEPING IS A HABIT

Lauren Caruso, PhD, a neuropsychologist at the MS Research and Treatment Center at St. Luke’s-Roosevelt Hospital Center, in New York City, helps people create consistent bedtime routines that set the stage for falling and staying asleep.

“Establish habits that announce, ‘now I can relax,’” Dr. Caruso advises. “Try listening to music or meditating. People who aren’t bothered by nocturia might try a cup of chamomile tea or warm milk as part of their bedtime ritual. Then adjust the pillows, night-clothes, the room temperature, turn

out the light, and position yourself comfortably.”

If slumber is still elusive after about 10 minutes, don't lie there watching the clock, she advises. Get up! Find something quiet to do—a puzzle, a game, reading, or writing. (If you are angry or worried, this may be the time to write letters you will never send.) Rather than doing something passive, such as watching TV or listening to music, do something mildly active so that natural tiredness can build up.

SLEEPING PILLS? NAPS?

Dr. Caruso cautions against over-reliance on sleep medications, though some physicians do prescribe them for short-term use. “They have potential sleep-altering properties and may interact with other prescription medications. Just because a remedy is available over-the-counter doesn't mean it's harmless. Melatonin, which has been shown to be useful for jet lag, has been associated with adverse side effects when used for more than a few days,” she commented. It's important to avoid alcohol, tobacco, or caffeine near bedtime. (Caffeine is found in many teas, cocoa, chocolate, cola drinks, and some over-the-counter pain relievers. Check labels.) Long daytime naps may also interfere with nighttime sleep.

“For a quick pick-me-up, a short rest period, whether you sleep or not, can

be very helpful,” Dr. Caruso said. “Simply sit comfortably, or lie down, close your eyes, clear your mind, and do absolutely nothing for about 15 minutes. Listen to music if you like, but don't read, watch TV, or talk on the phone.”

TREAT SYMPTOMS, NOT SLEEPLESSNESS

The best habits and behavioral remedies won't alleviate sleep problems caused by PLMS (“periodic limb movements in sleep”), spasticity, or nocturia. But there are effective treatments available for all of them.

“PLMS, such as bending at the hips or knees, can awaken people with a start,” said Dr. Art Walters, clinical professor of Neurology at the Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey, in New Brunswick, New Jersey. “But sometimes PLMS are not so obvious. They can occur as flexions of a toe that are so slight the person doesn't remember the sleep disruption.”

People who consistently begin the day feeling weary and unrested might ask the person who shares their bedroom if any PLMS were noticed. Mates are often aware of nighttime disturbances, which can mess with rest on both sides of the bed.

If MS symptoms are under control, and self-help hasn't worked, ask your physician for a referral to a sleep specialist. Sleeplessness doesn't have to be a permanent problem.

TO LEARN MORE

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Sources for this publication:
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