

Sleep Disorders



Allina Health

Sleep

Getting enough sleep is important. It affects your physical and mental health. Too little sleep (even 1 hour too little each night) can create a “sleep debt.” If the debt becomes too great, problems may result.

Too little sleep can lower your:

- performance
- concentration
- reaction time.

Too little sleep can cause:

- accidents and injuries
- behavior problems
- physical problems
- mood changes
- memory lapses.

If you feel drowsy during the day or if you fall asleep within 5 minutes of lying down, you may not be getting enough sleep.

Causes of Sleep Disorders

Common causes of sleep disorders include:

- use of caffeine, decongestants or other stimulants
- alcohol use
- tobacco
- not taking the time to sleep
- poor sleep hygiene.

Although there are more than 80 types of sleep disorders, the most common include: sleep apnea, insomnia, restless leg syndrome, periodic limb movement disorder and narcolepsy.

As you age, you sleep more lightly and for shorter amounts of time. About half of all people older than age 65 have sleeping problems.

Sleep Apnea

Apnea is a Greek word meaning “want of breath.” Sleep apnea is a common sleep disorder in which you stop breathing while asleep. Your airway narrows or collapses during breathing, blocking air flow. When this happens, your lungs can’t take in oxygen or breathe out carbon dioxide. This can last 10 seconds or longer.

Your brain responds to the falling oxygen levels by waking you enough to tighten the upper airway muscles and open your airway. You may snort or gasp and continue trying to breathe. This can happen more than 100 times per hour each night.

There are 2 types of sleep apnea:

- **obstructive:** occurs when air cannot flow into or out of your nose or mouth. This is the most common type of sleep apnea.
- **central:** occurs when the brain doesn’t send the right signals to your breathing muscles

Who is at risk for sleep apnea

Sleep apnea is more common in men than in women.

Causes of sleep apnea

Causes of sleep apnea include:

- having a small jaw, or large tongue, tonsils or adenoids
- having throat muscles and a tongue that relax more than normal
- taking alcohol, sleeping pills or other medicine before bedtime. This can slow your breathing and can cause sleep apnea to occur more often.
- being overweight.

Symptoms of sleep apnea

The main symptoms of sleep apnea are:

- loud snoring
- choking or gasping during sleep
- daytime sleepiness (even while driving or working).

Other symptoms include:

- morning headaches
- memory or learning problems
- irritability
- inability to concentrate
- mood swings or personality changes
- dry throat in the morning.

You may have a few or many of these symptoms. Although these symptoms occur in sleep apnea, they may indicate a medical problem other than sleep apnea. Your doctor can help you sort it out.

If sleep apnea is not treated, it can lead to high blood pressure, heart disease, heart attack, stroke, impotence, memory loss and even death (because of accidents while working or driving).

How sleep apnea is found

To help diagnose sleep apnea, your health care provider may:

- ask you about your medical history
- ask questions about how you sleep and feel during the day
- check your mouth, nose and throat for obstruction
- have you take a sleep study (polysomnography).
During the test, while you sleep, staff will monitor the stages of your sleep, brain activity, eye movement, muscle activity, breathing, heart rate, and more.
Treatment is based on your symptoms and the results of your test.

How sleep apnea is treated

Treatment for sleep apnea is based on the results of your sleep study and your medical/sleep history. Treatment may include:

- using a continuous positive airway pressure (CPAP) machine while sleeping (This machine blows air into a mask you wear to keep your airway open.)
- losing weight if you are overweight

- talking with your health care provider about any prescription medicines you take (Medicines for headaches, anxiety and other problems may affect your sleep and breathing.)
- sleeping on your side, rather than your back
- wearing a mouthpiece (oral appliance) while sleeping (This will adjust your lower jaw and tongue forward, opening the space in the back of the throat.)
- having surgery to enlarge your airway.

You and your health care provider will decide on the best treatment plan for you.

How sleep apnea can be prevented

Proper weight control, exercise and regular sleeping habits will promote general good health, and may help prevent sleep apnea.

Insomnia

If you have insomnia, you may have trouble falling asleep, staying asleep or waking up early in the morning. This leaves you feeling unrefreshed in the morning and tired, irritated and drained of energy the next day.

Insomnia happens to everyone once in a while. Insomnia that occurs most nights for at least 1 month often needs treatment.

