

Chronic pain can impact upon your sleep and a lack of sleep in turn can increase your daytime pain and have a negative effect on your mood, energy levels and concentration. Quality sleep is crucial for the proper functioning of your body and your long term health. In fact, poor sleep can even contribute to development of chronic health conditions such as heart disease and diabetes. It can also increase the risk of falls or accidents and have a significant impact upon mental health, stress levels and your overall sense of wellbeing.

#### Fast facts about sleep:

- We sleep for about 1/3 of our lives – it is worth taking time to learn more about sleep!
- During sleep many active processes occur that are essential for maintaining good health
- Most people need 7 to 8 hours of sleep per night, although this can range from 5 to 9 hours
- Your body clock responds to many different cues to regulate sleep such as noises or sunlight
- Alcohol interrupts your sleep cycles and causes disrupted sleep and early awakening
- Nicotine and caffeine cause problems with getting to sleep and also with maintaining sleep

#### Poor sleep or “sleep deprivation” can result in:

- Slower reaction times
- Reduced immune function
- Poor memory and concentration
- Lower mood
- Daytime drowsiness

#### Sleep after SCI

Sleep patterns change in a number of ways after SCI and these changes affect both the **quantity** and the **quality** of sleep. After SCI, sleep becomes characterised by increased time awake and more frequent awakening. This causes a more fragmented sleep and also reduces a specific type of sleep, called “rapid eye movement” or REM sleep. This is the deep restful sleep where you dream and also where a number of important body processes occur. It is important that during sleep you achieve periods of REM sleep for the body to properly rest and repair.

After SCI, people describe difficulties getting to sleep and staying asleep because of other common SCI-related issues. Spasms and the need for bladder care overnight can disrupt sleep and changing position in bed to improve comfort can be difficult depending on the level of your SCI.

People who have either a cervical or high thoracic SCI have additional changes to their sleep because of disruption of nerve pathways which affect the body’s ability to produce a chemical called Melatonin. This can make it difficult to get to sleep and/or stay asleep, and may contribute to sleep disorders after SCI.

After SCI, there is an increased risk of developing Obstructive Sleep Apnoea (OSA) and 60 to 80% of people with tetraplegia have OSA. Sleep apnoea refers to periods of obstruction to breathing overnight. OSA can contribute to daytime drowsiness, poor concentration, poor memory and puts strain on the heart because of frequent apnoea’s overnight. OSA can be successfully treated by a respiratory and sleep physician and it is suggested that you see your GP, rehabilitation specialist, physiotherapist, case manager or nurse for more information about resources in your local area.

A sleep diary can be a helpful tool to use to record your sleep behaviour and get an overall picture of your sleep patterns and any difficulties you are having. Download the sleep diary from the website for more details.

If I get over-fatigued my pain gets worse. I also have bad sleep apnoea – so I use my CPAP every night to get a better and more restful sleep and that helps too.

Caroline, C2 incomplete tetraplegia

## TIPS FOR HAVING A GOOD NIGHT'S SLEEP

Good quality sleep is the result of good sleep habits – often referred to as good **sleep hygiene**. Consider the following strategies to help you get a good night's sleep:

### Environment

Keep your bedroom for sleeping – don't set it up like an office or an entertainment room. Things to consider include: good ventilation, fresh air, constant comfortable temperature, quiet space, no TV or video games.

### Routine

Have a set routine that symbolises sleep for you – this might mean doing some relaxation strategies before bed, putting on relaxing music, or doing some mindfulness exercises.

### Activity

Aim for gentle exercise at least every other day, although try not to exercise in the hour before bed. Regular exercise is important to improve both the quality and the quantity of your sleep.

### Alcohol & Caffeine

Caffeine after 3pm can make some people more wakeful. Alcohol is best avoided – it makes you drowsy to start with, but increases the chances of you waking in the early hours of the morning.

### Relaxation strategies

Try relaxation strategies such as deep breathing exercises, progressive muscle relaxation or mindfulness meditation for 15 mins prior to bed to help you relax.

### Distraction

Pain can be particularly severe overnight, when everything is quiet. Try listening to music, the radio or an audiobook to distract your attention from the pain.

### Desensitisation

Desensitisation involves learning to focus on the pain but then letting it blend into the background and not grab your attention or cause you distress. It can be particularly helpful for neuropathic pain.

I was taught desensitisation and I used to use it at night when the pain got really bad and I couldn't sleep. I did it often at first – I practiced a lot over months and months. And now I sort of unconsciously do it. I focus on the pain and try to resist the pain – try to resist reacting to it – it takes a long time to learn.

Joe, incomplete paraplegia

There are many resources that can assist you to learn these techniques. Consider reading resources online or the books listed below for more details. It is often beneficial to consult with a psychologist with pain management experience to assist learning these strategies, speak to your doctor or health professional for more details about resources in your local area.

## TOP TIP! For more information take a look at these resources:

- <http://www.aci.health.nsw.gov.au/chronic-pain/spinal-cord-injury-pain/pain-and-sleep>
- Read Chapter 11 of The Spinal Cord Injury Pain Book by Siddall, McCabe & Murray (2014 HammondCare Media)
- Read Chapter 14 of Manage Your Pain by Nicholas, Molloy, Tonkin & Beeston (2000 ABC Books)