Managing Sleep Disorders

Amy Lowery-Allison, Ph.D.
Licensed Clinical Psychologist
Assistant Professor of Psychiatry & Health Behavior
Director of Psycho-Social Oncology Service
Georgia Regents University Cancer Center

Topics:
- Mechanics of sleep
- Sleep in BMT survivors
- Common sleep problems
  - Causes & consequences
- Ways to improve your sleep
- When to seek help

Mechanics of Sleep

Sleep States – Normal Sleep
- Stage 1 - twilight
- Stage 2 – light sleep
- Stage 3 & 4 – deep sleep
- Rapid eye movement (REM) - dream

Two Processes:
- Sleep Drive (homeostasis)
- Biological Clock (circadian rhythm)
Sleep in BMT Survivors

Sleep Disturbances
- Among most common symptom of cancer patients
- 30-50% report sleep problems post-treatment
- Higher during active cancer treatments
- 2-3 times higher than in general population

Sleep Disturbance in BMT Survivors
- 26.2% of BMT survivors met criteria for sleep disorder diagnosis (Faulhaber et al., 2010)
  - Higher risk in females
- 51% of BMT survivors reported sleep problems (Andrykowski et al., 1997)
  - Did not change over 18 months
  - Higher risk in females, older age

Common Sleep Problems
Sleep Apnea
- Loud snoring
- Gasping for air
- Feeling sleepy

Continuous Positive Air Pressure (CPAP)

Circadian Rhythm Sleep Disorders
- Advanced sleep phase type
- Delayed sleep phase type
- Reverse sleep-wake phases

Insomnia
- Trouble falling asleep
- Frequent awakenings
- Early morning awakening
- Wake up tired
- Feel sleepy

Causes of Insomnia
- Predisposing factors: make you more vulnerable to have trouble sleeping
  - Female, family history, type A personality
- Precipitating factors: cause temporary insomnia
  - Stress, cancer treatment, new environment, symptoms
- Perpetuating factors: cause insomnia to become long-term problem
  - Behaviors (excess time in bed, naps), thoughts (worry, stress)

Negative Consequences
- Mood
  - Depression, anxiety, irritability
- Physical
  - Pain, fatigue
- Cognitive
  - Memory, attention
- Impaired work performance
- Safety concerns
- Drowsy driving, risk of falls
- Health/immunity
  - Cardiac, stroke, HTN, diabetes
Ways to Improve your Sleep

Treatments
flurazepam (Dalmane), temazepam (Restoril), triazolam (Halcion), lorazepam (Ativan), clonazepam (Klonopin), ozapem (Serax), zolpidem (Ambien), eszopiclone (Lunesta), zaleplon (Sonata), ramelteon (Rozerem), trazodone (Desyrel), amitriptyline (Elavil), mirtazapine (Remeron), quetiapine (Seroquol), olanzapine (Zyprexa)

Risks of Sleep Medications
• Next day drowsiness
• Dizziness
• Light-headedness
• Slowed thinking “fog”
• Risks of tolerance
• Dependence
• Modify our sleep architecture
• Delayed REM sleep
• Decreased slow-wave sleep
• Poor knowledge of drug-drug interactions
• Long-term trials have not been conducted

Sleep Promoting Behaviors
• Stick to a sleep schedule
• Have the right sunlight exposure
• Use your bedroom only for sleeping and sex
• Avoid caffeine and nicotine
• Don’t take naps after 3 p.m.

Sleep Promoting Behaviors
• Exercise is great, but not too late in the day
• Avoid alcoholic drinks before bed
• Avoid large meals and beverages late at night
• Avoid medicines that delay or disrupt your sleep, if possible
• Relax before bed
• Only dim lighting in evening
• Take a hot bath before bed
• Have a good sleeping environment
• Stay off of the computer
Sleep Promoting Behaviors

- No clock-watching
- Don’t lie in bed awake
- An occasional night of bad sleep is normal

When to Seek Help

Cognitive Behavioral Therapy (CBT)

Summary

- Sleep problems are common
- Often maintained by modifiable behavioral & cognitive factors
- Sleep medication use is common but have side-effects and risks
- See a sleep specialist if problem persists

Amy Lowery-Allison, PhD
GRU Cancer Center
1411 Laney-Walker Blvd
Augusta, GA 30912
706-721-1684
AMLOWERY@GRU.edu