Sleep Disturbances and Older Adults

Overview

Insomnia is a sleep disorder in which a patient suffers from an inability to initiate or maintain restful sleep.

Insomnia is associated with poor quality or quantity of sleep despite adequate opportunity to sleep.

Most cases of insomnia in the elderly are due to secondary causes such as medical conditions, medications, anxiety, depression, behavioral and environmental factors.

Primary Sleep disorders which represent approximately 5-20 percent of the cases include diagnoses such as Circadian rhythm disorders, sleep apnea, restless leg syndrome, and nocturnal myoclonus (Martin, Alam and Alessi, 2007).

Key Points

Subjective insomnia assessment includes questions regarding depth and quality of sleep as perceived by the patient.

Objective insomnia assessment includes determination of sleep latency, duration and number of arousals and night time awakenings.

Poor sleep can result in cognitive dysfunction, falls, depression, decreased quality of life and increased mortality.

Intervention

Treatment may be non-pharmacological and pharmacological.

If insomnia is a new complaint, thorough assessment of potential secondary causes is important. Non-pharmacologic intervention may be very effective at this stage.

Examples of non-pharmacologic sleep hygiene interventions include:

- Management of underlying illness and control of distressful symptoms such as pain and dyspnea.
- Medication adjustments such as timing and dosing of medication administration.
- Maintaining patient activity during the day.
- Avoiding day time napping.
- Diminishing sleep disturbing environmental factors such as light, noise, bedroom temperature and bed comfort.
- Avoiding alcohol, caffeine and nicotine before bedtime.
- Avoiding large meals or fluid intake before bedtime.
• Minimizing electronic exposure prior to bedtime such as televisions in the bedroom, working on the computer prior to bed and smart phones.
• Ther strategies include warm milk, white sound, muscle relaxation, massage and prayer.

Pharmacological Therapy management includes:

• Insuring that non-pharmacologic strategies have been implemented and efficacy assessed.
• Referring to a specialist if there is evidence of sleep disorder breathing, periodic limb movement, or psychiatric etiologies influencing the sleep cycle.
• After a thorough review of the medications, determining the best chemical class to meet the needs of the patient.
• Educating patients to avoid over-the-counter sleep aids and sedating antihistamines due to their anticholinergic effects.
• Melatonin may be helpful for patients with circadian rhythm –related sleep disorders

References


