



Dr. Bill Moorcroft



Sleep Problems Update

Number 4

Case Study: Insomnia Secondary To PLMD

Patient: L.C., a 52 Y/O female with minor arthritis and regulated hypothyroidism. Cessation of female replacement hormones had had no effect on her sleep.

Problem: L.C. described herself as a “incurable insomniac” who was “getting desperate.” She could fall asleep OK but would have frequent, and sometimes long, awakenings after a few hours. This left her fatigued, irritable, and “in a daze at work.” She was also depressed; a recent switch from Zolof to Effexor worsened her sleep. She described herself as a “restless sleeper who changed positions a lot” who “tore up the bed regularly.” She was told that she snores.

The snoring and restless sleep were indicators of possible sleep disorders so she had an overnight sleep study (polysomnogram). It showed some apnea but WNL. Most noticeable were almost 20 arousals per hour, a third to half of which were related to Periodic Limb Movements resulting in fragmented sleep.

Diagnosis: A combination of Periodic Limb Movement Disorder (ICD-9 780.52-4) and Psychophysiological Insomnia (ICD-9 307.42-0). The PLMD was frag-

menting her sleep and frequently arousing her. The PI was causing her difficulties in returning to sleep when she did awaken.

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for insomnia, nightmares, and children’s sleep problems. Offices in Fort Collins, Loveland, and Greeley.

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mented on one that reduced her movements during sleep and had no apparent side effects. Additionally, I worked with L.C. to improve her sleep hygiene, taught her a progressive relaxation technique that allowed her to relax her body when she awakened during the night, and a guided imagery technique that helped her focus her mind so she could easily return to sleep.

Outcome: L.C reports that she is now sleeping well and is experiencing greatly improved waking without depression.

Comment: Insomnia, just like fever, may be the result of any one or combination of causes that may be refractory to sleeping pills, but improves when the primary cause is treated.

Did You Know?

- *Periodic Limb Movement Disorder (PLMD) or Syndrome (PLMS) affects over 35% of those 65 and older but is also seen in younger people.*
- *It consists of a movement of one or more limbs, usually the lower ones, every 20 to 40 seconds.*
- *The movements come in clusters that last for several minutes to several hours.*
- *For many people these movements appear to be benign but for others they fragment sleep.*
- *Often it is only the bed-partner who is aware of these movements and whose sleep is disrupted.*
- *Disarrangement of the bed covers is another sign of this disorder.*
- *In the majority of cases the cause is unknown but it can be secondary to kidney disease, diabetes, or anemia.*
- *PLMD is easily controlled by low doses of any one of several drugs typically used to treat seizures.*

Treatment: I recommended that her PCP prescribe one of several drugs known to alleviate PLMD. They set-