

HOW TO SLEEP BETTER WITHOUT MEDICATIONS

Sleep facts

- Migraine sufferers are more sensitive to poor or changing sleep patterns
- Sleep can be part of a vicious cycle; attacks disrupt sleep and bad sleep triggers attacks.
- There are well studied sleep hygiene strategies to help improve sleep.
- This handout will review key strategies for optimizing sleep habits, including:
 - Regular exercise
 - A consistent bedtime routine
 - Creating the ideal bedroom environment
 - Stress reduction strategies
 - Daytime habits and behaviours that influence sleep

Many people with migraine have difficulty with sleep.

The first step to a better sleep is to make a few routine changes and maintain them over a few weeks at least. Have a look at our list below, pick the changes that seems to fit you best and stick to them.

Is my headache really going to improve if I make changes to my sleep routine?

According to a study by a team from South Carolina, making simple changes to their sleep routine allowed **48**% of people with chronic migraine to improve back to an episodic state (< **15** headache days per month).



Dilemma: using a smartphone to sleep better?

Many apps exist for sleep management: relaxation, quiet stories, and calming sounds. But having the phone in the bedroom can also be disruptive. Try different approaches to find the one that fits you.

Discuss with your bed partner

Research has found that partners of people who snore have a very disrupted sleep. Different schedules can also be a challenge.

Consider having separate bedrooms if possible, even if only for a few nights per week.

Also, if you are allergic to your pet - don't allow it in your bed!



SLEEP: THE ULTIMATE CHECKLIST

Adopt a regular daily routine

- Make sure you have enough time in bed to sleep (7 to 8 hours per night, 5-6 hours is not enough).
 Go to bed and wake up at the same time each day, even on the weekend.
- Exercise regularly and try to find the right time for you to do it. For some people, vigorous exercise in the evening impairs sleep.
- Avoid naps or limit them to 20-30 minutes. Don't nap after 3 PM.
 Avoid staying in bed at any other time than sleep time.
- Avoid eating dinner less than 2 hours before going to bed. You may consider a light snack if you feel hungry.
- Limit liquids 2 hours before bedtime. This will decrease your trips to the washroom.

Make your bedroom a good place to sleep

- Use your bedroom for sleeping and intimate activities.
- Reduce noise and light in your bedroom. Use ear plugs and eye masks if required.
- The optimal room temperature for sleep is between 15 and 20 °C (60 to 67 °F).
- If you can't sleep after 30 minutes in bed, get up and do something relaxing or boring, such as reading a familiar book, knitting, doing a puzzle. When you feel tired, go back to bed (do not sleep on the sofa).
- If you have a bed partner who snores or disturbs you, consider sleeping apart for 1-2 nights per week to catch up on your rest.
- If you have young children, take turns getting up with them, if at all possible.

Prepare for bedtime and create a routine to wind down before going to sleep

- Keep a list of the things that you need to do so you don't ruminate on it in your bed. If you're thinking about something, get out of bed, write it down and go back to bed.
- Avoid bright sources of light, including any screens, 1-2 hours before bed. Remove screens from your bedroom or set your devices to "Do Not Disturb".
- Avoid anything that is mentally stimulating, keeps you awake, or is emotionally loaded, such as important conversations, thrilling series, or books.
- Use relaxation techniques, such as breathing exercises, progressive muscle relaxation, and mental imagery in bed (refer to our handout on relaxation techniques). Some people are helped by audio podcasts.

Try to keep it natural

Avoid stimulants such as caffeine and nicotine before going to bed.

Alcohol can fragment sleep and can cause headaches in the morning.

Avoid using sleeping pills, including medications such as Gravol or Benadryl. These cause daytime drowsiness and can lead to dependency. Medications induce a sleep that is not natural and may not be restorative. Sleep meds can also lead to addiction. This is something to discuss with a healthcare provider.

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Melatonin may help sleep and small studies suggest a benefit for migraine.

Consider CBT (Cognitive Behavioral Therapy). Even «desperate cases» who have «tried it all» can improve Some people suffer from severe insomnia and may need either one-on-one cognitive behavioral therapy or a referral to a sleep clinic. Seeing a psychologist for sleep is different than other types of therapy and might be worth it.

Make sure your medical conditions are managed: sleep apnea, restless legs, menopause hot flashes and others can significantly impact sleep. You may discuss this with your physician if sleep remains a problem even after sustained attempts at a better routine.