Sleep and epilepsy

This information looks at the links between epilepsy, seizures, epilepsy medicines and sleep disturbance. It also looks briefly at sleep disorders and how they can also affect people with epilepsy.

If your seizures are related to sleep, it also gives hints and tips for how you can sleep better and get better seizure control.

When sleep seizures happen

Sleep seizures can happen any time you’re asleep, whether it’s during the night or a day time nap.

It’s possible to have any type of seizure during your sleep including focal seizures. In focal seizures, epileptic activity starts in just a part of your brain.

Possible effects of seizures on sleep

There are several different stages of sleep including rapid-eye movement (REM) sleep and non-rapid eye movement (non-REM) sleep. REM sleep is important because it’s when your brain processes your emotions, files your memories and relieves your stress. Non-REM sleep (restorative sleep) is important for restoring normal brain functions.¹

If you have a seizure during your sleep, it affects your sleep for the rest of the night. It makes your sleep lighter, and you wake up more often. Your REM sleep is greatly reduced, and may even disappear. Seizures when you’re awake can also reduce your REM sleep the following night. REM sleep happens about 70 - 90 minutes into your sleep cycle. It’s usual to have several periods of this stage of sleep each night.

If you have seizures during sleep you will also have less deep non-REM sleep.

Although it’s important to get enough REM sleep, it’s not clear how to do that, apart from controlling your seizures. If your seizures aren’t controlled, try to catch up on any missed sleep, particularly in the day or two after a seizure. You could also ask your doctor to refer you to an epilepsy specialist for an assessment of your epilepsy and your epilepsy medicine.

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¹ Personal communication with Prof. Phil Smith, Cardiff 2 July 2018
Epilepsy Action has information about getting the right treatment and care for your epilepsy.

**Possible effects of epilepsy medicines on sleep**

Most people with epilepsy take epilepsy medicines to control their seizures. Epilepsy medicines can have unwanted side-effects. These include sleep-related side-effects. These are some examples:

<table>
<thead>
<tr>
<th>Epilepsy medicine</th>
<th>Side-effect</th>
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<tbody>
<tr>
<td>Ethosuximide</td>
<td>Sleep disturbances (broken sleep)</td>
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<tr>
<td>Lamotrigine</td>
<td>Insomnia (difficulty sleeping),</td>
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<td>Pregabalin</td>
<td>Insomnia</td>
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<tr>
<td>Topiramate</td>
<td>Sleep disturbance</td>
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<td>Gabapentin</td>
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<td>Levetiracetam</td>
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<td>Phenytoin</td>
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<td>Rufinamide</td>
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<td>Zonisamide</td>
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If you think your epilepsy medicine is causing side-effects, talk to your doctor or epilepsy nurse as they may be able to help.

**Epilepsy with sleep disturbance or sleep disorders**

People with epilepsy have a higher chance of also having disturbed sleep or a 'sleep disorder' than people who don't have epilepsy. Sleep disorders include obstructive sleep apnoea, restless legs syndrome, narcolepsy and night terrors. Sleep disorders or disturbances can affect seizures because broken sleep can trigger seizures. So sleep disorders, including the conditions mentioned above can make seizures more likely, as they interfere with sleep.

You can get information about sleep disorders from [NHS Choices](http://www.nhs.uk).

If there's any possibility that you have a sleep disorder, your doctor might be able to refer you for a sleep study. Sleep studies can take different forms and can help to show exactly what problems you're having while you're asleep.

**Fatigue and epilepsy**

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2 BNF 75 (British National Formulary) March 2018 [Ed. 75]

Fatigue is a feeling of overwhelming tiredness, weakness or exhaustion that can be mental, physical or both. If you have epilepsy, you are more likely to be affected by fatigue than other people. This might be because your sleep has been disrupted, possibly because of seizures or the effect of epilepsy medicines. Being depressed can also make fatigue worse.

Epilepsy Action has more information about epilepsy and depression and epilepsy and fatigue.

