

Perchance to Dream

Sleep Disturbances in Seniors Complicate Health Issues

BY LAURA FREEMAN

Is grandmother becoming forgetful or is she just tired? Did granddad wreck the car because of declining reaction time, or did he fall asleep after a bad night?

Aging is a risk factor for apnea and other sleep disturbances, and the nature and causes can be different in older patients than in younger adults.

“Apnea in middle aged people is often associated with obesity, but older patients may actually be thin,” pulmonologist and sleep medicine specialist H. Andrew Wilson, Jr, MD, of Pulmonary and Sleep Associates said. “COPD, heart failure and other chronic conditions more common in older people can be contributing factors, as well as medications that can suppress respiration such as pain killers and hypnotics.”

Sleep disturbances can make other health problems worse.

“There is data that diabetes is more difficult to control when sleep quality is poor. Hypertension can be a factor in



H. Andrew Wilson, Jr.

apnea, and apnea can aggravate hypertension and related diseases. It can burden the heart and there may be a link to Alzheimer’s and other cognitive disorders,” Wilson said.

“In addition to obstructive sleep apnea, which is the most common form, apnea can also occur when the brain fails to signal the body to breath. This can be the case in heart failure, when blood oxygen levels are affected, and the brain’s sensing of the need to breathe can be disrupted.”

Apnea usually occurs during REM sleep, when the body paralyzes muscles to avoid injury from movement during dreams.

“Most REM sleep occurs during the last third of the sleep cycle,” Wilson said. “Breathing difficulties that develop then can be the reason why some patients say their problem isn’t going to sleep—rather, it’s staying asleep.”

When Wilson suspects a patient’s symptoms of fatigue, short term memory difficulties, irritability, sleepiness during the day and wakefulness at night may be related to apnea or another sleep disorder, the next step is usually a night or two at the Brookwood Medical Center sleep lab to gather data from a sleep study.

“If apnea is the problem, we look for the causes and what can be done to improve breathing,” Wilson said. “Perhaps changing medication, losing weight, stopping smoking, avoiding alcohol and heavy

meals before bedtime, or changing the sleep environment can help. In some cases, a dental appliance may improve breathing. In most cases where apnea is affecting health and quality of life, sleeping with CPAP or BiPAP to assist breathing usually makes quite a difference.”

Obstruction of the airway can also be related to the patient’s physical anatomy. Though issues such as a recessed jaw, large tongue or tonsils, sinus and other airway difficulties would likely be noticed at a younger age, it may be later when the problem becomes severe enough to bring a patient to the physician’s office looking for help. In severe cases, surgery may be considered if other interventions are insufficient.

Apnea isn’t the only sleep problem affecting seniors and their families. The stories about older people going to bed with the chickens and waking up before dawn may not be such a myth after all.

“As we age, sleep rhythms tend to change to an earlier bedtime and earlier waking pattern,” Wilson said. “If there is a younger spouse or other younger people in the house, being out of synch with the rest of the family can be difficult for everyone. Light and noise from other people being awake can make getting into a deep sleep difficult for someone whose body says it’s bedtime. Then the next morning, the early sleeper is up and about just when everyone else is getting that last couple of hours of

good REM sleep.”

Insomnia can develop later in life, or it can be a problem from childhood.

“Stress and anxiety, mood disorders such as depression, what we eat and drink, the sleeping environment and bad sleep habits can all make getting a good night’s sleep difficult,” Wilson said.

“If you’re having trouble getting to sleep, make sure caffeine is out of your system before bedtime. Steer clear of alcohol before bed, too. It may seem to help you get to sleep, but it has a bounce back affect on sleep cycles that can leave you awake in the middle of the night. Avoid heavy meals that you don’t have time to digest before going to sleep, especially if reflux is a problem.”

For people with life-long insomnia, part of coping is adjusting expectations and understanding that although seven to nine hours may be right for most people, your needs may differ. And creating a good environment for sleep is important to both long-term and occasional insomniacs.

“Start with a comfortable bed and pillow designed for the way you like to sleep, in a room with a comfortable temperature, away from too much noise or light,” Wilson said. “Making bed the place you sleep is also a good habit. It shouldn’t be where you watch TV, or work on the computer or play with the phone. Train your body to expect that when you lie down, it’s time to rest.”

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