Scientists believe that NREM sleep is important for strengthening connections between our brain cells and stabilising long-term memories. Deep sleep also helps the brain to recover from the day’s events so that it can function well the next day.

The next stage of sleep is where most dreaming occurs. During REM sleep the brain tries to organise the information we have received throughout the day. The purpose of REM sleep and dreaming is unclear. However some theories suggest it may be important for making sense of our thoughts, ideas and experiences, and the emotions and memories attached to them.

A lack of sleep can affect our memory and judgement. It can also affect our mood and how well our immune system works.

Some people have specific triggers for their seizures, for example a lack of sleep. In some types of epilepsy seizures can happen as someone is waking up and within the next few hours. People with epilepsy may have an irregular sleep pattern, as seizures at any time of the night can disrupt sleep, and seizures during the day can affect the next night’s sleep. For some people the effects of having a seizure can disrupt their sleep pattern for several days afterwards.

As with all medications, anti-epileptic drugs (AEDs) can cause side effects for some people. AEDs may have different effects on sleep, and this can vary from person to person, depending on the dose. Some AEDs are classed as sedatives and can cause tiredness. Some can cause insomnia or disrupted sleep. However some AEDs can help to improve the quality of sleep by increasing the length of deep sleep.

For information on possible side effects of AEDs see our booklet and chart medication for epilepsy.
Obstructive sleep apnoea (OSA), where a person snores and then stops breathing for short periods during sleep, can be more common in people with epilepsy. It is sometimes caused by low muscle tone around the airway. This may happen as a result of weight gain, which can be a side effect of some AEDs. As well as disrupting sleep, obstructive sleep apnoea can trigger seizures for some people.

If you snore and are told that you stop breathing during sleep, your GP can arrange for you to have a test to monitor the level of oxygen in your blood overnight, to help diagnose obstructive sleep apnoea.

Visit www.sleep-apnoea-trust.org for more information and a list of NHS sleep clinics in the UK.

Tips for getting good sleep
There may be some simple things you can do to help you to get a good night’s sleep.

• If you usually have a hot drink before bedtime, try a milky drink rather than one that contains caffeine (research suggests that reducing caffeine up to six hours before bed can increase the quality of sleep).
• Try to avoid eating meals or drinking alcohol late at night.
• Try to wake up at the same time every day, and set a regular bedtime.
• Try to reduce distraction and avoid disturbance during the night by keeping mobile devices such as phones and tablets out of the bedroom.
• Try to relax before going to bed and avoid watching television or using a computer just before bedtime.
• Create a calm environment by keeping your room at a comfortable temperature and as dark as possible.
• Make sure your bed is comfortable, and that your pillow gives you enough support.
• If you have a nap during the day, try to restrict yourself to 15 minutes or less. This can help to maintain a regular sleep pattern during the night.

If you have problems with sleep your GP or consultant can refer you to a specialist sleep clinic.

Epilepsy Society is grateful to Dr Sofia Eriksson, UCL Institute of Neurology, for her guidance on this factsheet.