



Figure 36 Patients experiencing night-time symptoms have their sleep disturbed. A small decline in  $FEV_1$  due to sleep loss itself could have important consequences because it occurs more likely for those patients who are least able to tolerate any further challenge to their ventilatory capability. Although a single night's loss of sleep does not have major clinical consequences, it may be speculated that chronic alterations in sleep would result in cumulative negative effects on the respiratory function, which could become relevant along the prolonged course of this disorder. This, associated with a not restorative sleep due to sleep disturbance, could make the motivation to exercise during the day worse and contribute to the vicious cycle of deconditioning that affects COPD sufferers.