Who is at risk for insomnia

Insomnia occurs in men and women. You may be at a higher risk for insomnia if you:

- are older (especially older than age 60)
- are a woman (especially after menopause)
- have a history of depression or anxiety

- are under a lot of stress
- have other medical problems.

Symptoms of insomnia

Symptoms of insomnia include:

- problems falling asleep
- waking up during the night without going back to sleep
- waking up too early in the morning
- feeling unrefreshed in the morning.

Causes of insomnia

There are some conditions which, when combined with age, gender and history of depression, can make insomnia more likely. These include stress, anxiety, a medical problem and some medicines.

Some causes of insomnia are:

- napping too much during the day or evening
- stress and worry
- noise
- extreme temperatures
- change in your environment
- problems in your sleep-wake schedule (such as jet lag)
- side effects of medicine
- alcohol, caffeine or nicotine
- disrupted schedules.

How to find out if you have insomnia

Your health care provider will diagnose insomnia by taking your medical and sleep histories. You may be asked to keep a sleep diary or talk with your partner about your night's sleep. If your health care provider suspects another type of sleep disorder (such as sleep apnea), you may need to take other tests.

How insomnia is treated

If your insomnia lasts only a few days, you can make lifestyle changes. If your insomnia is chronic (long-lasting), you may consider behavior changes (such as relaxation therapy), develop good sleep hygiene habits or temporarily use short-acting sleeping pills. Your health care provider can talk with you about the side effects of medicines. Over-the-counter sleep medicine does not usually work long-term in treating insomnia.

Restless Leg Syndrome (RLS)

Restless leg syndrome (RLS) is a disorder that causes you to have unpleasant feelings in your legs. You may feel sensations such as creeping, itching, crawling or pulling. These sensations can be painful and often occur in the evening when you are lying down.

RLS may affect one or both legs and it may affect your arms as well. The sensations are worse when you lie or sit for long stretches of time. This includes sitting at a desk or in a car, or lying down.

Usually, the symptoms go away when you walk, exercise, stretch or rub your legs. Symptoms get worse when you are relaxed. You may have problems falling asleep. Once you do, you probably sleep better at the end of the night or in the morning. As a result, you feel sleepy during the day.

Who is at risk for RLS

Both men and women get RLS. Although RLS often affects older people, it can occur in all age groups.

Symptoms of RLS

Common symptoms include:

- unpleasant sensations in your legs (creeping, crawling, pulling or painful)
- sensations relieved by walking, stretching, massage or baths (hot or cold)
- leg discomfort occurs when you lie down
- sensations are worse in the evening and at night
- problems falling or staying asleep
- daytime sleepiness.

Causes of RLS

The cause of RLS is unknown in most cases. There are some things that may go along with RLS:

- family history of RLS
- pregnancy (symptoms end after delivery)
- low iron or anemia
- diseases such as kidney failure, diabetes, rheumatoid arthritis
- eating or drinking too much caffeine.

How to find out if you have RLS

Your health care provider will depend on your descriptions of what you are feeling. He or she will ask you about your medical and family histories as well as what medicines you are taking.

You may need some medical tests (such as a physical or neurological exam) and lab tests to rule out other problems.

How RLS is treated

If you have a mild case of RLS, you may find relief through activities such as taking a hot bath, massage, heating pad or ice pack or regular exercise. You may also find relief by reducing your caffeine intake.

If you have a severe case of RLS, there are medicines you may find helpful. Your doctor will talk with you about the different medicines and their side effects.

Periodic Limb Movement Disorder (PLMD)

Many people who have RLS have a related disorder called periodic limb movement disorder (PLMD). It affects the legs and arms but only occurs when you are sleeping.

People who have PLMD don't always know they have it. Involuntary movements or jerking may result in kicking a bed partner. Another sign is bedding may be found tangled in the morning. Movements like this can occur all night, but occur most often in the first half.

Who is at risk for PLMD

This disorder is rare for people younger than age 30. It becomes more common as people age. Nearly 50 percent of people older than age 65 are affected.

How PLMD is found

Your doctor will have you take a sleep study (polysomnography) to confirm PLMD.

How PLMD is treated

PLMD can affect your personal and work life. Your health care provider will talk with you about your treatment options.

Narcolepsy

Narcolepsy is a disorder in which you sleep well at night, but also have extreme sleepiness during the day. You may fall asleep at inappropriate times (such as driving). These sleep attacks can occur without warning.

