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# Sleep Problems

## Understanding Sleep Problems

Sleep problems (sometimes called sleep disturbances or sleep-wake disturbances) can affect your ability to do everyday activities. There are many types of sleep problems. Learn more here.

- [What Are Sleep Problems?](#)

## Managing Sleep Problems

Learn what you can do to help manage and cope with sleep problems.

- [Managing Sleep Problems](#)
  - [Getting Help for Sleep Problems \[Easy reading PDF\]](#)
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# What Are Sleep Problems?

Sleep problems can be common in cancer patients. You might hear these called sleep disturbances or **sleep-wake disturbances**. They can affect a person's ability to do everyday activities. Any change in usual sleeping habits can affect you in different ways.

It's important to remember that everyone is different. But sleep is key to having good physical and mental health, and for our mood and well-being. Because of this, having a good sleep routine or good **sleep hygiene** is important.

For most adults, averaging at least seven hours of sleep every night is recommended. But, your age, stage in life, home and work life, and stress, along with non-cancer related conditions can affect sleep. People might describe sleep problems as having insomnia or sleep deprivation, but there are things that can help.

For people with cancer, common types of sleep problems include:

- Feeling overly weak and more tired than usual, or feeling the need to rest and sleep more (fatigue).
- Having trouble getting to sleep or staying asleep (insomnia).
- Getting too much sleep which might affect your activities during the day.
- Taking too many naps during the day which might affect your sleep at night.
- Things that don't allow good sleep at night, such as being hot or cold, needing to use the bathroom, sleep-walking, nightmares, or sleep terrors.

Sometimes changes in sleep are temporary, while others may last several months to years after cancer treatment. This can lead to having lower energy levels and can affect tasks at home, work, or school. It can also affect your enjoyment of social activities, friends, family, or hobbies.

It's important to report sleep problems and talk to your health care team about ways to [manage more consistent sleep](#).

## What causes sleep problems?

### Cancer and its treatment

For people with cancer, some reasons for changes in usual sleeping habits or sleeping problems include:

- Certain surgeries, radiation therapy, treatment drugs or hormone therapy
- Medications related to cancer and non-cancer conditions
- Side effects related to cancer, cancer treatment, or medications that might include: [Fatigue](#)<sup>1</sup> [Pain](#)<sup>2</sup>, [Anxiety](#)<sup>3</sup> and worrying [Depression](#)<sup>4</sup> [Fever](#)<sup>5</sup> [Nausea or vomiting](#)<sup>6</sup> [Heartburn](#)<sup>7</sup> [Leg cramps](#)<sup>8</sup> [Night sweats or hot flashes](#)<sup>9</sup> [Shortness of breath](#)<sup>10</sup>

### Insomnia

When you have difficulty falling asleep or staying asleep it is called **insomnia**. It can last for a night, a few days or weeks, several months or longer. Temporary or short periods of insomnia, lasting less than three months, is called **acute insomnia**. When insomnia lasts for long periods of time, it can be more serious and may require trying different ways to manage it. There can be several causes for insomnia, such as depression, anxiety, different medications, drinking alcohol or caffeine, or using tobacco. Talk to your doctor about ways to [manage insomnia](#).

### **Restless legs syndrome**

Restless legs syndrome (RLS) is a condition that can be uncomfortable and interrupt your sleep. It causes the urge to move your legs when you're trying to rest or sleep. Sometimes your legs can also feel itchy or irritated, often causing jerking movements that keep you awake. RLS usually happens more during the evening hours. Talk to your doctor about ways to manage RLS.

### **Sleep apnea**

Sleep apnea is also called **obstructive sleep apnea**. Apnea is a short pause in your breathing pattern that can sometimes last as long as ten seconds. It can be mild to serious, depending on how often the episodes happen. Sleep apnea might happen simply because airway or throat muscles become very relaxed. But sometimes there is an obstruction, or blockage that causes the breathing pattern to change.

Certain risk factors for sleep apnea are: sleep position, neck size, an unusual or change in the placement of your chin or jaw, tobacco or alcohol use, or family or genetic history. Many people with sleep apnea snore and their breathing patterns can wake them up during the night. Sometimes this interrupted sleep pattern causes tiredness or sleepiness during the day.

