If you are living with Parkinson’s disease (PD) and find that you experience fatigue and sleep problems, you are not alone. These are common symptoms of Parkinson’s.

Fatigue can occur at any stage of Parkinson’s disease. In my research, I found that in a group of 100 people with Parkinson’s, one third reported fatigue as their worst symptom. It was a bigger problem for these individuals than stiffness, slowness or walking problems. Other studies have had similar results and shown that sleep disorders affect about 90 percent of people with Parkinson’s.

But doctors often overlook these symptoms when caring for people with Parkinson’s because the disease is defined by problems with movement, like rigidity, stiffness and tremor. So how can you cope with these symptoms to ensure you feel your best? First, it is important to understand the symptoms and then to employ strategies to ease their impact on your Parkinson’s.

What is Fatigue?

People who are fatigued are often sleepy, and sleepy people are often fatigued, but fatigue is different than sleepiness. Fatigue is a feeling of being extremely tired, of being either physically or mentally weary. Most people talk about fatigue as a result of some type of exertion — being tired from working, or from thinking — but sometimes it is there all the time.

Fatigue is also a symptom of depression. If a person is depressed, it is important to seek treatment. Although people with Parkinson’s often have both fatigue and depression, they can feel fatigued without being depressed. Most physicians believe that fatigue is a symptom intrinsic to Parkinson’s disease, a result of the same brain changes that lead to motor symptoms.

In our recent study, my colleagues and I found that fatigue is a common symptom in the earliest stages of Parkinson’s. The level of fatigue was not found to be related to the severity of motor symptoms, and people who had severe fatigue early in their Parkinson’s tended to stay fatigued.

Treating Fatigue

Researchers have found that medications that help motor symptoms do not necessarily improve fatigue, although, in one study, levodopa was shown to slow the worsening of fatigue.

So, is there any therapy that can help fatigue? Unfortunately, research in this area is in its early stages. Two therapies — testosterone replacement and modafinil — were tested, but proved unsuccessful. In a small trial, methylphenidate (Ritalin®) was found to be effective, but this and other stimulants have not been approved for treating Parkinson’s disease. More studies are needed.

To date, exercise is the best known therapy for fatigue. People with Parkinson’s often say that they are too fatigued to exercise, but paradoxically they feel more energetic afterward. When exercising, you should have reasonable expectations. Start slowly by walking or using an exercise bicycle for five minutes, and build up to 30 minutes a day. There is no down side to exercise, and it is my belief that it will improve fatigue, one’s sense of well being, depression and sleep quality at night.

Sleep Problems

Most people with Parkinson’s have trouble getting a good night’s sleep. Both disease symptoms and anti-Parkinson’s medications can interfere with sleep. The good news is that effective
medications for treating most sleep problems are available. The most common sleep issues for people with Parkinson’s disease are:

**Insomnia.** Difficulty getting comfortable, whether from pain or because it is hard to turn over in bed, can keep you awake. Napping during the day also may make it difficult to sleep at night.

**Inverted sleep cycle.** Related to this, napping frequently can lead to a cycle of staying awake at night and spending more time sleeping during the day than at night.

**Sleeping through the night.** People with Parkinson’s disease often have nocturia — a frequent urge to urinate. Getting up during the night to go to the bathroom, which may be a struggle, keeps people from sleeping through the night. Tremor also may wake you up. In addition, vivid dreams, a side effect of levodopa-based medications such as Sinemet®, can disturb sleep.

**Restless legs syndrome (RLS).** People with RLS feel creepy-crawly sensations or discomfort that compels them to move their legs. Several medications are available for treating RLS.

**Early morning awakening.** Whether it is a habit from old work schedules or because of a very early bedtime, people with Parkinson’s often wake up too early in the morning. If you go to bed at 7 PM, it is going to be hard to stay asleep until 6 or 7 AM the next morning.

**Sleep apnea.** People with sleep apnea stop breathing for short periods of time. This prevents them from entering the deep restorative stage of sleep. In the general population, sleep apnea is associated with obesity and cigarette smoking. There are several treatments available for sleep apnea.

**REM sleep disorder.** REM stands for rapid eye movement. This is the stage of sleep when dreams take place. People with REM sleep disorder act out their dreams, which sometimes are violent. Among people with Parkinson’s, about one third of men but very few women develop the disorder, which is called REM Behavior Disorder. It can be treated with the drug clonazepam (Klonopin®).

**Treating Sleep Problems**

If you are experiencing any of these sleep issues, it is best to speak with your doctor to see if there are medications available for your symptoms. There are also several strategies that may help you to sleep more soundly at night. These include:

- First, try to increase your activity and avoid napping during the day. Getting exercise will help you sleep, and it has long-term benefits for your health. Because anti-Parkinson’s medications can make you sleepy, you may need to adjust your daytime medication, or take a stimulant (with your doctor’s supervision), in order to stay awake.
- Try taking medication for Parkinson’s late in the day, or taking an extra dose (if prescribed by your doctor) as this may help make you sleepy at night.
- Avoid fluids after dinner, which will help prevent having to get up to use the bathroom. Finally, try to keep a regular sleep schedule — go to bed and get up at the same time each day.

If you still have trouble going to sleep and staying asleep after trying these techniques, you may want to consider the possibility of taking a sleep medication recommended by your doctor.

**Conclusions**

If you experience any of these symptoms, it is important to realize that they could be a part of your Parkinson’s disease, and that there are ways to address them. By ensuring you are well-rested, you will feel your best.

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