

Integrated Care in Parkinson's Disease Series
February 15th, 2022

Relax, Rewind, & Get a Good Night's Sleep

Dr. Lucille Carriere
Clinical Health Psychologist
Cleveland Clinic Lou Ruvo Center for Brain Health



Presentation Overview

- Part 1: Impact of PD and Aging on Sleep
- Part 2: Sleep Regulation
- Part 3: Barriers to Quality Sleep
- Part 4: Quieting an Active Mind

What does a good night of sleep look like for you?



- "I didn't wake up too often!"
- "I woke up but got back to sleep pretty easily."
- "I was able to fall asleep in just a few minutes."
- "I only needed 1 nap today."
- "I was able to exercise or walk today."
- "I felt productive around the house."
- "I crossed off a few to-do list items today."

Sleep Changes Related to Parkinson's Disease & Aging

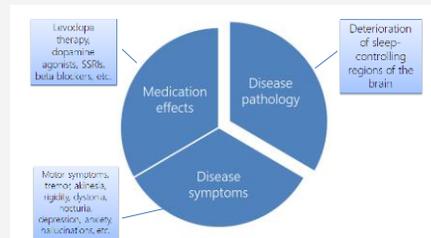


At least **66%** of people living with Parkinson's disease report **sleep disturbances**

Epidemiology of sleep disturbances in Parkinson's disease

Diener, Healy, Pal, & Chaudhuri, 2006

Impact of Parkinson's Disease on Sleep



Impact of Aging on Sleep

AGE-RELATED CHANGES FROM 20 TO 60 YEARS OF AGE

TOTAL SLEEP TIME	TIME TO FALL ASLEEP	NIGHT TIME AWAKENINGS	BED & RISE TIMES
Reduction of 10-12 minutes per decade	Increases very slightly with age	+10 minutes per decade	60 minutes earlier

Li, Vliago, & Gooneratne, 2016

Weighing the Importance of Sleep Quality



Barriers to Quality Sleep



What gets in the way of quality sleep for you (night time factors)?



Physical symptoms & discomfort

Pain/soreness
Tremors
Stiffness
Hormones

Other medical conditions

Urinary conditions
Diabetes
Depression
Active mind

Sleep disorders & related symptoms

Vivid dreams
Dream re-enactment
Hallucinations
Restless legs
Sleep apnea

Lifestyle factors

Watching TV in bed
Big meal, alcohol, or stimulants before bed

Sleeping environment

Too hot/too cold (62-68 is best)
Too much light
Bed partner interference

What gets in the way of quality sleep for you (daytime factors)?



Irregular routine

Variable bed and wake times
Wake time > bed time

Reduced light exposure

Minimal time near sunlight
Late wake up = limited sunlight hours

Minimal physical activity (or exercise)

Moderate aerobic exercise is best (adapt as needed)
Mood benefits
Optimal timing varies by person

Emotional health

Presence of mood and anxiety symptoms
Engagement in enjoyable activities

Optimizing your Physical Health to Promote Sleep



Optimal Treatment of Medical Symptoms is Important



Motor and Non-Motor PD symptoms

- Medication adjustments to dopaminergic therapy may be warranted
 - Consider nocturnal patterns with 'on' and 'off' periods
- Management of psychiatric symptoms



Non-PD conditions and symptoms

- Specialty medical management may be warranted
 - Urology, sleep medicine, pain specialist, etc.

Optimizing your Emotional Health to Rewind & Promote Sleep



An 'Active Mind' at Night

"My thoughts just won't turn off at night!"

- May be present in many forms:
 - Overthinking a single subject
 - Juggling thoughts on multiple subjects
 - Racing, worrying thoughts
 - Hard to control
- Tired brains tend to not be very good at problem-solving late at night



Quieting an 'Active Mind': Exploration of Thoughts

What types of things do you tend to think or worry about?

- Identifying and labeling the content of your thoughts:
 - Health, finances, relationships, sleep, politics, etc.?
 - Upcoming activities/events?
 - Unfinished tasks?
- Is it a situational or chronic worry?
- Degree of control or influence over the subject? Amenable to problem-solving?



Quieting an 'Active Mind': Creating a Buffer Zone

"How do you signal to your brain it is time to wind down at night?"

- Building 'quiet time' into your nightly routine:
 - Transitional time from daytime activities to bed time
 - Engagement in enjoyable, relaxing activities (ideally, not in the bed)
 - Turn off the electronics!
 - Begin at least 30-60 minutes before bed



Quieting an 'Active Mind': Scheduling a Brain Dump

"How do I slow my mind down with all these thoughts?"

- Benefits of expressive writing to tackle night time thoughts (or worries)
 - Scheduling brief time (ideally, several hours) before Buffer Zone
 - Complete *outside* of the bedroom
 - Delay problem-solving until mind and body are rested
 - Writing 'To Do' list instead of completed activities associated with faster time to sleep



Quieting an 'Active Mind': Reducing Bodily & Cognitive Arousal

"How might you soothe your body while holding those thoughts?"

- Relaxation exercises

- Directly targets physiological activation within body 
- Aim for at least 15-20 minutes (ideally, out of the bed)
- Key to success: Individual fit, practice, & building into your nightly routine

- Examples:

- Diaphragmatic breathing
- Guided imagery
- Meditation



THERE'S AN APP FOR THAT



Relaxation Exercises: Phone App



Mindful Moments

Created by Cleveland Clinic Wellness Institute

Highlights: Offers +15 audio clips of relaxation exercises

Apple App Store Preview

Quieting an 'Active Mind': Reducing Bodily & Cognitive Arousal

- Light stretching exercises

- May help reduce bodily tension and promote relaxing breathing exercises
- Listen to your body
- Consult with medical/rehabilitation provider for adjustments



- Reading

- Audio books are a good alternative

- Music



- Gratitude journaling

Concerned about your sleep?



Time to start tracking



Tracking Your Sleep: Logs



Monitor for 1-2 weeks before your medical visit



Bedtime
minutes to fall asleep
night time awakenings
Length of time you are awake
Rise time



Bed partner observations & input



Use a journal, online forms, or wear-able devices

THERE'S AN APP FOR THAT



Tracking Your Sleep: Phone App



GO! To Sleep

Created by Cleveland Clinic Sleep Center

Highlights: Sleep tracker, health and sleep survey to generate a "sleep score"

Apple App Store Preview

During your Medical Visit: Sleep Conversations

- Describe your sleep problems and complaints
 - *What is the most bothersome aspect to you?*
- Relationship to nocturnal PD symptoms (if applicable)
- Be sure to discuss other important health behaviors that contribute to daytime functioning
 - *Are mood, activity level, and daytime stimulation satisfactory?*



Summary



Quality sleep is vital to promotion of health and wellness when living with PD

Sleep changes are common in PD and part of the normal aging process.

However, poor sleep quality should not be the norm.



Comprehensive management is key to understanding and treating sleep disruptions

Medical and behavioral strategies are effective in improving sleep quality.

An individualized sleep intervention plan is key.



Practical, research-driven behavioral strategies can improve sleep quality

Interventions designed to lower pre-bed cognitive and physiological arousal may help sleep promotion