Pregnancy is a very important time for women. Their body is going through several changes, both physical and hormonal, that could lead to a variety of symptoms including sleep disorders, which can change through the different stages of pregnancy. During the first trimester, many women experience different sleep disorders such as insomnia and suddenly waking up at night. This will lead to women feeling very tired and sleepy throughout the day. The severity of these symptoms will fluctuate as a woman progresses through the different stages of pregnancy.

What should women do if they are suffering from some of these sleep disorders while pregnant? It is not recommended to take medication to treat the sleep disorder due to how it could affect the growing baby. Various home remedies, such as certain teas, can help women fall asleep if they are having trouble sleeping, or are constantly waking up during the night. Other simple remedies that can help women fall asleep include drinking warm milk, or avoiding certain foods that keep them awake. If the sleep disorders are becoming too intrusive we recommend a referral to a sleep specialist.
Key symptoms of hypersomnia are feeling sleepy during the whole day, exhausted while driving, difficulty concentrating and the help of beverages to stay awake.

Generally, sleepiness and sleep attacks of hypersomnia are of longer duration as compared to those of narcolepsy and are more resistible than in narcolepsy; also, the auxiliary symptoms are absent. Nocturnal sleep is characteristically dislocated in narcolepsy; while on the other hand, in hypersomnia it is long and drawn-out whereas in secondary hypersomnia it is of variable duration. The exact cause of narcolepsy & hypersomnia are still unknown; however, researchers are working hard to sort it out. Recent studies have found some evidence which proves that these sleeping disorders are caused due to a genetic predisposition.

Additional symptoms of hypersomnia and narcolepsy are anxiety, increased fatigue, hallucinations, etc...

-- Dr. Yash Mehndiratta, Medical Director Sleep Services of Maryland.

There are three types of hypersomnia; idiopathic hypersomnia, secondary hypersomnia, and periodic hypersomnia. Most people do not recognize that they oversleep and are suffering from a condition called hypersomnia. Some hypersomniacs and narcoleptics can fall asleep and then wake up and pick up where they left off in conversations with people. Some individuals also experience losing the ability to function in normal family, social, occupational, and other settings familiar to that person. Narcolepsy is a lifelong disease with important psychosocial consequences. If there is uncertainty in the diagnosis, a referral to the sleep specialist for polysomnography followed by MSLT is required.
During menopause, the fluctuation of hormones can lead to sleep trouble and sleep disorders. While most of the sleep disorders related to menopause don’t decrease the amount of time an individual will sleep, it does ruin the quality of sleep. A study by the National Sleep Foundation (NSF) showed that women suffer the most sleep problems during perimenopause and menopause. The study indicated that roughly 57 percent of women can’t sleep because of hot flashes, anxiety, depression, and chronic insomnia, while another 43 percent have a sleep disorder such as obstructed breathing, narcolepsy, or restless legs syndrome. Hot flashes alone cause women approaching menopause to briefly awaken 100 times a night—around three times more than a woman who is not approaching menopause.

The hot flashes can occur early in the night and disrupt a women’s sleep. As estrogen levels drop it also decreases the level of melatonin, which is necessary for sleep. Other symptoms that aren’t directly caused by menopause, such as anxiety and depression, can also cause sleep trouble.

The NSF study also reported that 61 percent of menopausal women indicated they can’t fall asleep or stay asleep several nights each week every week. Research shows that the variety of symptoms share one thing in common: They are all initiated or otherwise affected by imbalances in various hormones that are regulated by the body’s biological clock in the brain’s hypothalamus. This is where the axis for the sleep/wake cycle and the axis for all the endocrine glands that affect monthly reproductive rhythms are present. They’re all linked together so when one cycle is out of whack, it tends to disrupt others cycles as well. When perimenopause arrives with its roller-coaster ride of hormonal ups and downs disrupted sleep is frequently the result.

“**One of the main causes of the sleep trouble during menopause is hot flashes. Hot flashes can occur early on in the night and disrupt a woman’s sleep**”

According to Dr. Ritu Mehndiratta, “balancing out hormones with hormone replacement therapy can help your female patients get a good night sleep tremendously”, she adds, “keeping the temperature in the bedroom at a more comfortable temperature as can also improve the quality of sleep.”  

At Sleep Services of Maryland we can provide your patients a variety of tests and treatments to get their symptoms under control.

*Portions of this article have been adapted from the National Sleep Foundation Study on Sleep and Menopause in 2007.*
Sleep paralysis may occur once or many times, causing a temporary and sometimes frightening feeling of paralysis upon waking. Although sleep paralysis is not a sleep disorder itself, it is often a symptom that the body is not cycling normally through the natural stages of sleep. If your patient experiences multiple episodes of sleep paralysis or is worried about sleep paralysis, Sleep Services of Maryland can help.

When sleep paralysis occurs, an individual is awake but unable to move for seconds or minutes. This may happen once in a while or several times each night. Many people experience feelings of anxiety, fear, or sensations of pressure and choking during an episode of paralysis. However, sleep paralysis is not a dangerous medical condition. Sleep paralysis happens as the body transitions from sleeping to waking, either just as a person is falling asleep or as they are waking up. The mind may become awake and aware before the body is able to respond, causing temporary paralysis.

Sleep paralysis is not classified as a distinct sleep disorder. Instead, sleep paralysis may be associated with other disorders, such as narcolepsy or it may also be caused by a lack of sleep, a varying sleep schedule, or anxiety and stress. Substance abuse or the use of certain medications may also trigger sleep paralysis.

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