What people tell us about sleep

We all have different ways of getting enough sleep. This is what some people with epilepsy say:

“I used to keep my phone next to me in bed. I looked at social media before I went to sleep and if I woke up in the night. But then I realised I was waking up just to check my phone and I was getting really tired during the day. The crunch came when I started having more seizures. It made good sense to leave my phone in another room, and suddenly I was sleeping much better and not having as many seizures.”

"If I don't get enough sleep, I'm far more likely to have a seizure next morning. I need about 8 hours, so I always aim to be in bed by 10 pm, so I can read for an hour before going to sleep."

"Sleep is a real problem for me sometimes, especially if I'm feeling stressed, or I've had to work in the evening. I've learned to never go to bed until I'm feeling sleepy -- some nights this can be after midnight, if I've been working late. If I haven't fallen asleep within half an hour, I'll get back up and make myself a hot milky drink, then wait until I feel sleepy."

Tips for getting more sleep

There are some things you can do that may help in getting more sleep:

- Keep regular sleeping hours
- Avoid caffeine-containing drinks late in the day
- Wind down by:
  - Writing a 'to do' list
  - Doing relaxation exercises
  - Listening to a relaxation CD
  - Reading a book

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– Listening to the radio
– Create the right environment in the bedroom:
  – No TV or electronic devices
  – Dark
  – Quiet
  – Tidy
  – Comfortable temperature
  – Comfortable bed

SUDEP and sleep

Sudden unexpected death in epilepsy (SUDEP) happens when a person with epilepsy dies suddenly and unexpectedly, without any obvious cause. If you have uncontrolled tonic-clonic seizures in your sleep, and sleep alone, you are at increased risk of SUDEP. In tonic-clonic seizures, the epileptic activity affects both sides of your brain.

Epilepsy Action has more information about SUDEP.

If you are still having seizures, see our information about getting the right treatment and care for your epilepsy.

Alerting others to your seizures

If you worry about having a seizure and not having anyone to make sure you’re safe, you could consider getting a seizure alarm.

There are different kinds of alarm available. The type you need will depend on the type of seizures you have. For example, some alarms are sensitive to movement. So if you have tonic-clonic seizures during sleep, then this type of alarm should detect them. There are other types of alarm available, but alarms will only be useful if there’s someone the alarm could alert, so they can help you.

Epilepsy Action has more information about alarms.

Can I drive if I have sleep seizures?

If your seizures always start when you’re asleep, you may still be able to drive even if you continue having seizures. They don’t need to be at night. A seizure that starts during a daytime nap also counts as a sleep seizure.

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Before they allow you to drive, the driving agency would need to be satisfied that:

- You’ve never had an awake seizure and
- You’ve been having sleep seizures for at least 12 months. The 12 months applies from the date of your first seizure

OR

- If you stop having awake seizures, but still have sleep seizures, you can drive when you’ve been having sleep seizures only for at least 3 years. The 3 years is from the date of your first sleep seizure, after your last awake seizure

Further information

You can get further information about any of the issues discussed here from your family doctor, epilepsy nurse or epilepsy specialist.

About this information

This information is written by Epilepsy Action’s advice and information team, with guidance and input from people living with epilepsy, and medical experts. If you would like to know where our information is from, or there is anything you would like to say about the information, please contact us at epilepsy.org.uk/feedback

Epilepsy Action makes every effort to ensure the accuracy of information but cannot be held liable for any actions taken based on this information.

Our thanks

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Your support

We hope you have found this information helpful. As a charity, we rely on donations to provide our advice and information. If you would like to make a donation, here are some ways you can do this.
• Visit [www.epilepsy.org.uk/donate](http://www.epilepsy.org.uk/donate)
• Text **ACT NOW** to **70700** (This will cost you £5 plus your usual cost of sending a text. Epilepsy Action will receive £5.)
• Send a cheque payable to Epilepsy Action to the address below.

Did you know you can also become a member of Epilepsy Action from as little as £1 a month? To find out more, visit epilepsy.org.uk/join or call 0113 210 8800.

**Epilepsy Helpline**  
Freephone 0808 800 5050, text 0753 741 0044, email helpline@epilepsy.org.uk, tweet @epilepsyadvice

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