

Sleep



“When you’re trying to get to sleep and you can’t, it is such a frustrating experience and it’s only made harder by how agitated you become. I found it hard to sleep because of all the negative thoughts I’d have going through my mind.”

Ron
Diagnosed with colorectal cancer

What is cancer-related poor sleep?

An occasional night of poor sleep is a normal event that just about everyone has once in a while. When you have cancer, however, you may find yourself sleeping more poorly than usual. You may have trouble falling asleep at night. You may wake up several times during the night or very early in the morning. You may get out of bed in the morning without feeling rested.

Taken together, these poor sleep patterns are called **insomnia**—and if they happen regularly, **chronic insomnia**. Insomnia is very common in people with cancer. Keep in mind that insomnia is not the same thing as feeling tired, although the two things may happen together. Dealing with tiredness may require some different strategies, which you can find [here](#).

- **How does poor sleep affect me?** When you don’t sleep well, you’re likely to lack energy the next day. Poor sleep can affect your ability to heal, and maintain daily activities. Poor sleep can also affect your memory and concentration, making you less able to focus. Not surprisingly, lack of restful sleep can make you feel irritable, distressed, and less able to tolerate pain.
- **Does it get better?** Sometimes, poor sleep comes from a specific worry or problem. Once you deal with the issue, your sleep improves. In other cases the insomnia continues for a longer time. The earlier you identify the problem, the more likely you can avoid progressing to chronic insomnia.

Sleep and drowsiness

Drowsiness is not the same as ordinary fatigue or tiredness. It's that feeling you get when you can't keep your eyes open. Here's one way to tell the difference: when you're tired, you feel awake, but don't have the energy to carry out activities; when you're drowsy, you have a strong urge to lie down and go to sleep. You may also yawn a lot, have watery eyes, or feel a heaviness in your eyelids.

When you suffer a poor night's sleep, you enter a state of "sleep debt" and risk becoming drowsy. Medications known to cause drowsiness include antidepressants, pain killers, and sleeping pills.

If you feel drowsy right before bedtime, there's no problem—in fact, it's the ideal time to go to sleep. On the other hand, daytime drowsiness can interfere with your concentration, reaction time, productivity—and above all, your safety. As just one example, drowsiness can lead you to drift off when you're driving a car. That's why daytime drowsiness is much more dangerous than tiredness and needs to be investigated. **If you find yourself feeling drowsy during the day, talk to your oncologist, your nurse, or your pivot nurse right away.**



What causes poor sleep?

Sleep problems may arise from the cancer itself, from cancer treatment, or from cancer-related stress. Specific issues that may interfere with your sleep include:

- Nausea, shortness of breath, or pain brought on by the cancer itself
- Hot flashes
- Changes in body chemistry resulting from the cancer
- Side effects of chemotherapy and hormone therapy
- Certain medications, such as analgesics (pain killers), steroids, antidepressants, and blood pressure or heart medications
- Worries about cancer

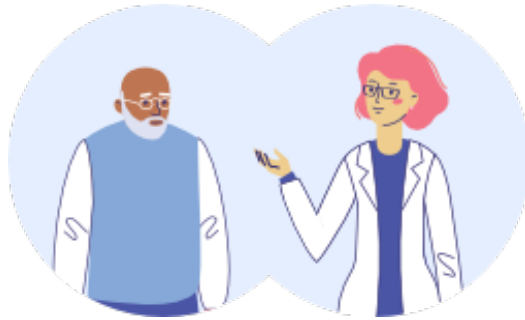
- Foods or drinks consumed late in the day (e.g. large meals, caffeine, alcohol)
- Having to go to the bathroom frequently
- Room temperature (too hot or too cold)



What are the signs of poor sleep?

Look for the following signs of poor sleep:

- You have trouble falling asleep at night
- You wake up often during the night
- You wake up too early in the morning
- You don't feel refreshed after you wake up
- You have low energy during the day
- You have trouble concentrating or remembering things



When should I get help for my poor sleep?

Your doctor can help you figure out the reasons for your poor sleep and offer solutions that work with your own preferences and needs (for more information see [Talking to your healthcare team](#)). Talk to your oncologist, your radiation oncologist, your nurse, or your pivot nurse at your next appointment if you are sleeping poorly 3 times a week or more.



Talk to someone in your healthcare team immediately if:

- Your insomnia symptoms get worse or you develop new ones.
- You show signs of sleep apnea --chronic snoring, choking or gasping during sleep, morning headaches, poor concentration.
- Your lack of sleep interferes with your daily activities.
- You find yourself feeling drowsy during the day.
- You experience “restless legs” (strong urge to move your legs) when trying to sleep.

Note: Sleep apnea or restless legs require prompt referral to a sleep specialist or clinic.

What can I do to help manage my sleep?

Start by exploring the strategies offered here. If one doesn't work, move on to the next one. If you need extra help, don't hesitate to talk to the healthcare professionals on your team.



