

SLEEP DISORDERS IN PARKINSON'S DISEASE

K.R. Chaudhuri

National Parkinson Foundation Centre of Excellence and National Restless Legs Syndrome Clinic, Kings College and Lewisham Hospitals, Kings College and Institute of Psychiatry London, UK.

Sleep disorders are a key part of the non-motor symptom complex of Parkinson's Disease (PD) and are often under-recognised and under-treated. The prevalence figures are variable but range from 50-90% and the causation is complex. The clinical presentation is heterogeneous and ranges from insomnia to nocturia. Complex presentations include REM behaviour disorder, confusional arousals, restless legs and nighttime motor problems.

Most patients with PD suffer from nocturnal symptoms and sleep disorders at some time during the course of their disease and these problems can seriously compromise patients' quality of life and lead to impaired functioning in daily activities. Scales designed specifically for the assessment of sleep problems in patients with PD such as PDSS and SCOPA-Sleep have recently been developed. PDSS is widely used having been translated to 15 languages and validated in several countries. In some with severe excessive daytime sleepiness (EDS), tests such as polysomnography and multiple sleep latency tests or actigraphy may be required. This may yield diagnosis such as obstructive sleep apnoea, REM behaviour disorder, and secondary narcolepsy. Some PD treatments, such as long-acting dopaminergic agents (rotigotine, apomorphine infusion), may be of particular benefit for nocturnal motor symptoms and may help EDS, while in others modafinil in appropriate doses may be required. Sleep disorders associated with PD are a common and under-recognized problem. Assessment of sleep should be part of the routine evaluation of patients with PD. The use of a PD-specific approach to assess sleep disorders can help to direct therapy and improve sleep for patients with PD.