

Sleep

How to Sleep Well Despite Your Symptoms

CAN DO
MULTIPLE SCLEROSIS

WEBINAR 
WEDNESDAYS

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UPCOMING PROGRAMS

Thursday, October 12th

JUMPSTART

Getting Started with Strategies for a Good Night's Sleep

Tuesday, October 17th

YOUR QUESTIONS ANSWERED

Sleep and MS

Wednesday, November 1st

Webinar

How to Talk about Tough Stuff with Important People



CANDO-MS.ORG

Can Do MS is coming to Texas!

Don't MS With Texas

October 28 - Lubbock, TX
10:00 am - 3:00 pm ET

Community Program

November 4- Dallas, TX
9:00 am - 12:30 pm

*hybrid option available

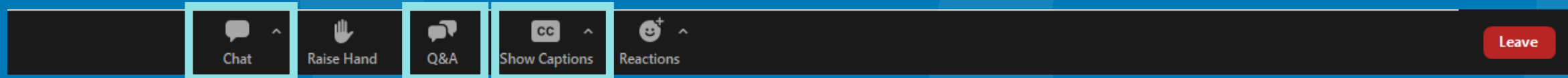


Register today! [Cando-ms.org](https://cando-ms.org)

CAN DO
MULTIPLE SCLEROSIS

How to Ask Questions During the Webinar

Type in your questions using the Questions Box



Provide comments and engage with the speakers and audience using the **Chat Box**



NEW! Closed captioning



YOUR SPEAKERS



Abbey Hughes
Psychologist

Maryland



Samantha Domingo
Psychologist

Oregon

LEARNING OBJECTIVES



1

Understand the basics of a healthy sleep pattern

2

Become familiar with the physical and emotional factors that impact sleep

3

Understand the impact of poor sleep on health and wellness

4

Learn sleep hygiene tips for more effective night's sleep

How many hours of sleep does one need for a healthy lifestyle?

A 6-7

B 8-9

C More than 9

D It depends

How much sleep do we really need?

The short answer is: it depends!

Most adults need between 7-9 hours of sleep

Sleep needs depend on:

- Age and other demographic factors
- Genetics – natural circadian rhythm
- Behaviors – activity levels during the day
- Environment/culture