Although this disruption in your breathing pattern only lasts several seconds, it can cause serious problems if it happens often. It can lead to low oxygen levels, high blood pressure (hypertension), heart conditions, or mood and memory changes. Talk to your doctor about tests to find sleep apnea and how to manage it.

### **Lifestyle habits**

Other factors that can raise the risk for sleep problems could be related to lifestyle, environment, and habits. Not getting enough daily physical activity, being around lots of noise, taking longer naps, falling asleep outside the bedroom, watching long hours of television or having long hours of other types of screen time, using tobacco products,

drinking alcohol and caffeine, and not taking in enough nutrients can all affect sleep.

## Hyperlinks

1. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fatigue.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/fatigue.html)
2. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/pain.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/pain.html)
3. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking/anxiety-and-fear.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking/anxiety-and-fear.html)
4. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking/depression.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking/depression.html)
5. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/low-blood-counts/fever.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/low-blood-counts/fever.html)
6. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/nausea-and-vomiting.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/nausea-and-vomiting.html)
7. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/hiccups.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/hiccups.html)
8. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/leg-cramps.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/leg-cramps.html)
9. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/sweating.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/sweating.html)
10. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/shortness-of-breath.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/shortness-of-breath.html)

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National Comprehensive Cancer Network (NCCN). *Survivorship: Sleep disorders*. Version 2.2019. Accessed at [https://www.nccn.org/professionals/physician\\_gls/pdf/survivorship.pdf](https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf) on January 3, 2020.

Oncology Nursing Society (ONS). *Symptom interventions: Sleep-wake disturbances*. Accessed at <https://www.ons.org/pep/sleep-wake-disturbances> on October 2, 2019.

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## Managing Sleep Problems

**Sleep problems** (sometimes called sleep disturbances or sleep-wake disturbances) can happen for many reasons, and people with cancer often have an increased risk for them.

Lab tests, such as a sleep study, might help find what might be causing your sleep problem. But most of the time, diagnosing a sleep problem depends on the patient reporting it.

Your doctor may give you a form or checklist to fill out about your sleep habits and problems. If not, here are some questions to think about when tracking your sleep patterns and writing down notes for your health care team:

- Do you have problems falling asleep?
- Do you have problems staying asleep?
- Do you wake up too early?
- How often do you wake up at night?
- Why do you think you're waking up? For example, are you having dreams or do you need to use the bathroom? Are you in pain? Do you need to get up to take medication at night? Do you often need to care for others at night?
- Do you wake up because you feel you're gasping for breath?
- Have other people said you snore or stop breathing when you sleep?
- What medication are you taking and when do you take it?

- What do you drink or eat in the few hours before going to bed? How late do you eat or drink in the evening?
- What activities are you doing during the day and then in the few hours before going to bed?
- How often do you nap? And for how long?
- Do you fall asleep in places other than bed?
- How often do you feel tired or sleepy during the day?
- Are you able to do your usual daily activities at work and home? If not, how are they affected?

Finding out the best way to manage a sleep problem can begin with how you describe it to your health care team. It's best to keep a sleep diary. This is useful for tracking your sleep patterns and writing down the specific problems you're having will help. Someone who lives with you can often help describe what happens when your sleep is disturbed.

## Improving sleep

Because sleep problems in people with cancer usually have more than one cause, doctors, nurses, sleep specialists, social workers, therapists, pharmacists, dietitians and nutritionists, and a number of other professionals might be involved in helping manage them. You might hear this referred to as having a **sleep hygiene plan**. The best sleep hygiene plan for you might be different for someone else. Sometimes the plan includes some testing, lifestyle changes, medication changes, or techniques and therapies that help with relaxation.

## Relaxation and exercise

If relaxing seems to be difficult, you might be able to learn about different relaxation techniques that can help. These are often called **cognitive behavioral interventions**. They might include breathing exercises, meditation, mindfulness, music, hypnosis, or guided imagery that can help you relax physically and mentally. These can help you learn ways that let you wind down, stay calm, fall asleep, stay asleep, and go back to sleep if you awaken during the night.

