

Perchance to dream?

This issue of *Journal of Bodywork and Movement Therapies* contains a brief report on the *Focus on Pain* conference held in Orlando, FL in March, 2003. The varied and stimulating content of the presentations and workshops defies easy summary. Several presentations touched lightly, or focused deeply, on sleep and its relationship with pain in general, and specific conditions such as fibromyalgia in particular. Professor Gilles Lavigne, of the University of Montreal, covered the topic of *Pain and Sleep Interaction*, providing information on much that was revelatory, as well as on much that had been forgotten, and needed revisiting. In relation to the pain-sleep interaction, the following information, some of which seems self-evident but nevertheless worthy of restatement, emerged:

Between 50% and 90% of people with chronic pain (12–17% of the population) report poor sleep quality; however, the elderly cope better with pain than the middle aged in this regard. The intensity of pain reported by poor sleepers is 66% greater than that reported by sound sleepers.

As a generalization, a day in pain leads to poor sleep, and a night of poor sleep leads to more pain the next day.

People who clench their teeth during the day, as well as sleep

bruxism patients, are between two and three times more likely to develop orofacial pain, jaw restrictions and joint sounds (TMJ). Between 50% and 70% of people with orofacial pain report poor sleep quality.

Pain in arthritis subjects is worse in the morning, whereas pain deriving from fibromyalgia and myofascial pain is worse between 3 p.m. and the evening.

Sleep studies reveal that in people with chronic low back pain, the degree of chronicity, together with 'affective distress' (depressive mood), determines (at least partially) the quality of sleep. This can be modulated or reversed by physical training programmes.

It is possible to grade quality of sleep (however little is obtained) using a simple formula: the total time slept, multiplied by 100, divided by the total time spent in bed. Normal produces a result of over 90%, while insomnia is defined by scores of 60–70%.

Sleep enhancing solutions advocated by Professor Lavigne ranged from the basic need for good sleep hygiene: a bedroom that has fresh air, is dark and calm, and has no TV!, but has a comfortable bed; sleep being preceded by light exercise in the evening, as well as a light meal-avoiding stimulants, particularly caffeine and alcohol. Use of a sleep ritual that includes a

form of relaxation such as breathing or imaging exercise is recommended, along with the advice that any siesta-type naps should be taken before 3 p.m. to avoid interference with the night's sleep. A wide variety of sleep and pain medications were reported on, along with non-pharmacological approaches (herbs and nutrients). This aspect of sleep enhancement is clearly an area for experts, with real dangers of habituation or dependency if not handled well.

Growth hormone (GH) is mainly produced during stage 3 and 4 sleep (as well as during active aerobic exercise), and without adequate GH tissue repair is diminished, and the ageing of tissues accelerates. All body workers treat patients whose conditions commonly involve pain, where sleep may be chronically disturbed, and we may need to remind ourselves of the importance of encouraging ways for our patients to achieve restorative sleep, to improve both cognitive and physical functions.

Woody Allen (himself reputedly an insomniac) is famously said to have remarked, 'Insomnia? Don't lose any sleep over it.' However, a reminder of two famous insomniacs might give us pause, Napoleon and Margaret Thatcher!

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