WEBINAR & TELELEARNING SERIES





Sleep and MS: Strategies for Improving Your Zzz's



December 13, 2016

Presented by:



Teva Pharmaceuticals | Acorda Therapeutics

Mallinckrodt Pharmaceuticals Autoimmune and Rare Diseases | US Bank

United Way of Eagle River Valley





National Multiple Sclerosis Society

How to Ask Questions During the Webinar:

• Chat Feature – Type in your questions using the chat box on the lower left hand side of your screen.







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Types of Sleep Dysfunction

•Primary

•Alterations in normal sleep patterns that cannot be attributed to other causes

- Secondary
 - •Sleep disturbance that is caused by medical, behavioral, or environmental factors
 - •More common in people with MS







MS Symptoms that Can Interfere with Sleep

- •Pain
- Muscle Spasticity
- Depression and Anxiety
- •Bowel and Bladder Dysfunction
- •Temperature Sensitivity





Many Different Sleep Disorders

- Insomnia
- •Hypersomnia
- •Breathing-related sleep disorders
- •Sleep-wake disorders
- Restless legs/body syndrome
- Narcolepsy
- •Sleep behavior disorders







Consequences of Poor Sleep

- •Depression, irritability, anxiety
- •Pain



- •Fatigue
- •Problems with physical coordination, falls
- •Problems with attention/thinking/concentration
- •Poor work/driving
- Cardiovascular health problems
- Long-term poorer health outcomes





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Physical activity

- No current exercise routine?
- Start low intensity, high frequency (e.g., walk, bike, swim few minutes/day)
- ChairFit with Nancy
 <u>https://www.youtube.com/channel/</u>
 <u>UCCAFFLNiOjqR5FXtuH8ySxA</u>
- National Center on Health, Physical Activity, and Disability <u>http://www.nchpad.org/14weeks/in</u> dex.php







- Physical activity
 - •Try to complete physical activity early in the day •Exercise can be energizing/stimulating, which is great for managing daytime fatigue
 - PACING is key
 - Doing too much too fast leads to burn out and injury







- Relaxation
- Meditation



 A word about "mindfulness" – not the same as relaxation, but can still be helpful





Behavioral Sleep Medicine



- Our thoughts and actions have direct consequence on our sleep
- Think about a time when you couldn't sleep. While lying in bed, what were you thinking about? What did you do?





Cognitive Behavioral Therapy for Insomnia (CBT-I)

- Sleep Efficiency Training
- Stimulus Control
- Sleep Hygiene
- Relaxation
- Cognitive Therapy



•CBT-I is usually completed in 6-8 weeks with a psychologist or appropriately trained health care professional





 Cognitive Behavioral Therapy for Insomnia (CBT-I)

•CBT-I is usually completed in 6-8 weeks with a psychologist or appropriately trained health care professional

•Starts with a SLEEP DIARY





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Complete in Morning							
Start date://	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of week:							
l went to bed last night at:	PM / AM						
l got out of bed this morning at:	AM / PM						
Last night I fell aslee	p:						
Easily After some time With difficulty							
I woke up during the	night:		-				
# of times							
# of minutes							
Last night I slept a total of:	Hours						





- Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Sleep Efficiency Training

•Maximizing the ratio of time asleep/time in bed

•Think about how many hours you spend in bed. How many of those hours are you asleep?

•>85% is recommended





- Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Stimulus Control







- Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Stimulus Control







- Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Stimulus Control
 - Using bed only for sleep and intimacy





 Cognitive Behavioral Therapy for Insomnia (CBT-I)

•<u>Sleep Hygiene</u>

- •Avoid/minimize naps
- Avoid stimulants too close to bedtime
- Avoid large high-carbohydrate foods before bedtime
- Promote natural light
- •Create a bedtime routine





- Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Relaxation (will practice later)
 - Cognitive therapy
 - •A referral to a psychologist may be helpful





Relaxation Exercise





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Medications & Substances that Can Impact Sleep

- Anticholinergics
- Stimulants
- Steroids
- Pain and Spasticity Medication
- Blood Pressure Medication
- Migraine Medication
- Depression and Anxiety
 Medication



- Tobacco
- Caffeine





Environmental and Lifestyle Factors

- Room Temperature
- Sleeping Partners
- Screens
- Noise and Light

- Exercise
- Comfort
- Daytime Naps







Treating Sleep Dysfunction

- Address the Underlying Cause
- Adjust Medication Regimen
- Screen for Sleep Disorders
- •Over-the-Counter Medication
- Prescription Sleep-Aids and Sedatives





"Red Flags"



Talk to your doctor if you experience any of the following:

- Excessive daytime drowsiness
- Loud Snoring
- Headaches or hoarseness in the morning
- Not feeling rested or refreshed after sleeping
- Trouble falling or staying asleep





Thank You!



Stephanie Buxhoeveden, MSCN, MSN, FNP-BC



Abbey J. Hughes, PhD

Questions/Comments





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Can Do MS Resources

e NEWS your best life update



Can Do Library



Find these resources at <u>www.MSCanDo.org.</u>



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National MS Society Resources





Our vision is bold: A world free of MS.



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> SLEEP DISTURBANCE AND MULTIPLE SCLEROSIS Abbey J. Hughes, PhD Department of Rehabilitation Medicine

Managing Pain and Sleep Issues in MS: Part 2- Sleep Issues in Multiple ... 🕓

Sleep Disorders & MS THE BASIC FACTS MULTIPLE SCLEROSIS

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People affected by MS can live their best lives as we stop MS in its tracks, restore what has been lost and end MS forever.

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