

Empower - Menopause and Cancer Survivorship Pathway

Sleep Disturbance

FAQs

1. Is it normal to have trouble sleeping during menopause?

Yes, sleep disturbance is one of the most common symptoms that women experience during menopause. 48% of menopausal women are affected by **insomnia**, whilst many more will experience sleep disturbance.

2. What is causing my sleep issues?

There are lots of things that can cause sleep struggles.

In the context of the menopause, the most common reason for sleep disturbance is vasomotor symptoms which include Hot Flushes and Night Sweats.

3. What can I do to improve my sleep?

There are lots of steps you can take to improve your sleep – see the Sleep Hygiene resource included in this pack as a starting point.

4. Who can I reach out to for help with sleep troubles?

Your healthcare team including your GP are the first people to initially reach out to. They can help you identify techniques as well as discuss sleep hygiene. They may refer you to a licensed counsellor if the root of your sleep issue is related to emotional struggles. Your GP may be able to refer you to a specialist who can deliver cognitive behavioural therapy to treat your insomnia (CBT-I).

5. Are there medications I can take to help?

Talk to your GP or oncologist about your difficulties with sleep. They can advise and refer you as necessary; you may want to consider medication to treat the symptoms which are leading to your insomnia, such as hot flushes, night sweats, anxiety or depression.

If your sleep is being disturbed by vasomotor symptoms such as hot flashes or night sweats, the use of menopausal hormonal therapy (MHT, also known as HRT), can improve your sleep by addressing hot flushes. MHT is not suitable for all women, especially in the context of a previous cancer diagnosis so please consult your doctor for more information.

Several non-HRT medications for the management of vasomotor symptoms have been evaluated, mostly in women with breast cancer. Agents that have been found to be helpful in large trials include antidepressants (venlafaxine/citalopram), painkillers (gabapentin/pregabalin), and clonidine.

These medications have been found to have a significant impact on hot flushes, some reducing them by as much as 60%. The medications listed are associated with side effects and should be discussed with your doctor.

6. Melatonin

Melatonin is sometimes called the hormone of sleep, it helps to regulate the timing of when sleep occurs (your body releases more melatonin as dusk falls and it gets darker to prepare the body for sleep). Melatonin supplements may be helpful for sleep problems caused by shift work or jet lag. Melatonin may also be helpful for people with insomnia, but its effect is small. Studies have shown that melatonin only increases the speed by which you fall asleep by 3.9min. Melatonin does not improve the quality or quantity of your sleep.

Melatonin appears to be relatively safe for short term use, but its long-term safety has not been established. Larger studies are needed to confirm whether melatonin really does improve sleep. So, whilst the evidence base for the efficacy of Melatonin is limited, you may still feel that it works for you.

[Melatonin as a sleep aid, can it help you sleep? \(sleepstation.org.uk\)](http://sleepstation.org.uk)

7. Are there any alternative remedies or supplements to treat insomnia?

People are increasingly looking for ways to improve their sleep without the use of conventional sleeping pills. Many people are now turning to more 'natural' products as sleep aids, such as vitamins, minerals or herbs which may promote sleep. The evidence for some complementary approaches can be either inconsistent or too limited to draw conclusions or to recommend their use in a medical forum for the management of insomnia. If you are using a complementary approach for a sleep problem, talk to your healthcare provider, GP or Oncologist to work together to find a treatment plan that works for you.

The National Center for complementary and Integrate Health (NCCIH) conducts and supports research and provides information about complementary health products and practices. The NCCIH is a helpful resource about complementary treatments in the context of sleep disorders (see link below).

Relaxation techniques can be helpful and are considered safe.

Aromatherapy is the therapeutic use of essential oils from plants. It is uncertain whether aromatherapy is helpful for treating insomnia because little rigorous research has been done on this topic.

Lavender Oil

Studies have been done on the use of lavender for a variety of conditions, but there hasn't been enough high-quality research to allow definite conclusions to be reached about how effective it is in the management of sleep disorders. A recent study looked at the effect of a combined treatment of foot soak and lavender oil inhalation therapy on the severity of insomnia in patients with cancer. This study found that a combination of lavender oil inhalation for 5 minutes and a 20 minute foot soak treatment before bed for 14 days improved the severity of insomnia in a group of cancer patients who had moderate insomnia to start with.

Valerian root

Clinical trials of valerian root (a herb said to have sedative properties) have had inconsistent results, and its value for insomnia has not been demonstrated. Although few people have reported negative side effects from valerian, it is uncertain whether this herb is safe for long-term use.

Chamomile

Although chamomile has traditionally been used for insomnia, often in the form of a tea, there is no conclusive evidence from clinical trials showing whether it is helpful.

Remifemin Supplement

The Remifemin Supplement contains **black cohosh** (*Actaea racemosa*), which has been used by Native Americans as a medicinal plant but not for menopause symptoms. It is a member of the buttercup family. It is one of the most used botanicals for menopausal symptoms. Its active ingredients, if any, are unknown. It is also one of the most studied herbal products for menopause symptoms. Studies have shown no difference between black cohosh and placebo in either frequency of Hot Flashes, in overall menopause symptoms or in menopause related Quality of life.