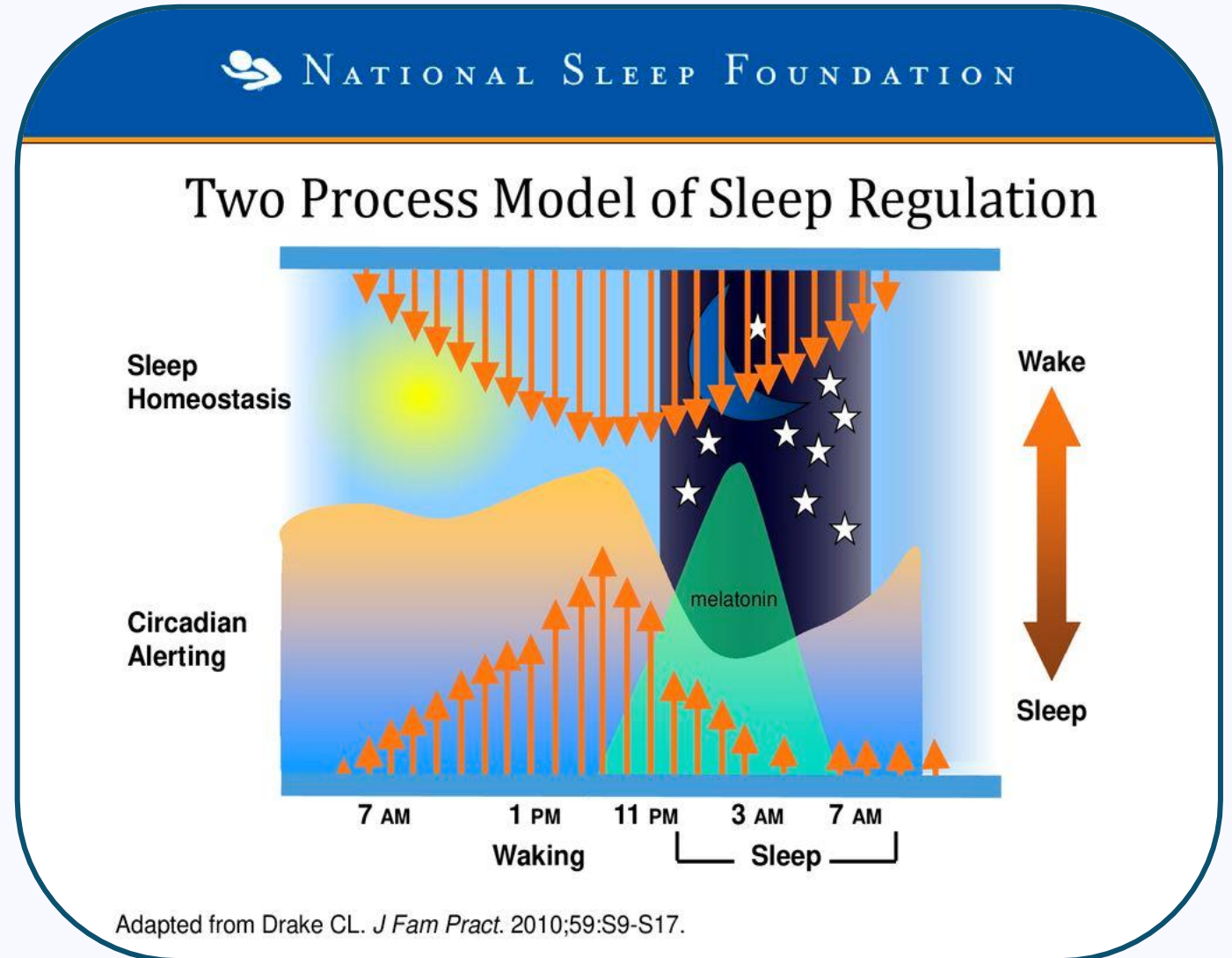


How much sleep do we really need?

Process S and Process C

- S – “Sleep Drive”
- C – Circadian

These processes are on
~24-hour cycle, not only
at night/sleep period



What is a “normal” amount of nighttime awakenings?

