

Patty's PT Tips

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Multiple Sclerosis and Sleep — Essential Health Care

How Do You Prepare for a Good Night's Sleep?

1. It starts first thing in the morning. What time do you get up? Is it about the same time-give about 20 to 30 minutes?
2. How much physical activity are you doing each day? What is the quality, quantity and type of exercise?
3. What and when are you eating? Did you eat or drink too much too close to bedtime?

The obvious culprits are: caffeine, too much sugar, foods too difficult to digest-heavy meat or cheese intake or alcohol. Alcohol, particularly within 2 or 3 hours of bedtime, can be very disruptive.

4. What are your activities 1 to 2 hours before bedtime? General rules of thumb:
 - a. No vigorous exercise 3-4 hours prior to bedtime. Gentle yoga or stretches can be helpful for sleep.
 - b. Deep breathing exercises-slow, deep breath followed by longer exhalations-lowers BP. Meditation and/or journaling to clear the monkeys in the head.
 - c. No electronics 1-2 hours prior to bedtime. May be able to tolerate e-reader with low blue light or use of blue light cancelling glasses. No cell phone use. Light can reduce the body's ability to release melatonin-our natural hormone needed to induce sleep.
 - d. Any light in and around the bedroom may influence this as well. i.e. night lights that are directly pointed toward your bed, light reflecting in the bedroom from outdoors-especially if

you are not used to it. Correct this with use of black out curtains, turn bedside alarm clock away from line of sight, sleep masks

- e. Sound influences-Correct with use of sound machines (range in price from \$20 to \$300), earplugs

5. Pain management techniques before bedtime:

- a. Vibration massage or self-massage to spastic muscles
- b. Tonic water (4 to 8 oz) prior to bedtime-might help with muscle cramping symptoms
- c. Cooling pillow or pillow case along with a cooler bedroom temperature
- d. Pillow props to support body parts in the most restful position. Orthopedic related pain may be disrupting your sleep.
- e. Heating pad application to sore, stiff muscles
- f. Aroma therapy-not a great deal of scientific research that supports this but suggested aromas are lavender, ylang ylang, bergamot, chamomile, sandalwood

Common Contributing Factors to Poor Sleep:

- 1. Obstructive sleep apnea- a more common musculoskeletal problem. More common in people with MS in part due to skeletal/postural influences from prolonged sitting. Obesity may also play a role. Symptoms include snoring, excessive daytime sleepiness, difficulty staying asleep, cognitive changes
- 2. Central sleep apnea-not uncommon in people with MS. Often related to MS lesions in the brainstem
- 3. Bladder Dysfunction-resulting in frequent trip to the bathroom in the middle of the night
- 4. Restless leg syndrome-may be related to iron deficiency. Neuropathic pain can result in symptoms that mimic restless leg syndrome.

The Long-term Problems of Being Sleep Deprived:

1. Low night time oxygen levels that can accelerate cognitive deficits in the short and long term.
2. Irritability
3. Fatigue-90% of MS patients report this (the other 10 % are lying in my opinion)
4. Insomnia-46% of MS patients report this symptom
5. Increased pain and slower cell repair of all kinds-reported in at least 50% of all MS patients
6. Appetite alteration

Common Medical Interventions:

1. Sleep study with possible CPAP intervention- this can be life and cognitive changing therapy
- 2. Medication regimen modifications-due to the need for multiple medications for symptom management with MS patients it is important to review this with your practitioner each time.**
3. Commonly used medications that may diminish restful sleep: steroids, interferon beta-1A (Avonex, Rebif, Kesimpta); Glatiramer acetate (Copaxone, Glatopam)
4. Commonly used medications that may enhance sleep: Tizanioline and Baclofen for spasticity; Sativex (nabiximol)-cannabis derived; Tysabri(natalizumab)-may decrease fatigue

Over the Counter Sleep Aids:

1. Melatonin-discuss with your physician regarding recommended dosage
2. Antihistamines (Caution!) not a long -term solution
3. CBD

What Now??

1. Make a plan: Review each intervention above and try one at a time for a few days to see if it works. Keep a sleep diary.
2. If you or your bed partner suspect you have sleep apnea get it evaluated and treated as soon as possible as this has lifetime implications
3. Do not be afraid to bring this up with your family practitioner, neurologist, urologist, psychological counselor or pain specialist until you have a plan and a resolution of the problem.

Sleep is absolutely foundational to managing MS. You may need to try several interventions but it will be worth the effort in the long run!