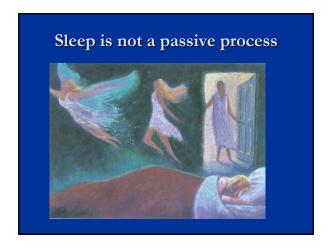
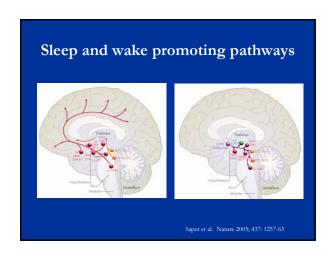
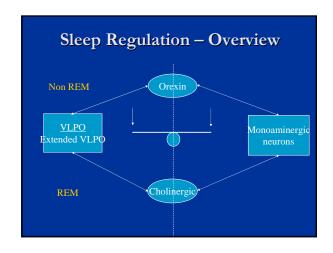


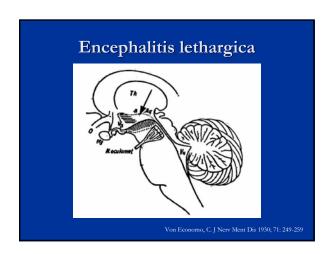
Summary

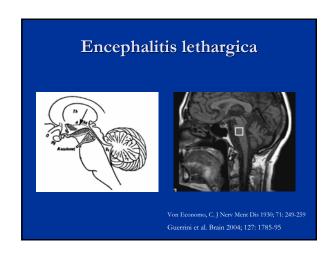
- How sleep works
- Why people with SCA1 may get sleep problems
- Common sleep problems
 - Sleep apnea
 - Periodic limb movements
 - REM behaviour disorder
- Testing and treatment

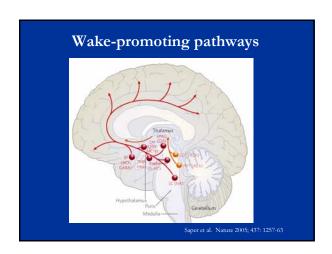


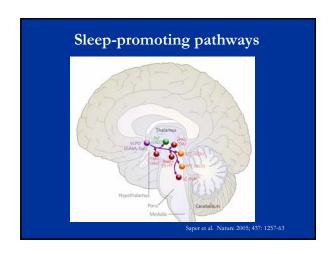




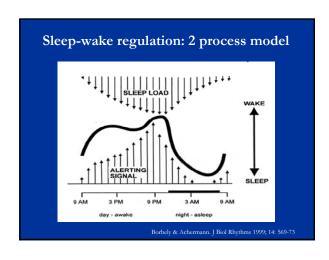


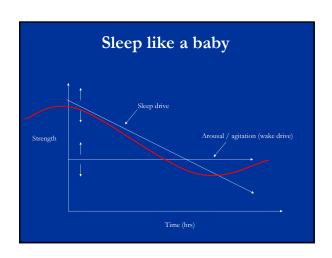


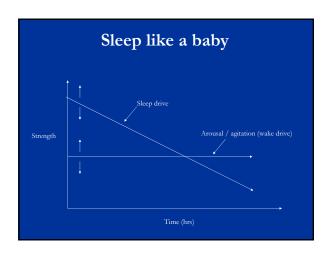


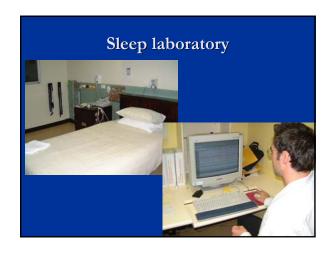


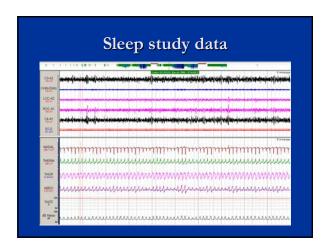


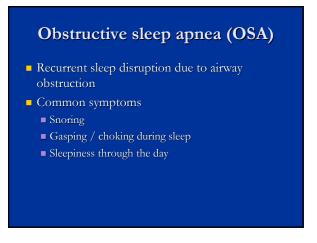




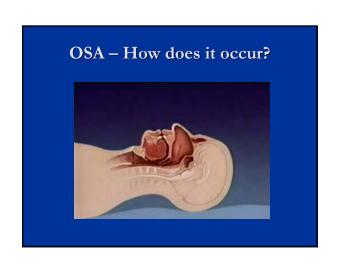




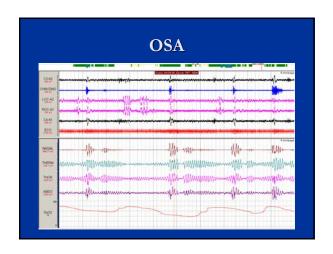


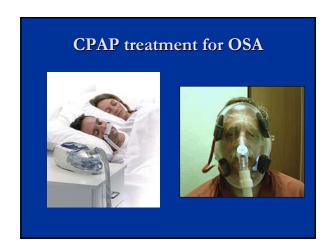


Who gets OSA? Obesity is the most important risk factor Males more than females (pre-menopausal) Males = females (after menopause) Neurological problems Poor co-ordination between breathing in and muscle contraction in the tongue and upper airway



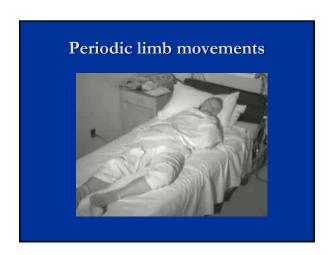


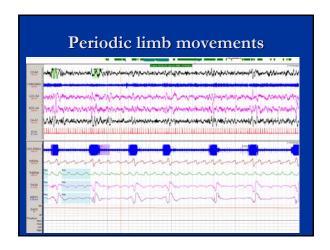






Periodic limb movements Repetitive stereo-typical movements during sleep Very common as a PSG finding – 30% >70yo Restless legs syndrome Symptom defined syndrome Increased by Peripheral neuropathy Fe deficiency Neurodegenerative disorders

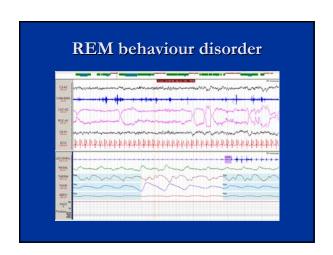




REM behaviour disorder

- Purposeful acting out of dreams
- Movements arise from REM
- Loss of Ach mediated suppresion of motor tone
- Common in
 - Elderly
 - Anti-depressants
 - Neurodegenerative disorders





Summary

- Sleep and wake are both regulated by the brain
- In conditions such as SCA1 expected sleep problems include:
 - Excessive sleepiness (too sleepy)
 - Insomnia (can't sleep)
 - Abnormal movements during sleep
 - Periodic limb movements
 - REM behaviour disorder
 - Obstructive sleep apnea

