

Are you getting quality sleep?



New research reveals that restful slumber eludes many with MS.

by Maureen Salamon



Lisa Dasis, who has MS, also has restless leg syndrome and fatigue. She now takes medications to control both. Photo courtesy of Lisa Dasis

Lisa Dasis still isn't sure which came first: her multiple sclerosis, which was diagnosed in 2004, or the sleep disorder known as restless leg syndrome (RLS), which caused the Jackson, Tennessee, resident's legs to alternately feel "creepy-crawly" or red-hot as she lay in bed at night.

MS and sleep problems—including chronic insomnia—seem inextricably linked for Dasis, now 53, whose crushing fatigue was one of her first major symptoms of MS. Considered one of the most common and disabling symptom of MS, fatigue is estimated by the National MS Society to affect 8 in 10 people with the disease.

While fatigue is an undeniable byproduct of poor slumber, it's uncertain just how many people with MS also experience sleep disorders. A new study suggests that the prevalence of MS and sleep disorders together is vastly under-recognized, while other research indicates that identifying and treating sleep disorders may greatly alleviate MS-related fatigue and improve quality of life.

"My fatigue was consistently so bad it was impossible to accomplish anything simple in my home," says Dasis, who underwent an overnight laboratory sleep study revealing she never reached the deepest, most restorative levels of slumber. She now takes a prescribed antidepressant nightly to help her fall asleep. She has kept her RLS under control with muscle relaxants.



Many people with MS have sleep disorders but haven't been diagnosed with them, according to a sleep study led by Dr. Steven Brass. Photo courtesy of UC Regents

Research reveals diagnosis discrepancy

Sleep disorders are wide-ranging, but all have one common trait: They lead to lower-quality nighttime sleep. According to Dr. Steven Brass, the former medical director of the Neurology Sleep Clinical Program at the University of California–Davis Health System, the top three sleep disorders among people with MS include:

- obstructive sleep apnea, which is characterized by lengthy, repetitive pauses in breathing;
- insomnia, the inability to fall asleep or stay asleep; and
- RLS, which also includes an urge to move the legs to stop unpleasant sensations.

Dr. Brass, the lead researcher of the largest sleep study conducted to date in individuals with MS and published in the September 2014 **Journal of Clinical Sleep Medicine**, found that 70 percent of study participants screened positive for having at least one sleep disorder, although only 12 percent had received an actual sleep disorder diagnosis or any treatment.

Of the 2,375 people with MS in the study, nearly 38 percent screened positive for obstructive sleep apnea, approximately 32 percent for moderate to severe insomnia and almost 37 percent for RLS. More than 60 percent overall reported an abnormal level of fatigue and 30 percent noted excessive daytime sleepiness.

“Most interesting to me was how many patients were at risk for having obstructive sleep apnea and restless leg syndrome who may not be diagnosed,” says Dr. Brass, now director of medical affairs at Providence Little Company of Mary Medical Center San Pedro, in California. “This suggests a large discrepancy. It’s shocking.”

Science is still untangling why sleep problems appear pervasive among individuals with MS, though Dr. Brass notes that early evidence from other research suggests some of the same brain pathways may be involved.



A study published by Dr. Daria Trojan found that people with MS who are

treated for sleep disorders have less fatigue. Photo courtesy of Dr. Daria Trojan

Treating sleep disorders

Research indicates that successfully treating sleep disorders in people with MS can make a difference in their overall energy levels. A study published in Multiple Sclerosis Journal in 2013 by Dr. Daria Trojan, an associate professor of neurology and neurosurgery at McGill University in Canada, demonstrated significantly improved fatigue measures in treated versus untreated patients, especially among those with obstructive sleep apnea.

Treating bladder symptoms that wake people repeatedly during the night can also improve sleep and reduce daytime fatigue.

“It’s really important to treat sleep disorders because, untreated, they can lead to a higher risk of heart disease, stroke, car accidents, high blood pressure and cognitive complaints independent of MS,” Dr. Brass adds.

People with MS who suspect they have a sleep disorder can ask their doctor about undergoing a laboratory sleep study, during which heart rate, breathing, brain activity, eye movements and muscle activity are tracked. Study participants or their bed partners can also be alert for sleep disorder symptoms, such as awakening frequently during the night (other than to urinate), excessive snoring or daytime sleepiness.

Maureen Salamon is a New Jersey-based freelance writer.

Get the sleep you need! Find tips from the National MS Society on [getting quality sleep](#).