

Insomnia in Parkinson's Disease and Other Parkinsonian Syndromes in the Patients with Concomitant Rheumatic Diseases

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Received: August 08, 2020; **Published:** September 30, 2020

Although being unable to fall and stay asleep is relatively natural in old ages, in the patients with parkinsonism this process is more complicated. As much as the motor symptoms of the patients would be higher, their degrees of insomnia would be higher either in general. Also taking more medications for parkinsonism in advanced stages of the disease, can be a factor which interfere with the pattern of sleep of the patient and cause insomnia to higher degrees.

Nocturnal sensory and motor symptoms disruption should be of notice in the patients with parkinsonism like restless legs symptoms which can be seen in about 12 to 21 percent of the patients. Painful dystonia specifically early morning dystonia can also be among such disruptive factors. Such dystonia interrupts with mobilization and consequently causes discomfort in the patients which leads to difficulty in getting back to sleep. Such dystonia affects toes and ankle and also some other parts of the body like back and the neck. Such back and the neck dystonia may occur during night because of the low levels of cerebral dopamine.

Bradykinesia at night, can also be another disruptive factor. Prolonged arousals due to various reasons like leaving the bed to urinate, inability to move during sleep in the bed, prolonged and repetitive urine voiding during the night etc. can also be occurred in the patients with Parkinson's disease which interrupt with the patient's normal sleep.

Patients with Parkinson's disease have nocturnal awakenings two times more than control subjects which lead to more prolonged arousals at night.

Poor response to levodopa treatment can also cause sleep disruption in the patients with parkinsonism. The symptoms of the patients can be worsening in this circumstance which can be related to the "off" state.

Mood disorders can also cause sleep problems in the patients with parkinsonism. Anxiety and depression are the main disorders in this patients group. Nocturnal arousals can be increased with anxiety. Also, anxiety itself can be enhanced by bradykinesia at night. Depression can disrupt sleep and its timing either.

Prescribing dopamine agonists and levodopa specifically in high doses which may be supra-optimal, can also cause sleep disruption in the patients with Parkinson's disease. Dopamine dysregulation syndrome may affect about 11 percent of the patients with Parkinson's disease.

Insomnia, circadian rhythm irregularity and other sleep problems are common problems in the patients with parkinsonism. Paying enough attention to disruptive factors and trying to treat related problems, can cause the patients with parkinsonism to have a better sleep pattern [1-9].

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Volume 11 Issue 10 October 2020

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