Exercise as a way to promote better sleep has been studied in people with cancer, and might be helpful.

It's important to talk to your health care team about whether these might be helpful for your situation, to find professionals who can help you learn these techniques.

## Insomnia

[Insomnia](#) might be managed by adjusting lifestyle, activities, or medications.

Some medication or sleep aids can be used temporarily, whether they are prescribed by your doctor or over-the-counter. But it's important to talk to your doctor or pharmacist before taking any medication or supplement that claims to be helpful for sleep and relaxation. More research is needed to understand how these medications can better help cancer patients, and if they are safe to take. Possible interactions may occur with these because of other medications, vitamins, or herbals you take. Some sleep aids your doctor might recommend or prescribe include:

- Zolpidem, Zolpidem CR (Ambien and other brands)
- Eszopiclone (Lunesta)
- Ramelteon (Rozerem)
- Temazepam (Restoril)

## Restless legs syndrome

[Restless legs syndrome \(RLS\)](#) might be managed with different treatment or therapy options. Your doctor may check your iron or vitamin levels with a blood test to see if adding iron, B12, or folate in your diet may help. A therapist may help you with daily stretching exercises to help you relax your muscles. If needed, some common medicines your doctor might recommend or prescribe for RLS include:

- Iron
- Gabapentin (Neurontin and other brands) or gabapentin enacarbil (Horizant)
- Different types of pain relievers or opioids
- Clonazepam (Klonopin)

## Sleep apnea

Your doctor may order a sleep study to diagnose [sleep apnea](#). This study may require you to stay overnight at a sleep center. The sleep specialist at the center will monitor different sleep functions like heart rate, breathing, airflow, and oxygen blood levels.

A continuous positive airway pressure device (CPAP) mask may be prescribed as a treatment. The mask is placed on your face, secured with elastic, and attaches to a machine that gently blows air to keep your throat and airway open while you sleep. It is

usually recommended this mask be used every night during sleep.

Changes in daily diet or exercise may also help with sleep apnea. A dietitian, your doctor, or sleep specialist can help you start a plan that works for you.

## What the patient can do

- Keep a sleep diary. You can track your sleep by writing down the time and patterns of your sleep and naps. Include anything special you might notice when you first wake up or if you remember anything that might be different from a usual routine. A person who is with you at home or during the night can help describe these too.
- Talk with your health care team if you notice a change in sleeping patterns.
- Review your list of over-the-counter or prescribed medicines with your health care team. Different medications, sleeping pills, or pain relievers can affect sleep.
- Take your medications at the same time every day, and make sure your health care team knows the schedule for them.
- Talk to your doctor about a referral to a sleep specialist, if needed.
- Sleep as much as your body tells you to, but when you're awake, try to limit nap time and try to exercise at least once a day. Talk to your health care team about an exercise plan that you can follow before, during, and after your cancer treatment.
- Avoid caffeine for at least 6 to 8 hours before bedtime – longer if it affects your sleep.
- Avoid alcohol.
- Try warm, caffeine-free drinks, such as warm milk or decaf tea, before sleep.
- Use a quiet setting for rest at the same time each day. Take short daytime naps if needed (less than an hour) to avoid interfering with nighttime sleep.
- Keep sheets clean, neatly tucked in, and as free from wrinkles as possible.

## What caregivers can do

- Help keep the room quiet and comfortable during sleep.
- Help keep a sleep diary that records total sleep time, total nap time, quality of sleep, and side effects or other problems that may affect sleep each day.
- Offer gentle backrubs or foot massages near bedtime.
- Offer a light bedtime snack.
- Let the cancer team know if the patient seems to be [confused](#)<sup>1</sup> during the night.



## Call the cancer care team if the patient

- Is confused at night
- Is sleeping very little or can't sleep at all at night
- Seems to stop breathing frequently while sleeping

## Hyperlinks

1. [www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking/confusion.html](http://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/changes-in-mood-or-thinking/confusion.html)

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**Written by**

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