

SLEEP AND AGEING



If you are over 60 it will come as no surprise to hear that sleep changes as we age. Nearly a third of our life is spent asleep. Infants spend most of the day asleep. Through youth and young adulthood the pattern of sleep that we have come to accept as "normal" or "good" develops. As we grow older sleep becomes lighter and more interrupted and other factors may impact on our ability to get that "good" night's sleep. Poor sleep impacts on our ability to enjoy daytime activities. Importantly, there are things that you can do to improve this situation.

How does sleep change as we grow older? There are three important phases of sleep that go to make up a normal night's sleep; these are quiet sleep (called non-REM sleep), deep sleep (called slow-wave or delta sleep) and REM (rapid eye movement) sleep which is often associated with dreaming. From young adulthood to old age there is a steady decline in the amount of deep sleep and increase in quiet sleep although the amount of REM sleep remains much the same. It may surprise you to know that in adulthood the total amount of sleep remains the same or slightly increased. Perhaps more importantly to how you feel about your sleep, is that the number of awakenings from sleep increases as you age.

What is "normal" sleep in the elderly? Although there is no simple answer to this, most people sleep between 7 and 9 hours each day. In the elderly, this sleep may not all occur at night. The afternoon nap that becomes possible when you retire and the after dinner snooze in front of the television also contribute to your total sleep need for the day. One study found that around 40% of elderly take at least one nap a day. Most naps tend to be 30 minutes or longer and at age 80 lengthen to 60 minutes. If you do nap, perhaps you should not be surprised if you sleep less than 8 hours each night. The good news is that 80% of the elderly say they wake refreshed – if you don't perhaps something can be done.

It is not unusual to take some time to fall asleep. One third of women and one sixth of men report taking longer than 30 minutes to fall asleep. This may be for a number of reasons including medical or psychological reasons, or just simply that you may be going to bed when you think you should, but your body isn't ready. Research has shown that as we grow older the body secretes less of a sleep promoting substance called melatonin. As a result the urge to sleep that is controlled by melatonin is released is not so strong in the elderly.

It is not unusual to wake up during the night. Partly as a result of lower melatonin levels, sleep becomes more shallow, fragmented and variable in duration with age. The lighter sleep pattern makes you more likely to get woken by the neighbour's dog or the passing traffic. The ageing bladder can also contribute a couple of awakenings each night. In women hot flushes of menopause may also occur at night and cause awakenings.

PERSISTENT TROUBLE FALLING ASLEEP AT NIGHT OR FEELING SLEEPY IN THE DAY IS NOT A NORMAL RESULT OF AGEING AND SOMETHING CAN BE DONE.

Medical conditions that are more common in the elderly may affect sleep. Some of the conditions that have been shown to impact on sleep include arthritis, osteoporosis, Parkinson's disease, incontinence, indigestion, heart disease and lung disease such as asthma or emphysema. For example, a survey found that 60% of arthritis sufferers over 50 years of age experience night-time pain and on average lost 2 hours sleep 10 times per month. If you suffer from any medical conditions that are affecting your sleep it is important that you tell your doctor as it may be possible to change your medication to give you more relief at night.

Dementia or Alzheimer's disease will impact on sleep. Both the sufferer's and the caregiver's sleep may be significantly disrupted as a result of dementia. In fact, many caregivers cite sleep disturbances, including night wandering and confusion, as the reason for institutionalising the elderly. Unfortunately, two-thirds of those in long-term care facilities suffer from sleeping problems. Inactivity during the day and some drugs may make night-time problems worse for the dementia patient.

Sleep disorders are more common in the elderly. Sleep apnea and periodic limb movement disorder are more common in the elderly, affecting up to 25% of people to some extent. Often the partner is affected as much as the person with the condition. You may be blissfully unaware of any problems during the night, but both of these conditions may have a significant impact on your sleep, cause frequent arousals and result in daytime tiredness and other ill health. These conditions are discussed in other fact sheets.

Insomnia can be treated. Up to 40% of people report some problem sleeping, with 10% having persistent or chronic insomnia (difficulty sleeping). Long-term insomnia may be a symptom of another problem which might be stress, depression or other medical conditions. Frank discussions of your problem with your doctor should always be the first line of approach.

Sleeping tablets. Insomnia that lasts for only a few days may result from some life stresses such as family issues and sleeping tablets may have a role to get over a difficult period. However, sleeping tablets lose their effect after a few weeks and should not be prescribed for longer than four weeks. If you have used sleeping tablets for a long time you may have difficulties in stopping them. For the first few nights your sleep will likely be worse and you may need to reduce slowly rather than abruptly. Ask your doctor about this.

Simple lifestyle habits can improve your sleep. Young and old alike can benefit from following some simple rules about getting a good night's sleep. These rules are often called sleep hygiene. For the elderly, in particular, following some of these suggestions may help.

- **Regular Bedtime** - A regular sleep schedule is the most important aid to a good night's sleep. Go to bed at about the same time every night, but only when you are tired. Set the alarm clock to wake you at about the same time every morning. Don't sleep in because you have had a poor night's sleep. If you wake early consider getting out of bed and starting your day.
- **Daytime Naps** - Naps should not be used as a substitute for poor sleep at night. Some people find they sleep better with an afternoon nap but if your night-time sleep is disrupted, you may want to try and skip the nap. Avoiding a nap late in the evening might also be a good move. Experiment to find your best combination and try and stick to it.
- **Exercise** - Regular exercise benefits sleep, but not just before bedtime. The best time to exercise is in the morning or early afternoon.
- **Bedtime Snacks** - a light snack before bed might help you sleep, unless it causes problems with indigestion. You should avoid heavy meals and caffeine containing drinks late in the evening. A glass of warm milk before bed is a well tried remedy that may also help, providing that it does not mean you wake up to urinate.
- **Alcohol** - Alcohol in the evening does **not** help sleep. You may fall asleep more easily but the chances are it will be a fragmented sleep and you may well wake in the middle of the night.
- **Make sure your sleeping environment is good** - If early morning light bothers you, your mattress is uncomfortable or your bedroom is too hot or too cold, fix it. You spend a lot of time in bed, if you're having trouble sleeping don't put up with a suboptimal bedroom.

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