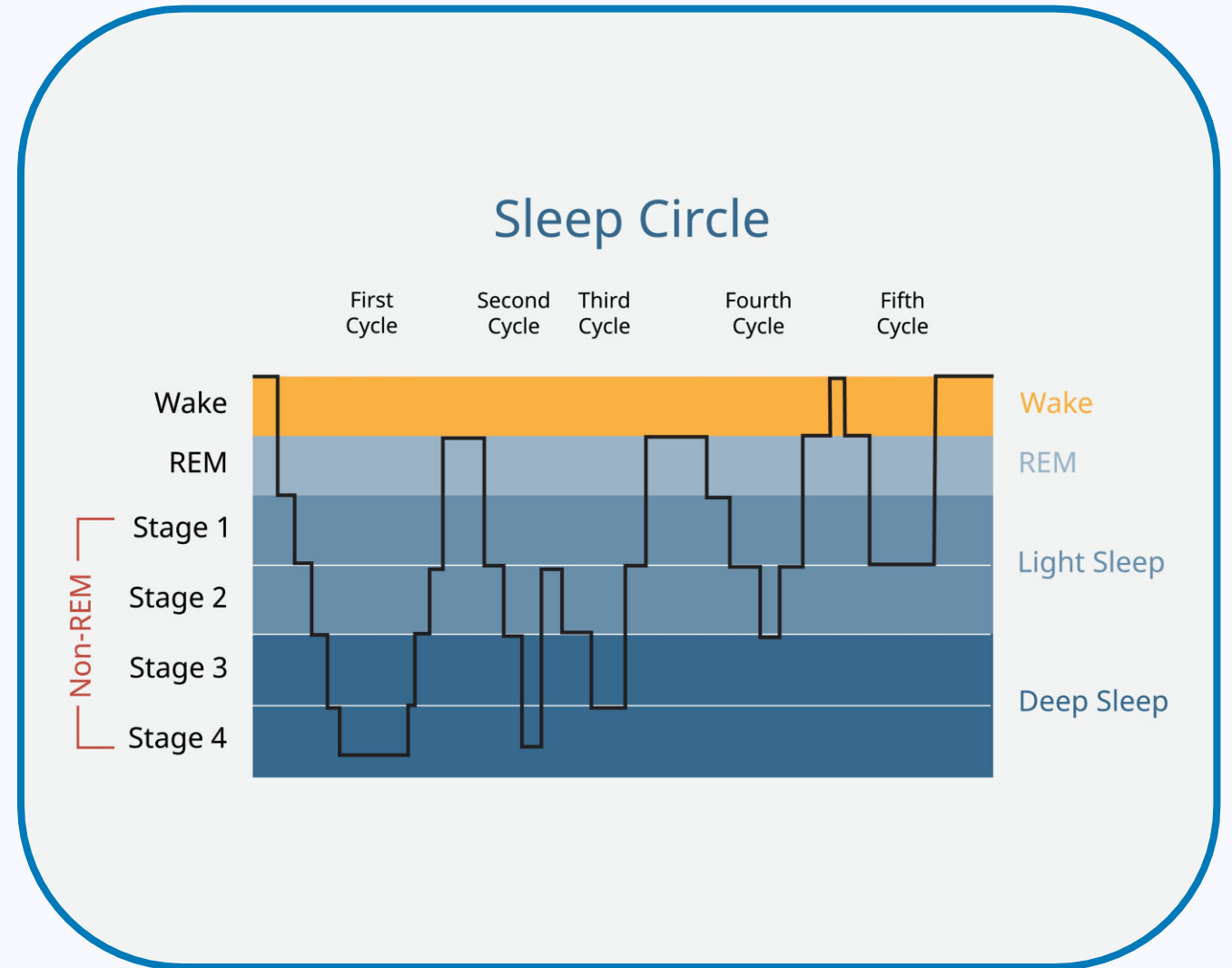
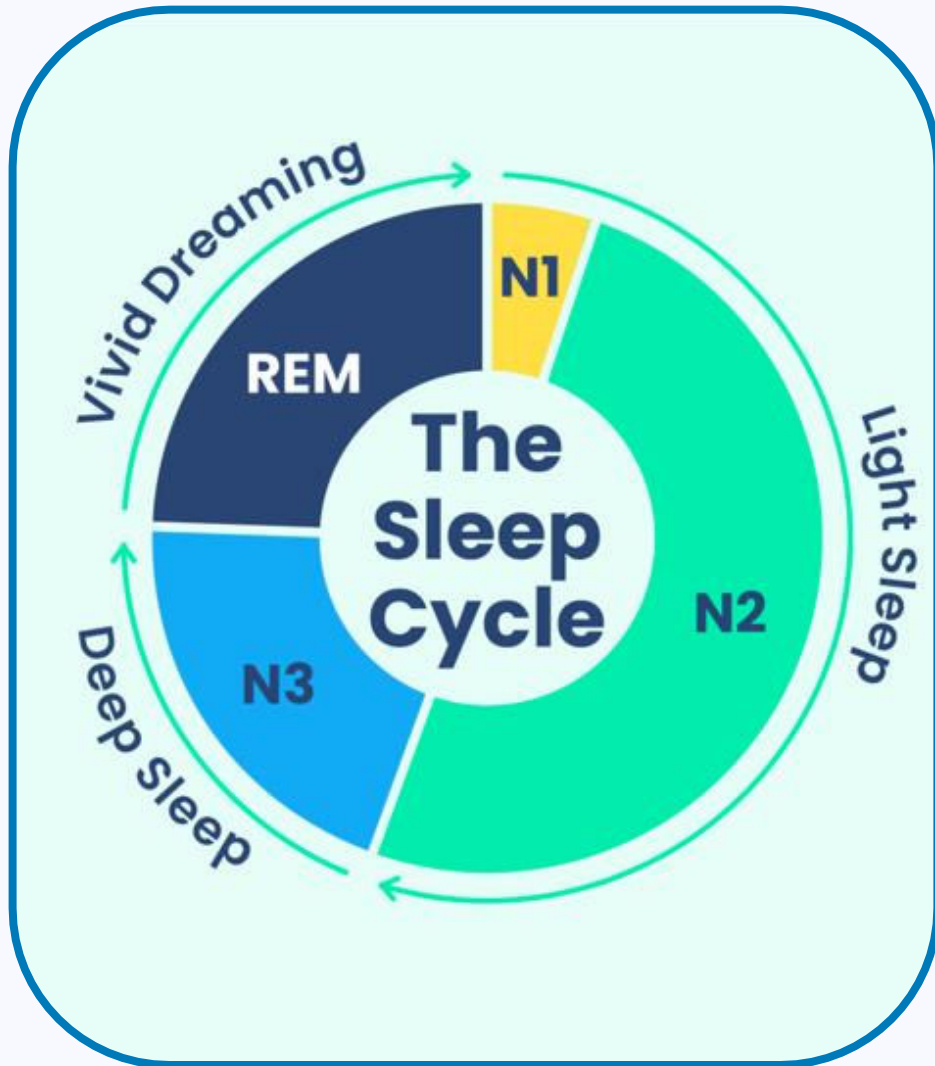
- A** Zero (0) – you shouldn’t wake up at night
- B** A few (3-4) – a few brief awakenings are normal
- C** Many (>4) – many long awakenings are normal
- D** Not sure

