

# Insomnia in the Older Adult

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## KEYWORDS

- Sleep-onset latency • Sleep efficiency • Benzodiazepines • Sleep diary • Pharmacotherapy
- Cognitive-behavioral therapy for insomnia (CBTi) • Wake after sleep onset

## KEY POINTS

- The incidence of insomnia increases with aging. Insomnia can include difficulty falling asleep at the start of the sleep period, waking up during the night and having difficulty falling back asleep, and waking up early and being unable to get back to sleep. Difficulty staying asleep and early morning insomnia are common in older adults with insomnia disorder.
- When diagnosing insomnia, health care providers need to collect a thorough health history and include questions about the older adult's sleep, medical, and psychiatric history.
- Cognitive-behavioral therapy for insomnia, which consists of stimulus control, sleep restriction, sleep hygiene, and cognitive therapy, is the recommended first-line therapy for treatment of insomnia in older adults.
- Because of the higher risk for adverse effects in older patients, medications should be used sparingly and, when possible, be discontinued.
- Cognitive-behavioral therapy for insomnia has been shown to be more efficacious than medications for the long-term management of insomnia in older adults.

## INTRODUCTION

### *Prevalence and Diagnosis of Insomnia*

Sleep changes with aging. Specifically, babies sleep between 10 and 14 hours per day, whereas the recommended sleep duration for older adults is between 7 and 8 hours daily.<sup>1</sup> Many older adults experience dissatisfaction with the quantity and quality of sleep even with an adequate opportunity to sleep; when this is accompanied by daytime impairment over a period of time, they may meet the criteria for insomnia disorder (**Table 1**).

Compared with younger adults, the prevalence of insomnia is higher in middle and older adults<sup>2,3</sup> and increases with age. Up to 50% of older adults report insomnia symptoms; however, this does not mean that insomnia is a normal part of aging.<sup>4</sup>

Sleep onset or initial insomnia is manifested by difficulty falling asleep that occurs at the start of the sleep period.<sup>5-7</sup> Sleep maintenance or middle insomnia involves multiple and prolonged awakenings during the night.<sup>5-7</sup> Late insomnia or early morning awakenings is waking up early on mornings and being unable to return to sleep.<sup>5-7</sup> Older adults

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**Table 1**  
**Diagnostic criteria for insomnia**

**Diagnostic Criteria for Chronic Insomnia (ICSD-3)<sup>4,4</sup>**

Criteria A–F must be met:

- A. Patients report, or patients' parent or caregiver observes, one or more of the following:
  1. Difficulty initiating sleep
  2. Difficulty maintaining sleep
  3. Waking up earlier than desired
  4. Resistance to going to bed on appropriate schedule
  5. Difficulty sleeping without parent or caregiver intervention
- B. Patients report, or the patients' parent or caregiver observes, one or more of the following related to the nighttime sleep difficulty:
  1. Fatigue/malaise
  2. Attention, concentration, or memory impairment
  3. Impaired social, family, occupational, or academic performance
  4. Mood disturbance/irritability
  5. Daytime sleepiness
  6. Behavioral problems (eg, hyperactivity, impulsivity, aggression)
  7. Reduced motivation/energy/initiative
  8. Proneness for errors/accidents
  9. Concerns about or dissatisfaction with sleep
- C. The reported sleep/wake complaints cannot be explained purely by inadequate opportunity (ie, enough time is allotted for sleep) or inadequate circumstances (ie, the environment is safe, dark, quiet, and comfortable) for sleep.
- D. The sleep disturbance and associated daytime symptoms occur at least 3 times per week.
- E. The sleep disturbance and associated daytime symptoms have been present for at least 3 mo.
- F. The sleep/wake difficulty is not explained more clearly by another sleep disorder.

**Diagnostic Criteria for Chronic Insomnia (DSM-5)<sup>5</sup>**

- A. There is a predominant complaint of dissatisfaction with sleep quantity or quality, associated with one (or more) of the following symptoms:
    1. Difficulty initiating sleep (In children, this may manifest as difficulty initiating sleep without caregiver intervention.)
    2. Difficulty maintaining sleep, characterized by frequent awakenings or problems returning to sleep after awakenings. (In children, this may manifest as difficulty returning to sleep without caregiver intervention.)
    3. Early morning awakening with inability to return to sleep
  - B. The sleep disturbance causes clinically significant distress or impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning.
  - C. The sleep difficulty occurs at least 3 nights per week.
  - D. The sleep difficulty is present for at least 3 mo.
  - E. The sleep difficulty occurs despite adequate opportunity for sleep.
  - F. The insomnia is not better explained by and does not occur exclusively during the course of another sleep-wake disorder (eg, narcolepsy, a breathing-related sleep disorder, a circadian rhythm sleep-wake disorder, a parasomnia).
  - G. The insomnia is not attributable to the physiologic effects of a substance (eg, a drug of abuse, a medication).
  - H. Coexisting mental disorders and medical conditions do not adequately explain the predominant complaint of insomnia.
- Specify if
- *Episodic*: symptoms last at least 1 mo but <3 mo
  - *Persistent*: symptoms last 3 mo or longer
  - *Recurrent*: 2 (or more) episodes within the space of 1 y

**Abbreviations:** DSM-5, Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition); ICSD-3, International Classification of Sleep Disorders, Third Edition.

tend to have more challenges with sleep maintenance compared with younger adults,<sup>3,4,8</sup> which results in reductions in total sleep time and sleep efficiency.<sup>8</sup> Insomnia can also be situational, persistent, or recurrent.<sup>5</sup> Situational insomnia is usually acute insomnia that lasts a few days or weeks and is associated with changes in the sleep schedule or the sleep environment.<sup>5,8</sup> Life events, such as retirement, hospitalizations, and new-onset illnesses, can precipitate situational insomnia.

Usually when the event that triggers the insomnia is resolved, so too does the insomnia. If the insomnia does not resolve, it evolves into chronic insomnia.<sup>5</sup> Recurrent insomnia is episodic and often returns with the occurrence of stressful life events.<sup>5</sup>

### ***Risk Factors of Insomnia***

Multiple factors increase the risk for older adults developing insomnia. They include environmental,

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