Black Cohosh appears to be safe. It does not change oestrogen levels, it does not effect the lining of the womb (endometrium), and is no different from placebo in side effects. The risk of interactions between black cohosh and medicines appears to be small. Preliminary animal research supported by NCCIH and other laboratory research suggested that black cohosh might affect statin medicines, which are used to reduce blood cholesterol levels. It is not clear if black cohosh is safe for women who have had hormone-sensitive conditions such as breast cancer.

Research suggests that certain black cohosh extracts and some combination products containing black cohosh may reduce some menopause symptoms. Most of the research has been on a single extract called Remifemin. Research on other black cohosh products has had inconsistent results. Guidelines released in 2015 indicate that there is a lack of consistent evidence for any benefit from black cohosh for menopause symptoms. But a 2017 review of recent research suggests that black cohosh extracts approved for treatment in Europe seem to decrease menopause symptoms.

Magnesium

Magnesium is a mineral that's essential for the body to function and remain healthy. We get magnesium from our diet and it's naturally present in a wide range of food types, such as green leafy vegetables, nuts, seeds, legumes and whole grains. It's also added to certain foods, such as breakfast cereals and some bottled water brands. Even with plenty of dietary sources, it's believed that many of us may still have lower than recommended levels of magnesium in our bodies

The key to its role as a sleep aid seems to stem from the fact that magnesium is important for helping our bodies relax. Evidence seems to point to magnesium having some positive effects on sleep but more data is needed to make any conclusive statements about magnesium supplements.

[Magnesium and sleep — will it help you? \(sleepstation.org.uk\)](http://sleepstation.org.uk)

Some “sleep formula” dietary supplements combine valerian with other herbs such as **hops, lemon balm, passionflower,** and **kava** or other ingredients such as **melatonin** and **5-HTP**. There is little evidence on these preparations.

If You are Considering Complementary Health Approaches for Sleep Problems

Talk to your health care provider. Tell them about the complementary health approach you are considering and ask any questions you may have. Trouble sleeping can be an indication of a more serious condition, and because some prescription and over-the-counter drugs can contribute to sleep problems, it is important to discuss your sleep-related symptoms with your health care providers before trying any complementary health product or practice.

Keep in mind that “natural” does not always mean safe, and even dietary supplements can cause health problems if not used correctly. The health care providers you see about your sleep problems can advise you.

Links & Resources – Complementary Therapies for sleep disorders

NCCIH: [Sleep Disorders: In Depth | NCCIH \(nih.gov\)](https://www.nccih.nih.gov/health/sleep-disorders)

Please see the following link to MyMenoplan for information on Complementary Therapies for sleep disorders in women with the menopause: [HERBAL REMEDIES AND SUPPLEMENTS - My Menoplan](#)

8. How other medications may impact on my sleep disturbance?

Quetiapine

Despite a lack of evidence pointing to the effectiveness of quetiapine in helping improve sleep, it is sometimes prescribed at low doses to manage sleep disorders. Quetiapine can improve symptoms that may interfere with sleep, such as reducing feelings of anxiety and depression. So, it is difficult to evaluate its effects as a sleep medication when the drug is designed to improve symptoms that, in themselves, also affect sleep. While there is some evidence that quetiapine can improve sleep in healthy participants, only minor improvements in sleep are seen in patients with insomnia.

[Seroquel \(Quetiapine\) for sleep: will it work for you? \(sleepstation.org.uk\)](https://sleepstation.org.uk/seroquel-quetiapine-for-sleep-will-it-work-for-you/)

Mirtazapine

Mirtazapine is an antidepressant medication that is sometimes used, off label (it is not licenced specifically for the management of insomnia), for the management of insomnia. If you are prescribed mirtazapine for sleep problems, it is usually given at a low dosage.

Mirtazapine has been found to:

- ↓time it takes to get to sleep
- ↓number of times you wake at night
- ↑quality of sleep
- ↑NREM sleep
- ↓REM (dream) sleep

Mirtazapine, like many other antidepressants, works by increasing the concentration of certain neurotransmitters (chemical messengers) in the brain but differs to many others on the market in just how it does that. Mirtazapine doesn't stop the recycling of these messengers but instead blocks some of the receptors they interact with. There is some evidence that mirtazapine can be an effective treatment for insomnia in people with depression. It is not clear whether it is the drug itself which reduces the symptoms of insomnia or whether, by reducing the severity of depressive symptoms, it has the knock-on effect of helping the person to sleep better.

The major drawback of taking mirtazapine for a sleep problem is that it is not a long-term solution, why?

- The sedative effects of low dose mirtazapine tend to wear off after a few weeks, as the body gets used to it.
- Taking a sleep aid such as mirtazapine does not address the actual reason behind why you're sleeping badly in the first place. It just covers up the problem and it's well known that after stopping taking mirtazapine, insomnia usually returns.

