

Sleep Problems in the Elderly



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KEYWORDS

• Sleep problems • Sleep apnea • Insomnia • Older adults • Diagnosis and treatment

KEY POINTS

- Older adults frequently have sleep problems, such as sleep apnea and insomnia. These problems are often unrecognized and undertreated.
- Obstructive sleep apnea (OSA) has been associated with hypertension, coronary artery disease, depression, car accidents, cognitive impairment, stroke, and mortality.
- Positive airway pressure therapy effectively treats OSA.
- Insomnia carries many negative unwanted consequences in older adults. Psychological techniques have been shown to be effective and should be considered as the first-line therapy for older adults with insomnia.

INTRODUCTION

Sleep problems are not an inherent part of the aging process.^{1,2} Many older adults have good sleep quality until the end of their lives. It is critical that sleep problems are not mistaken for physiologic changes in sleep-awake patterns and sleep architecture that occur throughout the lifespan.^{3,4} Older adults often display an advanced circadian tendency, having an earlier bedtime and an earlier wake-up time. Sleep architecture changes include spending an increased proportion of time in stages N1 and N2 sleep (ie, the lighter stages of sleep), a decreased proportion of time in stage N3

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sleep (ie, a deeper stage of sleep) and in rapid eye movement (REM) sleep. These architecture changes reflect a decrease in deep, restorative sleep and an increase in light, transitory sleep. In addition, older adults tend to spend slightly less time asleep than their younger counterparts. Although some older adults complain of poor nighttime sleep or subsequent impairments in daytime functioning, others assume that their difficulties are part of the normal aging process. Therefore, a focused evaluation of sleep, specifically sleep apnea and insomnia, and related daytime functioning should be performed in every older adult in whom sleep disturbances are suspected.

SLEEP APNEA

Patients with sleep apnea show repetitive episodes of reduction (hypopnea) or absence (apnea) of airflow during sleep. There are 2 main types of sleep apnea: obstructive and central sleep apnea. In obstructive sleep apnea (OSA), the upper airway is obstructed secondary to anatomic factors, such as obesity and/or reduced activation of the dilatory muscles of the airway (eg, under the effect of alcohol or sedative drugs). In OSA, the respiratory effort persists during the episodes of hypoventilation. In contrast, central sleep apnea (CSA) is secondary to a reduced respiratory effort secondary to problems such as neurologic conditions (eg, stroke) or heart failure. Other causes of CSA include drugs or substances that depress the central nervous system (eg, opioids). Adverse effects associated with sleep apnea include hypertension, coronary artery disease, depression, car accidents, cognitive impairment, stroke, and mortality.

Diagnosis

Common symptoms of sleep apnea are daytime sleepiness, irritability, fatigue, and headache. Frail older patients may report subtle manifestations or may even be asymptomatic. Common findings at the physical examination include a crowded oral pharynx, obesity, and hypertension. However, obesity is less common in elderly patients with OSA. It is important to interview bed partners, because they can describe snoring, apnea episodes, or irritability. Sleep apnea can easily be screened for using clinical prediction rules such as the STOP-BANG questionnaire (**Box 1**).⁵ However, the

Box 1

STOP-BANG questionnaire

1. Do you snore loudly (loud enough to be heard through closed doors, or for your bed partner to elbow you for snoring at night)?
2. Do you often feel tired, fatigued, or sleepy during the daytime (such as falling asleep while driving)?
3. Has anyone observed you stop breathing or choke/gasp during your sleep?
4. Are you or have you been treated for high blood pressure?
5. Body mass index more than 35 kg/m²?
6. Age older than 50 year old?
7. Neck size (measure around Adams apple) larger than 43 cm (17 inches) for men or 41 cm (16 inches) for women?
8. Male gender?

Fewer than 3 "Yes" answers indicates low risk for sleep apnea.

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