Fatigue in Parkinson’s Disease

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Common Sleep Problems

- Excessive Daytime Fatigue
- Difficulty Falling Asleep
- Difficulty Staying Asleep
- Acting out dreams
- Restless Legs Syndrome
- Obstructive Sleep Apnea
Excessive Fatigue in Parkinson’s

- 33-58% of Parkinson Patients complain of extreme fatigue
- 1/3 of PD patients consider fatigue to be the most disabling symptom
- May precede diagnosis.
- May worsen as PD progresses
- May or may not relate to depression
- You sometimes have to bring this problem to the attention of your doctor!!

What Causes Fatigue

- Poor “sleep hygiene”
- Difficulty Falling Asleep
- Difficulty staying asleep
- Medication side effects!!
- Obstructive Sleep Apnea
- RLS/PLMS
- Primary problem
- Depression
**Medication and Fatigue**

- Sinemet (carbidopa/levodopa) — (14%) and increase as the dose increases.
- Dopamine agonists (Mirapex/Requip) — probably worse for fatigue and also dose dependent.
- Anti-cholinergic medications worsen fatigue.

**Difficulty Falling Asleep and Staying Asleep**

- Inability to get comfortable ("off")
- Restless Legs (20%)
- Too many daytime naps
- Poor "sleep hygiene"
- Wearing off in the night
- Bladder or Prostate problems.
- Sleep Apnea.
- Dream Enactment Behavior.
Dream Enactment Behavior

Montage of Vigorous, Aggressive, and Violent Behaviors During REM Sleep in RBD

*Please reference the included CD-ROM for footnotes related to this video.

Dream Enactment Behavior

51 Year-Old Japanese Man With RBD Is Fighting Off Snakes During Dream-Enactment

*Please reference the included CD-ROM for footnotes related to this video.
REM Sleep Behavior Disorder

- Often Precedes Parkinson’s disease
- Ranges from Vocalizations to arm and leg flailing
- Reported in almost 50% of patients with PD
- Potentially disruptive to sleep of patient and partner
- Easily treatable!!

Restless Legs

- Present in about 20% of patients with Parkinson’s disease
- Urge to move the legs associated with an unpleasant sensation when laying or sitting still.
- Abnormal sensations relieved by moving the legs.
- PLMS and sleep disruption
**Obstructive Sleep Apnea**

- 4.4% of the general population but about 20% of Parkinson’s patients
- Can result in frequent awakenings, worsened quality of sleep, and potentially worsened fatigue during the day.
- Snoring with pauses in breathing followed by gasping.

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**Treatment of Fatigue in PD**

- Exclude underlying causes
  - Sleep Apnea
  - RBD
  - Hypothyroid
  - RLS/PLMS
  - Medications
  - Depression
- Sleep Hygiene
- Improve overall PD treatment
- Aggressive treatment of Depression
- Urology (Men’s Health) evaluation
Getting to Sleep and Staying Asleep

**DO**
- Regular bedtime
- Regular Wake-up
- Relax for 1hr before bedtime
- Use the bedroom for sleep only
- Exercise during the day
- Treat your parkinsonism over-night!!

**DON’T**
- Nap in the evening
- Nap more than once
- Eat heavy meals before bedtime
- Continue to lie in bed if you can’t sleep
- Drink caffeine late in the day

Treatment of Dream Enactment

- Clonazepam is about 90% effective even at very low doses.
- Melatonin (3-6mg) or Rozeram
- Quetiapine (Seroquel)
- Dopaminergic medications
- Environmental modification
Treatment of Sleep Apnea

- Consultation with a sleep specialist and visit to the Sleep Lab
- No alcohol within 3 hours of bedtime
- Weight loss
- Jaw advancement devices
- ENT consultation
- CPAP

CPAP—Continuous Positive Airway Pressure
Treatment of Restless Legs

- Make sure no anemia!!
- Treatment with longer acting dopaminergic medications at night.

What next!!!

- Sometimes Sleep Aids are necessary despite all efforts at “sleep hygiene”
- Can try to use medication side effects favorably
- Dopamine during the night!!
- Fatigue is often a “primary” problem in Parkinson’s disease!!!
- Daytime medications such as Provigil (modafinil) and Ritalin (methylphenidate) may be helpful in some patients.