Adult Sleep



- A few brief (<20 min) awakenings is normal and part of a regular sleep cycle pattern
- The key is to find return to sleep while minimizing stress or effort (“trying”) to sleep
- Awakenings can happen due to:
 - Medical conditions including sleep disorders, depression, and anxiety
 - Behavior factors (nutrition, hydration, coping strategies)
 - Environmental factors – bed partners, children, noises

Back to Basics: What does “Typical Sleep” look like?



What is the best first step to getting better sleep?

- A** Assessment – find out what factor(s) are making sleep difficult
- B** Stay in bed longer – give yourself more opportunity to sleep
- C** Try melatonin or a sleep medication
- D** Track your sleep score every night with a wearable device

Check the facts

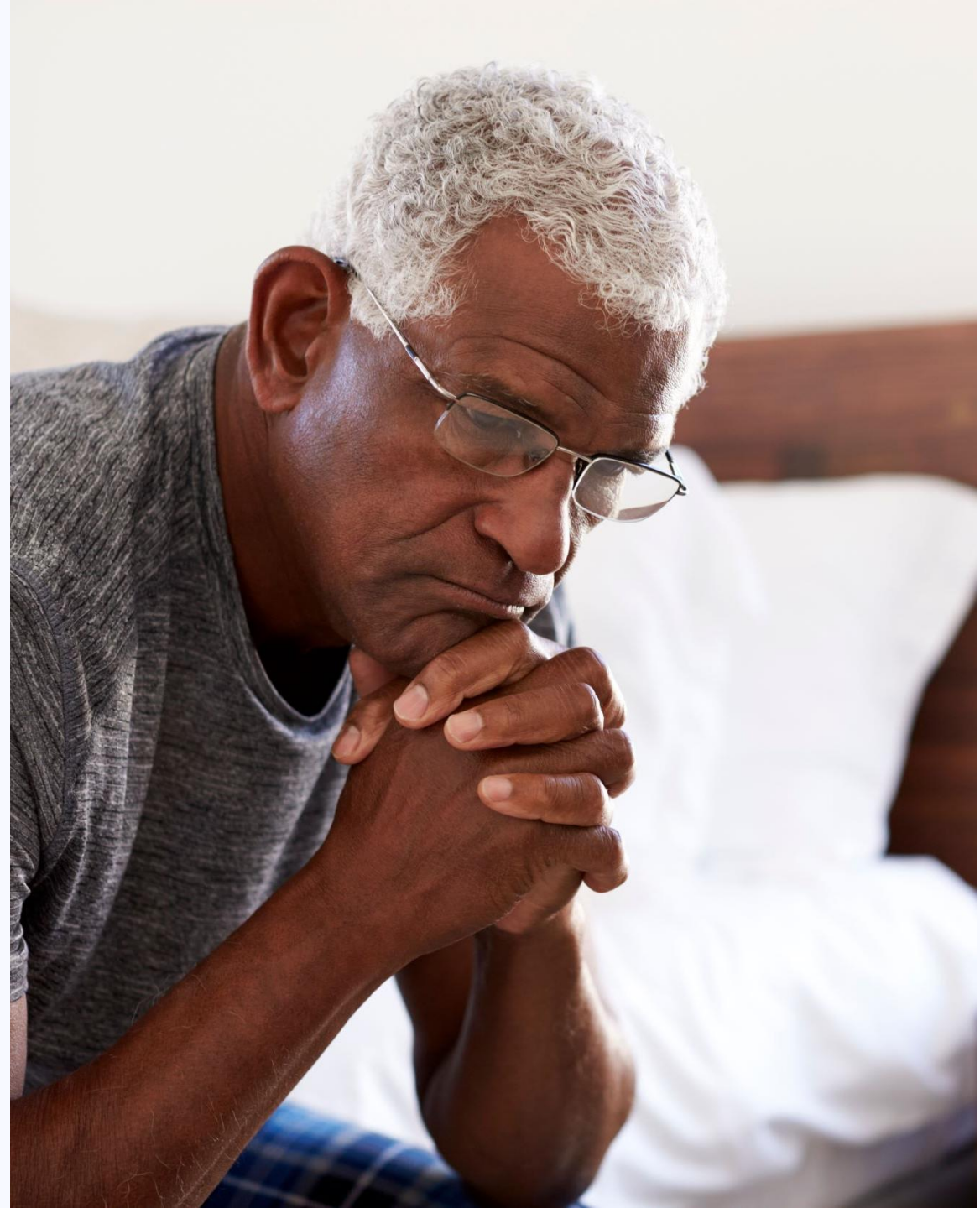
Sleep helps your brain health

- However, we ALL have poor sleep from time to time
- 1-2 nights of poor sleep per week likely won't cause harm

Distress about poor sleep (“sleep anxiety”) is sometimes more harmful than the poor sleep itself

It's a balancing act

- Working with your medical team as “detectives”
- Coping with frustration/unpredictability



Is MS causing poor sleep?



Maybe, Maybe Not

- Lesions in the brain – structures involved in sleep
- Changes in neurotransmitters/neurohormones
- MS symptoms – pain, nocturia
- Behaviors – how you cope with symptoms
- Medications (DMT and symptomatic medications)
- Pre-existing/Exacerbating factors
 - Childbirth
 - Menopause
 - Pandemic

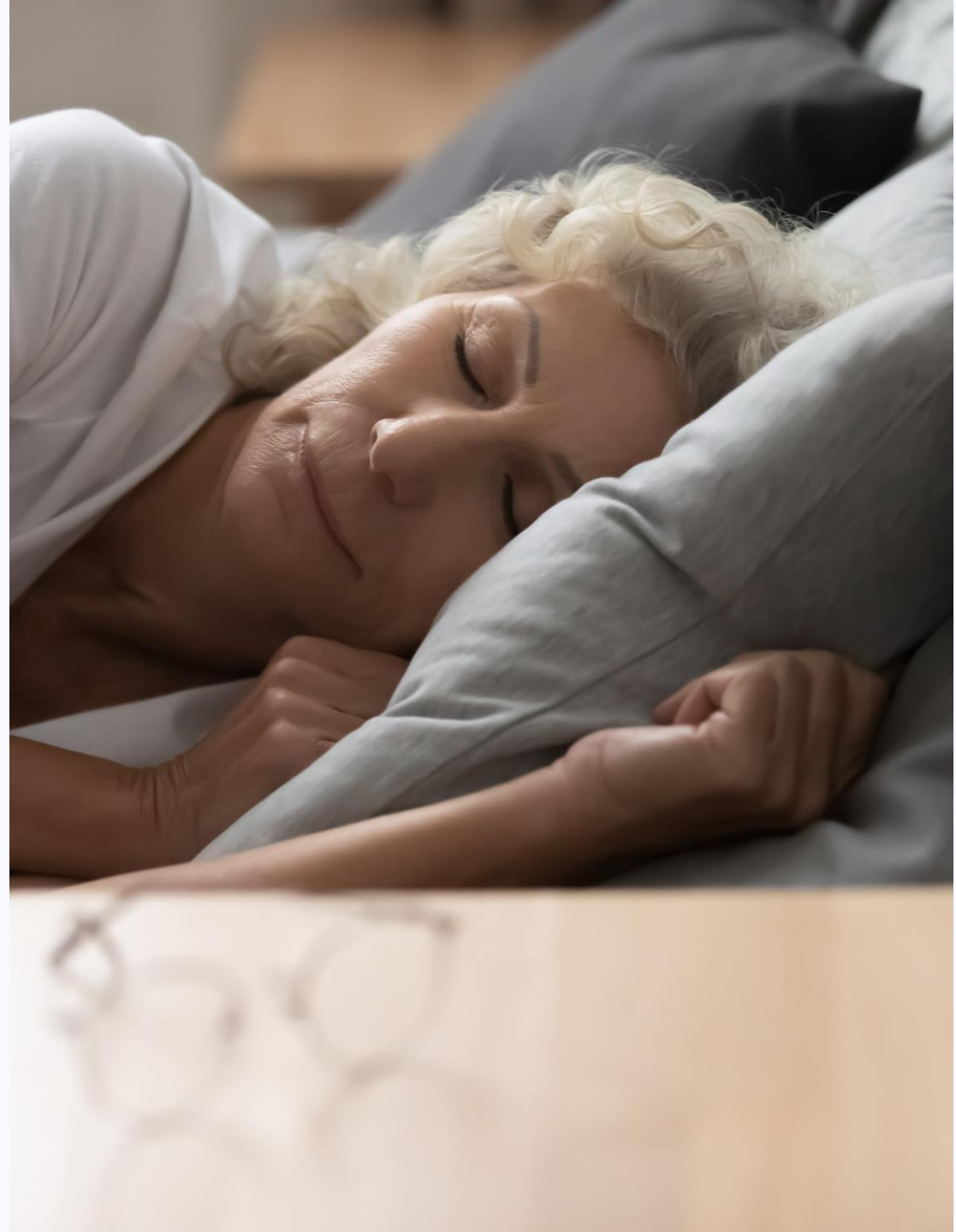
Are sleep disorders more common in MS?

