Sleep Disturbances in Elderly Patients

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This issue of Psychiatric Annals presents a review of sleep disorders in the elderly. Sleep disturbances are frequent in the elderly, but clinicians often overlook it as a “normal aging process.” Fifty percent of older adults complain of disrupted sleep.¹ Not only are sleep disturbances frequent, but the evidence suggests that poor sleep negatively influences the course and outcomes of medical and psychiatric conditions.

When chronic, sleep problems can result in excessive daytime sleepiness, which can reduce the quality of life during the “golden” retirement years. Lack of structure during the day often leads to poor sleep.² When people retire, they often take the liberty to stay up late at night or take naps at odd times. They may also drink coffee or consume alcohol anytime they choose to. This lack of structure often leads to a breakdown in the sleep pattern, resulting in insomnia at night and daytime sleepiness. Also, polypharmacy contributes to sleep problems in the elderly.

In the first article, “Benzodiazepine Risks in Older People with Insomnia,” Drs. Rashona Thomas and Edid Ramos-Rivas provide an overview of this critical issue. They emphasize the need to be extremely cautious when using benzodiazepines in the elderly if needed at all. The use of benzodiazepines is contraindicated with the use of opiate pain medication because of the risk of respiratory depression. We often see patients in clinics and in nursing home facilities who have been prescribed high doses of benzodiazepines and opiate pain medications. It is essential that psychiatrists be aware of the risks of benzodiazepines.

In the next article, “Treatment of Sleep Disturbances in Nursing Home Patients: Practical Management Strategies,” Drs. Kristina M. Reinstatler and Brittany Woolf compliment the previous article. Behavioral interventions, not medications, are the first-line treatment option for sleep disturbances in elderly patients living in nursing homes. The authors summarize many medication trials for insomnia in elderly patients.

The next article, “Insomnia in Older Adults,” by Dr. Chandra M. Cherukuri and colleagues is a comprehensive review of the management of insomnia in the elderly. The authors provide practical, concise tips for managing insomnia, as well as review the pharmacology of commonly used hypnotics.

In the last CME (continuing medical education) article, “Breathing-Related Sleep Disorders in the Elderly,” Dr. Murrium I. Sadaf and colleagues review this disorder, which is often underrecognized. The authors emphasize the need for screening patients for obstructive and central sleep apnea. It is not clear if treating sleep apnea in the elderly prevents adverse cardiovascular outcomes; however,
treated sleep apnea may improve the quality of life as patients become more alert and awake to enjoy their lives.

The Feature article, “Sleep Disturbances in Neurodegenerative Disorders,” by Dr. Muna Irfan and colleagues describes sleep disorders commonly seen in patients with neurodegenerative disorders. The prevalence of neurodegenerative diseases is increasing, in part, because of increase in the lifespans. The article is timely and comprehensive. The authors classify neurodegenerative disorders into tauopathies and alpha synucleinopathies as they describe various sleep disorders in each category. The authors emphasize that early detection can improve not only outcomes but also reduce caregiver burden.

We are thankful to the contributing authors for this issue. We are hopeful that the readers will find these articles informative and useful in their clinical practice.

REFERENCES