

Sleep disturbances

Sleep disturbances are very common, with reported prevalence of around 60% in CKD patients.

Sleep is a complex phenomenon, and can be affected by multiple factors. In CKD, these include:

- Poor sleep hygiene
- Obstructive sleep apnoea
- Nocturnal symptoms include RLS, pruritus, pain, nocturia
- Anxiety and depression
- Excessive sleep during day time

Management

Management should be predominantly *non-pharmacological*:

- Avoid excessive fluid intake in the evening to minimise nocturia.
- Avoid caffeine, alcohol and other stimulants.
- Avoid TV and electronic devices in the evening.
- Avoid day time naps.
- Having some physical activity during the day.

Treat nocturnal symptoms, such as RLS, as required.

Pharmacological

Benzodiazepines such as temazepam should be limited to short term use.

Melatonin 2mg nocte can be trialled (limited data on long term efficacy).

Low-dose mirtazapine 7.5mg – 15mg nocte can be used in patients with co-existing depression.