- Insomnia – difficulty falling and staying asleep
- Hypersomnolence – Sleeping too much
- Narcolepsy – Uncontrollable lapses into sleep
- Sleep Apnea – Sleep-related breathing difficulties
- Abnormal movements and/or behavior during sleep



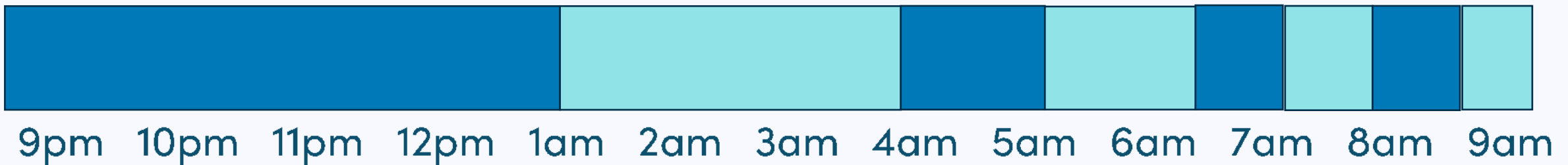
Patricia

- 56-year-old woman, diagnosed with RRMS 15 years ago
- Currently stable on DMT (no recent relapses)
- Symptoms: neuropathic pain in feet and hands, fatigue daily
- Retired due to MS, takes a 90-min nap 2-5 pm
- Gets into bed 9pm, watches TV, goes on social media
- Tries to fall asleep around 10, tosses and turns until 1 or 2am
- Wakes 4-5 nights/week for past few years



Patricia

- Tries to fall asleep around 10, tosses and turns until 1 or 2 am
- Wakes several times after 4am (bathroom, dogs), stays in bed until 9 am
- 4-5 nights/week for past few years



Time in bed = 12 hours
Time asleep = 5 hours

Sleep "Efficiency" (%) = 42% (we want >85%)

Tips to Improve Sleep and Reduce Insomnia



- Wake up and get out of bed at the same time every day
 - Don't gauge wake time based on how you feel immediately after waking
- Get into bed only when you are sleepy (not "tired"/fatigued)
- Get out of bed if you can't sleep after 20 minutes
 - Keep safety in mind (mobility aids, assistance if needed)
- Use the bed only for the 3 S's: sleep, sex, and sickness
- Be strategic with naps – think of that sleep drive!
- Create a "buffer zone" or quiet time before bed

Tips to Improve Sleep and Reduce Insomnia



- Turn the clock around (no “clock watching”)
- Limit caffeine at least 8 hours before bedtime
- Limit alcohol and avoid 3 hours before bedtime
- Exercise regularly, but avoid cardio 2–3 hours before bedtime
- Keep your bedroom quiet, dark, comfortable, and cool
- Avoid heavy meals prior to bedtime
- Try to expose yourself to sunlight first thing in the AM if able and avoid electronics close to bedtime

Patricia



- Relaxation “buffer” time outside of bed, quiet reading until 11 pm
- Falls asleep by 11:30
- Wakes at 5:00, stays out of bed until sleepy again (some days she doesn't get back in bed)

