

Pain relief should be optimal and this may mean adjusting your regime in order to improve night-time relief. You should discuss this with your pain consultant or GP.

Sedating antidepressants (see below) are often helpful at night-time. These include amitriptyline and imipramine. Timing the dose is important.

Restless legs syndrome and Periodic Limb Movement Disorder may be treated with benzodiazepines which have a muscle-relaxing property: e.g. clonazepam. These also tend to be sedating/hypnotic.

Urinary incontinence can necessitate getting up at night. A spray preparation of desmopressin can be used to reduce this problem.

The antidepressants amitriptyline and imipramine also have a useful side effect in reducing bladder hyper-activity although they are of course contra-indicated in people with difficulty in urinating (urine retention).

Desmopressin causes some fluid retention so cannot be used in people who already have problems with fluid retention (especially heart failure) or people with kidney problems.

If you are taking the anti-inflammatory indomethacin (indometacin) then the effect of desmopressin may be increased, although not the duration of action.

People with sleep apnoea need to seek specialist advice; simple measures include losing weight if overweight and stopping smoking. Devices such as CPAP on specialist recommendation can be helpful in managing the problem.

Gastro-oesophageal reflux: it may help to sleep with the head of the bed elevated and avoid high-fat or spicy foods. Losing weight if overweight and wearing loose garments can help. Antacids or medication to reduce stomach acid (e.g. Losec) may be necessary.