

# Sleep Disturbances in the Elderly



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## KEYWORDS

- Geriatric • Old-age • Sleep disorders • Insomnia • Alzheimer's • Dementia
- Delirium • Melatonin

## KEY POINTS

- Changes to circadian rhythm and sleep cycles have been observed in aging, but do not necessarily result in subjective sleep disturbance.
- Behavioral factors contribute to poor sleep and when addressed may improve sleep quality in older adults.
- Psychiatric, cognitive, and medical disorders often present with disturbed sleep in the elderly.
- First-line treatment of sleep disorders in the elderly is nonpharmacologic.
- When nonpharmacological treatment approaches are unsuccessful, pharmacologic treatments may be considered, although the elderly are at higher risk of side effects from sleeping medications.

*Do not go gentle into that good night,  
Old age should burn and rave at close of day...*  
—Dylan Thomas<sup>1</sup>

## INTRODUCTION

Sleep problems are a common presenting symptom of elderly patients to primary care physicians and psychiatrists. It is estimated that more than half of older adults have at least one sleep complaint.<sup>2</sup> In older adults, poor sleep may result in increased risk of falls, lower quality of life, risk of nursing home placement, and mortality.<sup>3</sup> As individuals

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age, there are changes in the normal sleep cycle that may complicate the identification of sleep disturbances. Sleep disorders in the elderly involve medical, psychiatric, cognitive, behavioral, and environmental factors, which are summarized in **Box 1**. Older adults are also at higher risk of side effects from many commonly prescribed sleep medications. These complexities result in many challenges for diagnosis and treatment. This article explores these factors, discusses approaches to treatment, and highlights new research in the area of geriatric sleep disorders.

## SLEEP CHANGES WITH AGING

As individuals age, their overall sleep efficiency decreases.<sup>4</sup> Circadian rhythms become “phase-advanced,” such that wake time is earlier in relation to the nadir of circadian temperature fluctuation, although early awakening may not be solely attributable to phase advancement.<sup>5,6</sup> Other changes include increased sleep latency, increased nighttime arousals, reductions in rapid eye movement (REM) sleep, and decreased stages 3 and 4 sleep (“deep,” non-REM, slow-wave sleep characterized by delta waves).<sup>4,7,8</sup> There may be gender differences among these age-related changes: in terms of circadian rhythm, older women tend to go to bed earlier and wake up earlier than older men<sup>8</sup> and men older than 70 appear to have a disproportionate reduction in stages 3 and 4 sleep relative to women of the same age.<sup>7</sup> It is important to distinguish between sleep changes and sleep problems: although sleep changes are an inherent part of the aging process, sleep problems are not. As such, an older adult presenting with a sleep concern should not merely be told he or she is experiencing “normal aging.” Sleep changes, however, may contribute to development of sleep problems in combination with other factors discussed in this article.

## SLEEP DISORDERS IN THE ELDERLY

### *Insomnia*

According to the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*, insomnia is defined as reported dissatisfaction with sleep quantity or quality and associated with difficulty with sleep initiation, maintenance, or early-morning awakening and that causes clinically significant distress or impairment, occurs at least 3 nights per week for 3 months, occurs despite adequate opportunity for sleep, and is not better explained by another disorder or substance abuse.<sup>9</sup> Older adults are at risk of insomnia as a consequence of medical and psychiatric comorbidities.<sup>10</sup> Behavioral factors, discussed later in this article, also may contribute. These underlying factors contributing to the patient’s presentation should be identified and addressed. Non-pharmacological strategies are the first-line approach to the treatment of insomnia in the elderly given the high risk of side effects of sedative-hypnotic medications in this population, also discussed later in this article.

### *Obstructive Sleep Apnea*

Obstructive sleep apnea (OSA) is a sleep disorder estimated to affect 3% to 7% of adult men and 2% to 5% of adult women that is characterized by repetitive partial or complete airway collapse during sleep, resulting in hypoxemia, sleep fragmentation, and poor sleep quality.<sup>11</sup> OSA is thought to be more common among the elderly, such that as many as 24% to 42% of elderly patients have 5 or more apneas per hour of sleep.<sup>12</sup> Traditional risk factors for OSA (such as obesity and large neck circumference) may be less significant among the elderly, making identification of those elderly at risk for OSA more challenging.<sup>13</sup> Among the most notable sequelae of OSA are its cardiovascular effects. OSA is associated with hypertension independent of obesity,

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