

The short answer is **yes, Deep Brain Stimulation (DBS) can sometimes cause insomnia**, but it is relatively uncommon. In fact, for most patients, DBS actually *improves* sleep quality.¹

When insomnia does occur after DBS, it is usually a solvable problem related to the device settings or medication adjustments rather than permanent damage.

Here is a detailed breakdown of why this happens and what can be done.

1. How DBS Can Cause Insomnia

If you are experiencing insomnia after DBS, it likely stems from one of the following mechanisms:

- **Over-Stimulation (High Voltage/Frequency):**
The electrical impulses from the DBS device can sometimes increase alertness or "arousal" in the brain. If the stimulation voltage is set too high—or if the frequency is not optimized for sleep—it can keep the brain in a wakeful state, making it difficult to fall asleep.
- **Current Spread:**
If the electrical current spreads beyond the intended target (like the Subthalamic Nucleus or STN) to neighboring areas involved in the sleep-wake cycle (such as the reticular activating system), it can directly disrupt sleep architecture.
- **Medication Changes:**
One of the main goals of DBS is to reduce the amount of medication (like Levodopa) a patient needs. However:
 - **If medication is reduced too quickly**, it can lead to withdrawal symptoms, including insomnia and anxiety.
 - **If medication is NOT reduced enough** while the stimulator is on, the combination of the two can lead to a "hyper-dopaminergic" state (too much dopamine activity), which causes hyperactivity and sleeplessness.
- **Surgical Factors:**
In the first few weeks after surgery, pain from the incision sites, discomfort from the "pulse generator" (battery) in the chest, or the healing process itself can temporarily disrupt sleep.

2. Why DBS Usually *Improves* Sleep

It is important to note that the majority of studies show DBS has a net positive effect on sleep.² This is because:

- **Motor Symptom Relief:** It reduces tremors, stiffness (rigidity), and painful cramps (dystonia) that often wake patients up in the middle of the night.
- **Turning in Bed:** It improves mobility, allowing patients to turn over in bed comfortably,

which is a major cause of sleep fragmentation in Parkinson's disease.³

3. What to Do If You Are Affected

If you or a loved one are experiencing insomnia after DBS, this is generally treatable. You should discuss the following options with the neurologist or programming nurse:

1. **Programming Adjustment:** The most common fix is adjusting the stimulation settings. The doctor might lower the voltage, change the frequency, or change which contact points on the lead are active to avoid stimulating wake-promoting areas.
2. **Separate Day/Night Groups:** Some newer DBS devices allow for different "groups" or programs. You can have a "Day Mode" for maximum motor control and a "Night Mode" with lower stimulation settings to encourage sleep.
3. **Medication Review:** The doctor may need to adjust the timing of the last dose of medication or further decrease the overall dosage to prevent over-stimulation at night.

Next Step:

Would you like me to help you draft a specific list of questions or symptoms to present to your neurologist at your next programming appointment?