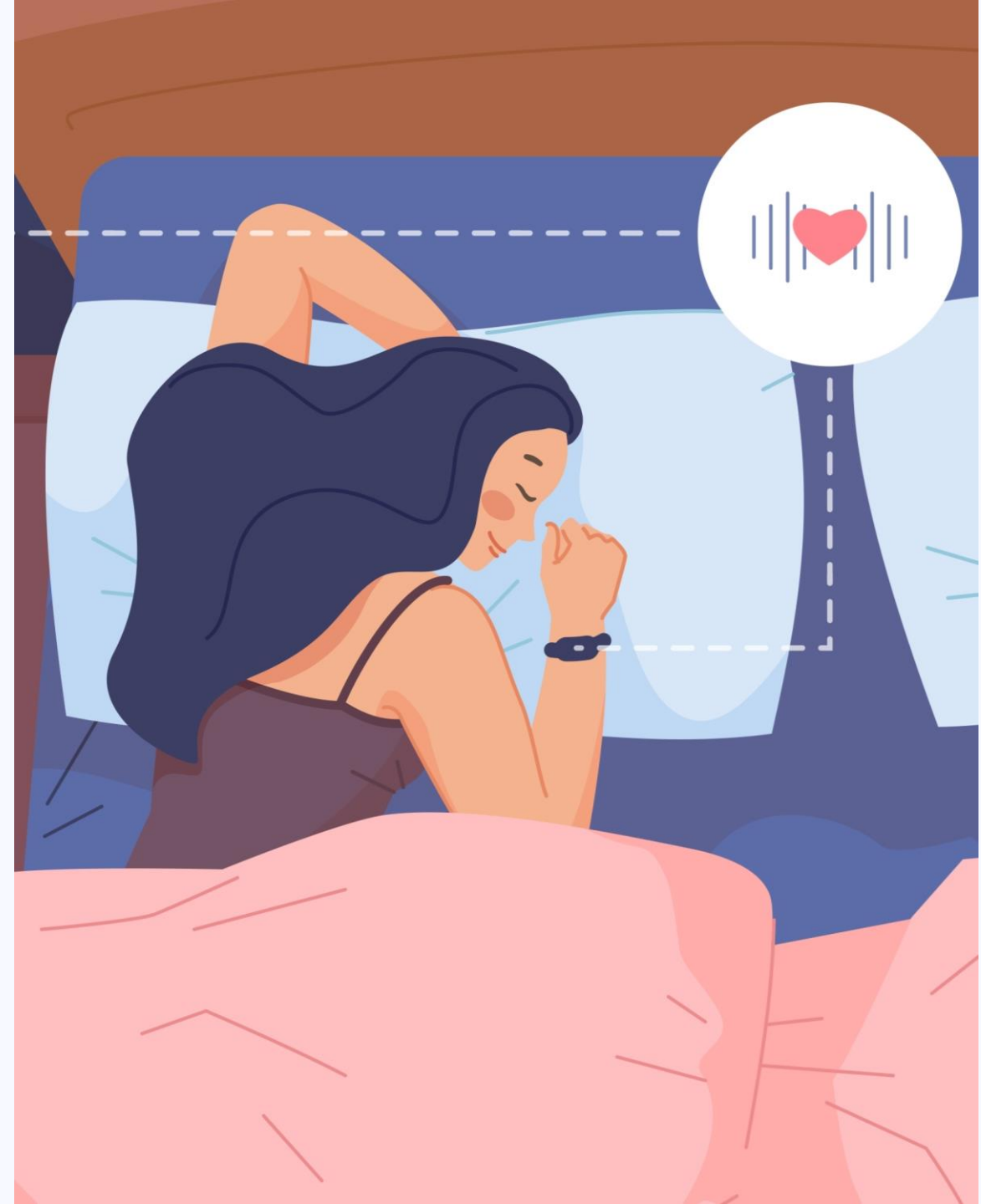


Time in bed= 6-9 hours
Time asleep = 5.5-7 hours

Sleep “Efficiency” (%) = 78-92%

What about Wearables?

- 1 in 10 adults owns an activity tracker
- Research has found that wearable fitness trackers are less reliable in people who experience fragmented sleep and insomnia, and who have neurologic conditions
- Relying on data from these tracking devices can sometimes increase anxiety about sleep – which can worsen insomnia



Arthur

- 67-year-old man, diagnosed with SPMS 5 years ago
- Not on DMT
- Other health conditions: diabetes, hypertension
- Partner has noticed him snoring loudly, stops breathing, gasps for air
- Wakes up with headache, dry mouth
- Has noticed more difficulty swallowing
- Sleeps 9-10 hours/night, never feels rested



Arthur



- Sleep study at Sleep Clinic
- AHI = 30 (>30 “pauses” per hour)
- Severe obstructive sleep apnea
- Referred for swallow study vs speech language pathologist
- Fitted for CPAP vs BiPAP
 - CPAP “continuous positive airway pressure”
 - BiPAP “bilevel positive airway pressure”
- Tried CPAP, couldn’t adjust to pressure, tried BiPAP, more comfortable
- Sleep maintained 9-10 hours/night, but more rested upon wake

What If I Still Have Sleep Difficulties?

