

What You Should Know About Sleep and Aging

While more than one third of women over age 65 experience insomnia at some time, poor sleep is not a “normal” part of aging—and you shouldn’t take it lying down! Insomnia isn’t a disorder; it’s a symptom, and you can’t treat it effectively until you determine the underlying cause. Poor sleep can lead to daytime drowsiness, loss of coordination, confusion, memory lapses (often wrongly attributed to aging), and it can even shorten your life. So if you have trouble sleeping for longer than a few days, it’s well worth a trip to the doctor to discuss the problem.

Do sleep patterns change as we grow older?

No and yes. Older adults still need the same amount of sleep as they did in their younger years—that is, about 8 hours per night. However, the way we sleep does change with age. First of all, there is a slight decrease in rapid eye movement (REM) sleep, which is associated with dreaming. Non-REM sleep is divided into 4 stages: light sleep (stages 1 and 2), and deep sleep (stages 3 and 4). With aging, the duration of stage 1 sleep increases, while stages 3 and 4 become shorter or even disappear. On the plus side, though, older women seem to get more stage 3 sleep than older men. In addition, our bodies produce lower

amounts of sleep-friendly chemicals such as melatonin and growth hormone, while levels of the stress hormone cortisol tend to rise in the evening, which isn’t exactly conducive to sleep! These changes may mean that you go to bed earlier and awaken earlier, take longer to fall asleep, wake up more often during the night, and spend more time in bed to get the same amount of sleep.

What causes sleep problems in older women?

The causes of sleep problems can be social, psychological, physical, or some combination of these factors.

It’s a fact of life that we have more medical problems as we age, and many of these conditions, and the drugs we take for them, can interfere with sleep. Women are more likely to be awakened during the night by hot flashes, the need to urinate frequently, and various types of pain. Age-related disorders that can disrupt sleep include arthritis; small fractures due to osteoporosis (thinning bones); heartburn and gastroesophageal reflux; cancer; Parkinson’s disease; urinary incontinence; angina (chest pain); asthma, emphysema, and other chronic

lung diseases; congestive heart failure; circulatory problems; and dementia (such as Alzheimer’s disease). Garden-variety headaches, muscle aches, leg cramps, and sinus pain also disturb our rest more often as we age.

More health problems mean more medication use; older patients take an average of 5 to 9 different drugs daily, and some of these can affect sleep. Common culprits include certain anti-depressants and sedatives (amitriptyline, chlorpromazine, clozapine), beta-blockers for high blood pressure (metoprolol, propranolol), corticosteroids, decongestants, thyroid hormones, and bronchodilators. Caffeine is a well-known enemy of sleep, and it stays in your system longer as you age. In addition to coffee, tea, and soda, you should beware of caffeine in over-the-counter painkillers, cold and allergy drugs, diet pills, and energy “tonics.” Smokers are more prone to sleep disorders, both because nicotine is a stimulant and because they are subject to chronic breathing problems.

Certain types of sleep disorders also become more common with advancing age. One of these is sleep apnea, in which a person stops breathing for 10 to 30 seconds during sleep; this can happen many times throughout the night, and is usually associated with loud snoring. This can result in daytime sleepiness, as well as aggravating high blood pressure and heart disease, and can even be life-threatening. It’s estimated that almost 25% of women over age 65 have some degree of sleep apnea, and that smokers are four times more likely to develop this problem. Another

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frequent complaint in older people is restless-legs syndrome (RLS), a “creepy-crawly” feeling in the legs that often starts when you go to bed. You may have an irresistible urge to keep moving your legs or to walk around.

How can I find out what is causing my sleep problems?

Chronic insomnia or poor-quality sleep requires investigation by a doctor. This will probably start with a thorough history and physical exam. It is extremely useful for both you and your doctor if you keep a “sleep diary” for several weeks. This should record:

- What time you go to bed and rise in the morning
- How long it takes you to fall asleep
- Whether you read or watch TV in bed
- How often you wake up during the night and why, and what you do when this happens
- Differences between weekday and weekend sleep routines
- How long you actually sleep at night
- Whether you are drowsy or fall asleep during the day
- Whether you snore or experience limb movements while asleep.

If your doctor is still in doubt after a history, physical exam, and sleep diary analysis, you may be referred to a sleep disorders center for further testing. Most patients undergo a full-night *polysomnogram* to record brain waves, eye movements, chin muscle tension, leg movements, heart rate, and blood oxygen levels. There are also portable recorders that the patient can use for home testing.

If you have a medical disorder that is interfering with your sleep, such as arthritis pain or breathing problems, talk to your doctor about medication. Ask about ways to relieve hot flashes such as hormone replacement therapy and estrogen patches or creams, and about treatments for frequent urination and incontinence. The trick is to find drugs that alleviate the con-

What treatments are available for older women with sleep disorders?

In many cases, you can improve your sleep significantly just by developing better sleep habits. It may take a couple of months and some persistence, but the results are worth it. Rules for good “sleep hygiene” include:

- Go to bed and rise at the same times every evening and morning.
- Don’t nap during the day.
- Don’t engage in strenuous activity right before bedtime.
- Use your bed only for sleeping and sex.
- Don’t read or watch TV in bed.
- Don’t eat heavy meals at bedtime.
- Avoid caffeine and nicotine in the evening, and quit smoking if possible.
- Don’t drink alcohol at bedtime; it may help you fall asleep quickly, but it will also cause you to wake
- Develop a bedtime routine, such as washing your face and brushing your teeth, or setting the table for breakfast.
- Make sure that your bedroom is a comfortable temperature, dark, and quiet.
- Use loose-fitting sleepwear.
- If you don’t fall asleep within 30 minutes, get out of bed and engage in a relaxing activity like listening to soft music or reading.
- Try to spend some time outdoors in natural light every day.
- Get some aerobic exercise every day; walking and swimming are excellent choices.
- Engage in regular social activities through volunteer work, your church, or community groups.

dition without aggravating your sleep problems, and to schedule your doses so that you get maximum benefit and minimum side effects both during the day and at night. You may have to experiment with several medications.

If you have sleep apnea and are overweight, it often helps to lose weight. You should also avoid alcohol and sleeping pills, and try to sleep on your side. To keep your airways open and ensure normal breathing, you may need to wear a nasal mask at night connected to a *continuous positive airway pressure* (CPAP) machine.

What about sleep medications?

There’s no denying the appeal of sleeping pills and other sedatives: they offer a quick fix, and they usually work. In fact, 40% of sleeping pill prescriptions are written for people over age 65. However, sedatives don’t encourage healthy sleep habits. They can seriously disrupt the sleep-wake

cycle; they often mask underlying illnesses; they may be associated with dependency; and patients may have severe reactions if the drug is stopped suddenly. Over-the-counter sleep aids usually contain diphenhydramine, and should be avoided because they can be very drying and lead to constipation.

However, sleep medications can be useful over the short term, such as while you’re adjusting to a better sleep schedule or a new drug regimen for a chronic illness, or when you can’t sleep due to temporary stress.

These drugs should only be used for 2 or 3 weeks; if you still need them after this period, they should be limited to 2 or 3 nights per week.

Most importantly, don’t give up on your quest for a good night’s sleep. You must make the effort to change some of your habits and get appropriate medical care, but your reward will be improved health and well-being and a much better quality of life.