Keep a symptom diary

If you're not sleeping well, keeping a daily sleep diary for 2 weeks can help you and your healthcare team identify patterns and work on solutions. Here's some information to include every day:

- What time you went to bed
- How much time it took you to fall asleep
- How long you slept
- How often you woke up during the night and how long you were awake
- Reason for waking up, if there was one (e.g. noise, night-time peeing)
- Whether you felt rested after sleeping
- If you felt sleepy during the day
- Medications, supplements, caffeine, and alcohol consumed the previous day
- Mood
- Your physical activity during the day
- Any event that might have bothered you during the day
- For more information see [Symptom diary](#)

Practice smart sleep hygiene

Good sleep hygiene means behaviours that help you sleep better. They begin long before you climb into bed. You may find these tips helpful:

Daytime

- Wake up at more or less the same time every day: routine promotes good sleep.
- Turn on the light or open your curtains/blinds after waking up, so your body clock knows it's daytime.
- Exercise regularly.
- If you are confined to bed, stay as active as you can. You can try moving your body if possible (like bending and stretching your arms and legs) and doing mental activities such as games and puzzles.
- If you need to rest, go to a room other than your bedroom or sit in a chair.
- Avoid having long naps during the day, as too much daytime sleeping can keep you up at night.

Evening

- Eat only light snacks in the evening, and stay away from caffeine, sugar and alcohol right before bed.
- Avoid napping within four hours of bedtime.
- Stay away from strenuous or stimulating activities—this includes TV or computer screens—in the evening and right before bed.
- Set aside 30 to 45 minutes for planning and worrying, so you can go to bed with a clearer head.
- Ease into bedtime by doing something you find relaxing, like taking a warm bath, putting on some calming music, reading, or listening to audiobooks.
- Reduce drinking two hours before going to sleep

Bedtime

- Go to bed when you feel truly sleepy, not just bored.
- If you don't fall asleep within 20 to 30 minutes, get out of bed, engage in a calming activity for a while, and return to bed when you feel sleepier.
- If you live in a noisy or stimulating environment, consider wearing ear plugs and/or an eye mask at night.
- If you tend to toss and turn with worry, keep a note pad near your bed and write down your pressing concerns, so you can “park” them for the night.
- Hang blinds or blackout curtains on your bedroom windows.



Get regular exercise

Exercise helps you feel more alert during the day and sleep better at night. Some points to consider:

- It is generally fine to exercise during treatment, but check with your healthcare team before starting any exercise.
- Start slow. Even a few minutes of walking is a good start.
- Break up your exercise sessions—for example, 5 minutes of slow walking, 5 minutes of fast walking, then back to slow walking for 5 minutes.
- Gradually increase the length of your exercises—for example, an extra 2 minutes every 1-2 weeks.
- Take stretching breaks during the day.
- To make exercise more enjoyable, try doing it with other people.
- For more information see [Get Moving](#).



Develop a sleep-friendly mindset

- Try relaxation or guided imagery: Relaxation activities include meditation or breathing exercises. These focus on slow deep breathing and attention on breathing in and out. Guided imagery helps by imagining or visualizing a calm place or setting. For more information see Relaxation Strategies.
- Make sure your beliefs about sleep are realistic. Not everyone needs eight hours of sleep. For example, you may do fine with six or seven hours. Similarly, waking up once or twice at night doesn't necessarily mean you have a problem.
- You can join a support group that explores and addresses sleep challenges.



Use sleep medication with caution

You can use sleep medications occasionally and for a limited time, while waiting for other strategies to take effect. Before trying any sleep medications, be sure to talk to your doctor, who can recommend or prescribe a product that is safe for you. Also keep these points in mind:

- If a medication you are taking is making you feel drowsy, avoid any activities that require you to be alert, such as driving. Talk to your doctor to discuss a change of dose or drug.
- Medications that act quickly (called short-acting) work best for falling asleep, while longer-acting medications help you stay asleep.
- If you are also dealing with pain, certain medications can help with both pain and sleep.
- If you find sleep medications useful, consider combining them with a psychological approach (such as CBT) and gradually easing off the drugs.
- Avoid taking daily sleep medications for more than four weeks.

Cannabis

There is some evidence that THC-rich cannabis products can improve sleep. However, the usefulness of cannabis for symptom management depends on a number of things, such as the type of cannabis and your health. In some cases, cannabis may make sleep worse. It is therefore critical that you talk to your doctor before experimenting with cannabis for managing your sleep.

Resources

For more information on cancer-related tiredness, self-management strategies and support organizations, check out the resources below.

[BC Cancer – Sleeping problems](#)

[BC Cancer – Self-help for sleep problems](#)

[Canadian Cancer Society – Sleep Problems](#)

[University Health Network – Helpful Hints for Better Sleep](#)

[University Health Network – Managing Sleep Problems After Cancer](#)

Acknowledgement of sources

The content of this document has been adapted from the following sources:

- BC Cancer. Symptom Management: Fatigue/Tiredness. 2017.
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- Cyr C et al. Cannabis in palliative care: current challenges and practical recommendations. *Ann Palliat Med* 2018;7:463-477.
- My Cancer Fatigue. Decision aid. 2019.
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Healthcare professional endorsement

The content of this document has been reviewed and approved by a team of healthcare professionals and clinical experts.

Disclaimer

Please note that this fact sheet is not intended as a substitute for consultation with a healthcare professional. If you have questions about your health, or any medical issue, you should contact a healthcare professional right away. You should not delay seeking medical advice, or disregard professional medical advice, because of information in this fact sheet. Before beginning any health treatment, always consult your doctor. All care has been taken to ensure that the information contained in this document is accurate at the time of publication. e-IMPAQc is not responsible for any injury or damage to persons or property arising out of, or related to, any use of the fact sheet, or because of any errors or omissions.

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Last updated: September 21, 2021