Who is at risk for narcolepsy

Narcolepsy occurs in men and women. Symptoms can start at any age. Narcolepsy may run in families or occur without any family history.

Symptoms of narcolepsy

Symptoms may include:

- feeling very sleepy during the day even after a good night's sleep
- falling asleep when you shouldn't (such as while driving, eating or talking)
- having sudden loss of muscle control or collapse when you laugh, get angry, become surprised or shocked, or with grief
- are briefly unable to talk or move while falling asleep or waking up
- vivid dream-like experiences when you wake up or fall asleep.

People who have narcolepsy usually do not have all symptoms. The symptoms — especially the daytime sleepiness — can affect your personal and professional lives.

How to find out if you have narcolepsy

You will likely need to have a sleep study to confirm you have narcolepsy. Your health care provider may refer you to a sleep specialist for more testing.

There are two main tests used to diagnose narcolepsy. They are:

- an overnight sleep study
- a nap test the next day (multiple sleep latency test).
After spending a night in the sleep lab, you will be asked to take four to five 20-minute naps every 2 hours.

How narcolepsy is treated

There is no cure for narcolepsy. Medicines and lifestyle changes (such as daytime naps) can reduce your symptoms. You may need to work with your health care provider over a period of time to find what works best for you.

Other Disorders

Sleepwalking

Sleepwalking is a behavior that causes a person to get out of bed and walk around at night.

Many children sleepwalk and outgrow this behavior. To prevent children from getting hurt, lock doors and put gates across stairs.

Sleepwalking may also occur in adults. It may be a sign of a physical problem or emotional disorder that needs to be treated (such as anxiety or depression).

Talk to your health care provider about your symptoms.

Sleep Hygiene

Bedtime hygiene often consists of washing your face and brushing your teeth. Sleep hygiene refers to habits you develop over a period of time that promote good sleep.

Good sleep habits promote restful sleep and daytime alertness. They can also prevent the development of sleep problems and disorders.

You can create good sleep hygiene by doing the following.

- Get regular exercise, but not right before bed.
- Find a good temperature for sleeping (cool is often the best).
- Go to bed only when you are tired and get into your favorite sleeping position. If you can't fall asleep right away, leave the room and find something quiet to do (such as reading). When you are tired, go back to bed and try to fall asleep.
- Go to bed and wake up at the same time every day — even on the weekends or during vacation.
- Avoid taking naps during the day. If you do nap, limit the time to one nap of less than 1 hour. Do not nap later than 3 p.m.
- Avoid eating a heavy meal or spicy foods before bedtime. If you are hungry at bedtime, eat a light snack (such as a glass of warm milk or cheese and crackers).
- Avoid alcohol and caffeine 4 to 6 hours before bedtime.
- Avoid bright lights and computer screen time shortly before bedtime.

- Avoid nicotine from tobacco before bed. Quitting tobacco can help you fall asleep better and wake up fewer times each night. If you use a form of nicotine replacement therapy (NRT) to help you quit, ask your health care provider how to not let it interrupt your sleep.
- Use your bed only for sleep and sex. Let your body “know” that the bed is for sleeping.
- Avoid noise and bright rooms. Consider putting up darkening shades on the windows, wearing earplugs, or using a white noise machine if you live in a noisy neighborhood.
- Avoid watching the clock.
- Don’t take your worries to bed.
- If you think you may have depression, anxiety or stress, talk with your health care provider. Problems staying asleep can be a sign of depression.
- Many people wake up at night for various reasons. If you need to get up to use the bathroom, try to use a night light to see, instead of turning on a main light. Bright lights may keep you from falling asleep.
- If you get up in the middle of the night and can’t get back to sleep, do not stay in bed.
 - Leave the bedroom and do a quiet activity (such as reading).
 - Do not do office work, housework or watch television.
 - When you are tired, lie down again and you should be able to get back to sleep in about 20 minutes.

**Information adapted from the National Institutes
of Health: National Center on Sleep Disorders
Research and the National Institute of Neurological
Disorders and Stroke.**



Allina Health

allinahealth.org

© 2014 ALLINA HEALTH SYSTEM. TM – A TRADEMARK OF ALLINA HEALTH SYSTEM.
OTHER TRADEMARKS USED ARE OWNED BY THEIR RESPECTIVE OWNERS
THIS BOOKLET DOES NOT REPLACE MEDICAL OR PROFESSIONAL ADVICE. IT IS ONLY A GUIDE.

neuro-ah-21532 (1/11)