[Mirtazapine and sleep: will it help you sleep better? \(sleepstation.org.uk\)](http://sleepstation.org.uk)

Amitriptyline

The drug amitriptyline is an antidepressant medication, known as a Tricyclic Antidepressant (TCA). **Amitriptyline can have a sedative effect on those who take it.** Traditional sleeping tablets come with the risk of developing tolerance or addiction, so GPs often look to drugs like amitriptyline as safer alternatives. The dosage of amitriptyline for insomnia treatment is at the lowest end of the scale, typically within the range of 10-25mg per day. When amitriptyline is taken as a sleep aid, the dosage is fairly low, so side effects are generally minimal. There are, however, many potential side effects associated with this medication. The most common amitriptyline side effects include:

- dizziness
- dry mouth
- constipation
- headache
- weight gain.

Very few studies have looked at how amitriptyline affects sleep. The theory behind its use is that as amitriptyline can make you feel sleepy, it can help you to fall asleep and stay asleep. However, sedation and sleep induction are not the same things. While sedation may play a role in helping you get to sleep, giving a feeling of restfulness or relaxation, drugs that cause sedation do not put you to sleep or keep you asleep. The drawback of this drug-induced sleep is that amitriptyline does not just make you feel sleepy at night. This is because of how long amitriptyline stays in your system. It remains active in the body for 12-24 hours so it can make you feel tired and groggy during the day too. This means that it can cause you to feel groggy or make you more clumsy which can affect your ability to carry out normal activities of daily living and can also impact your ability to drive. The side-effect of daytime sleepiness often leads the person to believe that they're having problems sleeping. In fact, their daytime sleepiness is directly resulting from the drug they're taking to help them sleep.

When sleep is induced by amitriptyline, sleep stages are disrupted. As mentioned previously, amitriptyline is a tricyclic antidepressant (TCA) and this category of drug is known to suppress the

deepest stage of our sleep: rapid eye movement (REM) sleep. REM sleep is important as it is the stage in which the brain processes emotional information that we've experienced during the day. This stage is also thought to be when many types of memories are consolidated and laid down by our brains. For people taking amitriptyline this stage can be shortened. Emotional processing may be affected which can leave some users with feelings of anxiety and depression. This is why, when prescribed for insomnia, it's very important to start with the lowest possible dosage. Amitriptyline also reduces the amount of deep, slow-wave sleep (SWS), also referred to as 'deep sleep'. During SWS our bodies are in housekeeping mode: our muscles repair themselves and new tissue is grown. This type of sleep is considered key to restoring our bodies physically but it's also important for the consolidation of memories. Not getting enough SWS sleep can leave you feeling fatigued in the short-term and can lead to serious illness in the long-term.

There is little evidence that amitriptyline can improve getting to sleep, staying asleep or any other aspects of sleep architecture relevant to disturbed sleep. There are no published studies on the effectiveness of low-dose amitriptyline in insomnia.

[Amitriptyline for sleep, is it a bad idea? \(sleepstation.org.uk\)](https://sleepstation.org.uk)

Selective Serotonin Reuptake Inhibitors (SSRIs)

Sleep disturbance is a very common side effect of SSRIs, with insomnia being seen in 15-20% of those taking SSRIs. Some SSRIs are used as a treatment for Hot Flashes during the menopause. More studies need to be done to determine the actual reason for sleep disturbances caused by SSRIs, but the correlation is very strong. However, if you are taking an SSRI, this does not mean you will no longer be able to get a good night's sleep.

SSRIs can have a positive effect on your sleep:

Depression may cause insomnia in many sufferers, and if you are one of these people, an SSRI may improve your sleep. By treating the depression, you may have a better chance at a good night's sleep with an SSRI than without one.

How might an SSRI affect your sleep?

- ↑ sleep disturbance
- Insomnia
- ↓sleep quality
- intense nightmares
- ↑ time to fall asleep
- ↓REM sleep

The most striking effect that SSRIs have on sleep is the interference with Rapid Eye Movement (REM) sleep or dream sleep. REM sleep is considered the most important aspect of a person's nightly sleep. REM sleep makes a significant contribution to your nightly recovery. REM sleep is where your memories are cemented into your mind. It is also when your most vivid dreams normally occur.

Sleep disturbance as a result of SSRI use may not affect you. However, if it has led to sleep disturbance, there are options available to help alleviate these side effects, which you can talk to your doctor about. Work together to discuss potential solutions which may include:

- Reduce the dose of your SSRI.
- Switch to a different form of anti-depressant medication which may not be associated with insomnia.

9. How can weight loss help?

Most of the literature that has been published talks about how poor sleep can result in weight gain or make it more difficult to lose weight. Several studies have indicated that short sleep duration is associated with obesity and the risk of future weight gain in both adults and children. Getting good quality sleep is equally as important as diet and exercise in regulating our weight. If you sleep better and for longer at night, you are more likely to be successful with weight loss efforts.

Article: [Sleep and weight gain: does lack of sleep affect weight? \(sleepstation.org.uk\)](http://sleepstation.org.uk)