Try behavioral strategies

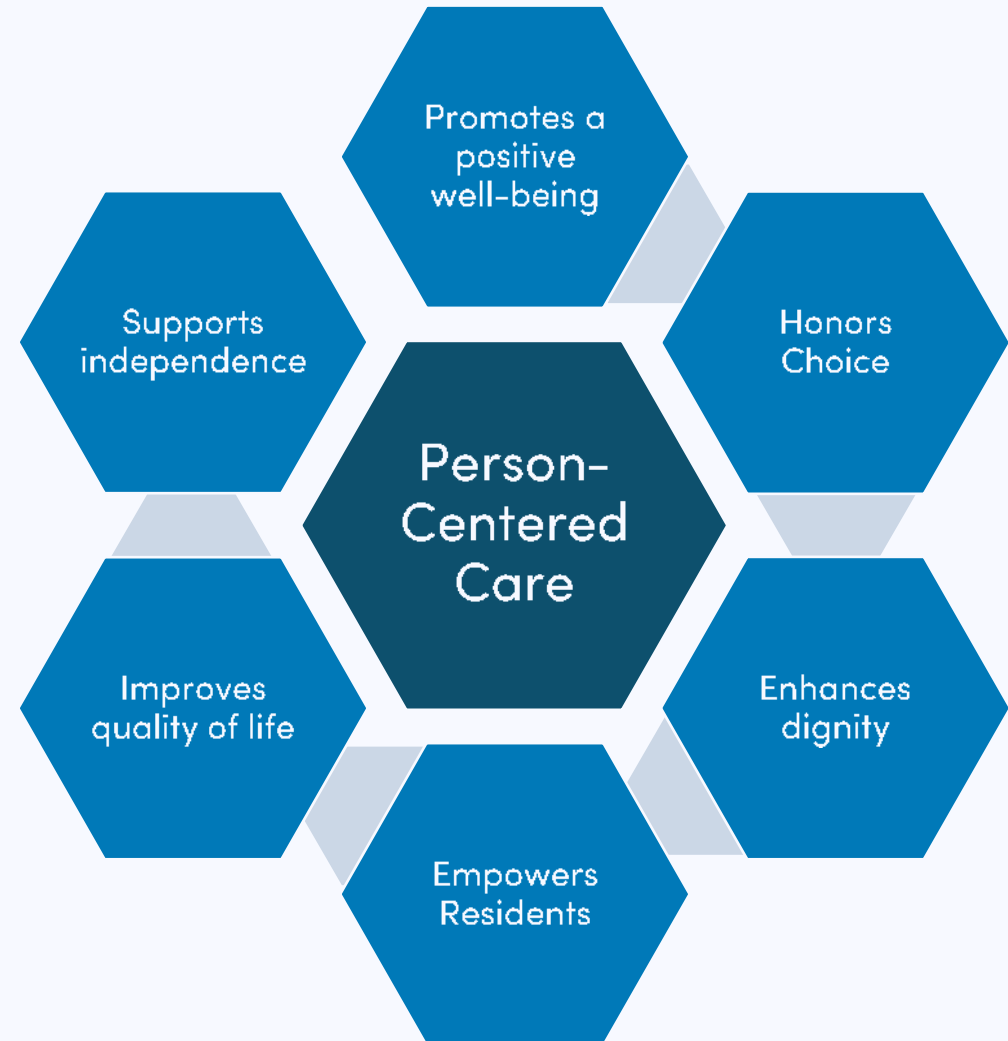
- NMSS, National Sleep foundation, FreeCBTI.com

Tell your healthcare team – ask for referrals to a sleep medicine specialist

- Behavioral Sleep Medicine (Sbsm.com)
- A sleep study may be needed (American Academy of Sleep Medicine)

Remember sleep is part of a 24-hour cycle

- Daytime and nighttime both count
- Pacing, naps, caffeine, exercise



Q+A



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Communication

How to Talk about Tough Stuff with Important People

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