

## CARE BRIEF ON SLEEP DISORDERS IN LEWY BODY DEMENTIA (LBD)

People living with LBD may have one or more sleep disorders. Lewy bodies interfere with their ability to get the sleep needed to restore and rejuvenate brain function. Often, when they don't get the sleep they need, their care partners also are deprived of needed sleep.

- **Insomnia:** People with insomnia have difficulty falling and/or staying asleep. They may wake up often during the night and have problems going back to sleep. A doctor can help you determine the cause(s) of the insomnia: other sleep disorders such as breathing-related problems or nightmares; medications; depression; anxiety; or Parkinsonism (e.g., stiffness, tremors, decreased ability to move in bed).
- **REM Sleep Behavior Disorder (RBD):** RBD happens when the muscles of the body don't relax during rapid eye movement (REM) sleep. Usually, there is a natural paralysis during vivid dreaming that prevents people from physically acting out their dreams. People with RBD are likely to talk, laugh, shout, gesture, grab, flail arms, punch, kick, sit up or leap from bed. These behaviors can cause the person and their bed partner harm.

### How to deal with Insomnia

When a person has trouble falling asleep, staying asleep, and/or going back to sleep, try the following non-drug options which should always be considered as the first-line treatment:

- Review medications with a doctor or pharmacist to see if any might be contributing to sleep problems.
- Avoid stimulation before bedtime. Turn off the television, computer, and other electronics that emit stimulating light.
- Avoid disturbing media throughout the day such as TV shows and news, print and electronic media. These can get mixed up in a person's mind and may cause bad dreams, hallucinations, agitation, and more.
- Avoid foods and beverages that can affect sleep for several hours or more before bedtime: caffeine, alcohol, spicy foods, and fatty foods (including cheese).
- Try to restrict napping late in the afternoon. This will change as LBD progresses and more sleep is needed.
- Exercising earlier in the day can help with sleep, but doing so too late can interfere with sleep.
- Try to keep a regular time to go to bed and get up in the morning.
- Develop a bedtime routine that allows sufficient time for everything to be done without rushing.
  - Engage in a calming activity such as favorite music, being read to, soft conversation, prayers, relaxation techniques (e.g., guided visual relaxation), etc.
  - A drink or snack that won't interfere with sleep (herbal tea, warm milk, banana, almonds, etc.) may satisfy any feelings of hunger. Have a few choices ready.
  - A warm shower or bath may be relaxing.
  - Administer medications during a pleasant calm time.
  - For any aches or pains, administer Tylenol or other approved pain medication.
  - Change into comfortable bed clothes that won't restrict movement or bunch up during the night and which will not be too warm or not warm enough. It helps to have a choice between two sets of PJs or nightgowns.
  - Brush teeth with assistance as needed.
  - If continent, use the toilet or bedside commode.

- If incontinent, use disposal absorbent underwear and/or an external catheter. Use absorbent bed pads.
- Keep the temperature of the room conducive to sleeping - neither too hot nor too cool. Layer blankets so that they can be removed or added.
- Consider the use of a weighted blanket which may help reduce anxiety and promote sleep.
- Keep the room the right humidity. Often rooms are too dry especially in winter with central heating. Use a room humidifier.
- If there are respiratory problems or acid reflux, elevate the head of the bed.
- Keep the room as dark as possible with minimum lighting only needed to get to and from the bathroom at night.
- Keep the room quiet, free of sounds and noises that can prevent a person from going to sleep or wake them once asleep.
- Make the environment safe: remove throw rugs, be sure shoes and other items can't be tripped on, no obstacles in path, etc.

If these non-drug measures are not sufficient, continue them and add over-the-counter Melatonin with approval from a doctor. Start low (3 mg), observe, and increase as needed. It works best if taken at the start of bedtime routine.

Avoid OTC medications for sleep that have strong anticholinergic effects (e.g., diphenhydramine) that can produce confusion and hallucinations in people living with LBD.

If non-drug measures plus Melatonin are not sufficient, discuss options with a doctor who understands LBD. Some people have success with medications that are prescribed by a doctor who knows their symptoms and reactions to drugs, but each person is different and you need to be aware of potential adverse effects of drugs often used such as hypnotics and antipsychotics.

### **How to deal with RBD (REM Sleep Behavior Disorder) Symptoms**

Use the non-drug approaches to insomnia outlined above.

There is research support that Memantine/Namenda decreases probable REM sleep behavior disorder in people living with DLB and PDD. This is often prescribed for other LBD symptoms, as well.

- OTC Melatonin has research support.
  - Melatonin can reduce rapid eye movement (REM) sleep without atonia in REM sleep behavior disorder (RBD).
  - Melatonin doses of 3–18 mg appear useful in reducing clinical RBD symptoms.
  - Minimal side effects may favor melatonin over clonazepam as initial therapy in RBD.
- Clonazepam (Klonopin).
  - This prescription medication, often used to treat anxiety, is also the traditional choice for treating REM sleep behavior disorder, appearing to effectively reduce symptoms.
  - Clonazepam may cause side effects such as daytime sleepiness, decreased balance, and worsening of sleep apnea.
  - It is a benzodiazepine, so it can have paradoxical effects.
- More physical safeguards than those outlined above may be needed.
  - Put padding on the floor around the bed.
  - Remove dangerous objects from the bedroom: sharp items and things that can be used as weapons.
  - Place barriers on the side of the bed. Use caution so that the person doesn't become entangled.
  - Move furniture and clutter away from the bed.
  - Protect bedroom windows and keep them locked.
  - Bed partners should possibly sleep in a separate bed or room – at least until symptoms are controlled.

The information set forth in this material is intended for general informational use only. It is not intended to be medical, legal, or financial advice or to take the place of competent medical, legal, or financial professionals who are familiar with a particular person's situation. Each individual is advised to make an independent judgement regarding the content and use of this information.