UNIVERSITY of ROCHESTER MEDICAL CENTER

GER-E-NEWS

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Insomnia in Older Adults

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Background

Definition of Insomnia

- Dissatisfaction with sleep quantity or quality that causes clinically significant distress or impairment during the day

What changes occur in our sleep patterns as we age?

- Overall sleep efficiency decreases
- Increased sleep latency
- Increased night time arousals
- Decreased rapid eye movement (REM) sleep
- Decreased stage 3 and 4 sleep

Poor sleep in older adults may result in:

- Increased falls
- Lower quality of life
- Risk of nursing home placement
- Mortality

Evaluation

History is Important!

- Ask about sleep onset and duration
- Has insomnia been intermittent or persistent?
- Is the patient having difficulty initiating sleep or staying asleep?
- Ask about sleep hygiene, daily bedtime routines and medications
- Ask for a sleep diary

Common factors affecting sleep in older adults:

- *Medical*- sleep apnea, restless legs syndrome, pain, COPD, nocturia, delirium
- *Psychiatric*- mood disorders, anxiety, depression, PTSD
- *Cognitive*- Alzheimer or Parkinson disease, Lewy body dementia
- *Behavioral*- alcohol, nicotine, caffeine, naps, exercise
- *Environmental*- light, noise, temperature
- *Pharmacological*- cholinesterase inhibitors, stimulants, antihypertensives, decongestants, corticosteroids, diuretics

Non-Pharmacologic Treatment

Cognitive Behavioral Therapy

- Help patients identify and change dysfunctional beliefs or attitude about sleep
- Includes sleep restriction, cognitive, and relaxation therapy
- Has better efficacy than medication in the long run

Sleep Restriction

- Limit the number of hours of sleep (no less than 5 hours)
- Keep strict bedtime and wake up time (ex, week 1 from 2 am to 6 am)
- Move up bedtime in short increments as tolerated (ex, week 2 1:45 am to 6 am)
- Best remission rates are with multicomponent CBT with sleep restriction

Sleep Hygiene

- Avoid caffeine intake or nicotine for 6 hours prior to bedtime
- Avoid alcohol or a heavy meal before bedtime, but do not go to sleep hungry
- Avoid exercise close to bedtime, but engage in routine exercise earlier in the day
- Minimize light, noise, and maintain comfortable temperature
- Avoid long naps in the day
- No television, cell phone or electronics before bedtime
- Keep clocks faced away from you

Stimulus Control

- Helps the mind associate the bed with sleep
- Use the bed only for sleep and sex
- Establish a relaxing bedtime routine, do not take worries to bed
- Only go to bed when tired
- Get out of bed if unable to fall asleep within about 20 minutes
- Wake up at the same time every single day

Pharmacologic Treatment

Non-pharmacologic treatment should take precedence over pharmacologic treatment!

Melatonin

- Decreases sleep latency, awakenings and movements per night
- May improve sundowning behavior in patients with dementia
- Use the lowest possible dose of the immediate release formulation (to stimulate normal physiologic pattern)

Trazadone

- Better tolerated in the elderly given lower risk of cardiac and anticholinergic side effects
- Side effects to watch for: sedation, dizziness, orthostatic hypotension, arrhythmias, priapism, and psychomotor impairment

Benzodiazepines

- Use only for short terms in low doses
- Use shorter half-life medications
- Elderly are more sensitive to adverse effects including tolerance, withdrawal, over sedation and risk of falls

Non-benzodiazepine hypnotics

- Includes zolpidem, zaleplon, zopiclone, and eszopiclone
- Limited data on their efficacy and risks

Sedating Antidepressants

- TCAs have poor side effect profile, including dry mouth, drowsiness, weight gain, cardiac arrhythmias, and orthostatic hypotension
- At lower dosages, Mirtazapine improves sleep efficiency and total sleep time in depressed patients, but there is lack of evidence for its use in non-depressed patients

The Bottom Line

- Insomnia is not a normal part of aging!
- Many different factors affect sleep in older adults
- Non-pharmacologic treatment, which is often underused, should take precedence over pharmacologic treatment