

**TITLE 1:** "Ask the Doctor"

**TITLE 2:**

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- Sleep
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**ABSTRACT OVERVIEW:** One reader asks about their own personal battle with sleep apnea and RLS and whether the two could be related. Questions about the CPAP and clonazepam/clonidine are also brought up and answered by three different doctors.

## **COPY OF ARTICLE:**

### **Ask the Doctor**

**Q.** *I was diagnosed with both sleep apnea and RLS five years ago. I take clonazepam (clonidine) at night for my RLS, and I use continuous positive airway pressure (CPAP) for my sleep apnea. I continue to experience daytime tiredness, and wonder whether my two sleep disorders are connected in any way. Is the treatment for sleep apnea made less effective by the use of clonazepam (clonidine), or is the RLS treatment less effective because of the sleep apnea? I always feel tired and often nap during the day.*



**A.** Three RLS specialists have addressed your question. Clonazepam can worsen your sleep apnea, particularly if you don't use your CPAP religiously. In addition, if you have gained weight, or if your bedpartner notices breakthrough snoring or breathing pauses, you may need a CPAP retitration study, since your daytime tiredness may indicate inadequate CPAP pressure.  
*Clete Kushida, M.D.*

*Stanford University Sleep Center*

It's also important to keep in mind that clonazepam has an extremely long half-life, and that could easily account for complaints of fatigue and sleepiness despite treatment. There is no hard evidence of a connection between the two disorders.

*David Rye, M.D.*

*Emory University*

There are several interpretations of the patient complaint of daytime sleepiness.

1. This could be a hangover effect of the clonazepam (clonidine) that is very long-acting (*solution: try a shorter-acting agent*).
2. Although the RLS is not apparent while the patient is awake, it is possible that the patient continues to have periodic limb movements in sleep (PLMS) despite the clonazepam (clonidine) and that the PLMS are disrupting her sleep (*solution: repeat PSG looking for PLMS*).
3. The patient's apnea is not adequately controlled with CPAP. As I do not have sufficient clinical history I cannot say how likely this might be, but at face value this has to be considered as a cause of her daytime sleepiness.
4. Her daytime sleepiness stems from another cause altogether (circadian rhythm disorder and chronic insufficient sleep are two examples).

*Christopher Earley, M.D.*

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