

Sleeping Disorder a Challenge for the Elderly People

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COMMENTARY

Adults, unlike babies, who require 16-20 hours of sleep every day, only require around 8 hours. Many senior people, on the other hand, may find it difficult to get those 8 hours in a single block. Sleep patterns alter as people become older, in addition to sleep duration. A change in sleep pattern, like physical changes that occur as people age, is a typical component of the ageing process. People tend to have more difficulty getting asleep and staying asleep as they become older. More time is spent in the lighter stages of sleep by older adults than in deep sleep. The sleep schedule of older adults is forced forward as the circadian mechanism becomes less efficient. Even if they get 7 or 8 hours of sleep, they wake up early because they went to bed so early. The prevalence of sleep problems is increased in the elderly.

Loud snoring, which is more frequent in the elderly, is a symptom of obstructive sleep apnea, a condition that puts a person at risk for cardiovascular disease, headaches, memory loss, and depression. Sleep disturbances such as restless legs syndrome and periodic limb movement disorder are more common in the elderly. Other prevalent medical concerns connected with ageing include hypertension, diabetes mellitus, renal failure, respiratory diseases like asthma, immunological disorders, gastroesophageal reflux disease, physical impairment, dementia, pain, depression, and anxiety. Sleep disturbances are frequent in both normal and pathologic ageing. Primary sleep disorders such as insomnia, parasomnias, sleep apnea, and sleep-related movement disorders are more common in older adults. They also report more daytime napping and have a higher prevalence of primary sleep disorders such as parasomnias, insomnia, sleep apnea, and sleep-related movement disorders.

Sleep problems in older people are caused by medical and psychological diseases, as well as the medications used to treat them. Patients with mild cognitive impairment and dementia have more severe sleep issues, and disturbed sleep and sleep disorders contribute to the onset and progression of neurodegenerative illnesses earlier and more quickly. It is explained how to diagnose and treat sleep disturbances in the elderly. There are a variety of reasons to consider sleep disturbances in the elderly. Sleep quality deteriorates with age, and medical illnesses, intrinsic sleep disorders, or a combination of these variables has a significant

impact. Sleep difficulties in elderly individuals are exacerbated by other age-related disorders such as severe dementia, dependency, or residing in an institution.

When older persons live alone, they may not be able to speak about sleep problems since they are intellectually challenged and medically disabled. In the elderly, sleep disorders are thus underdiagnosed, unrecognised, and under investigated. In this diverse population, sleep assessment should have a global geriatric perspective and be tailored to each individual. Medical comorbidities, medication use, and age-related lifestyle changes such as retirement, loss of spouse, illness, or institutionalisation must all be addressed during the sleep interview. Standard sleep assessment is not always adequate in the elderly with loss of autonomy, and shorter, simpler, or observation-based tests such as the Sleep disorders inventory, Observation-based nocturnal sleep inventory, and Observation and interview based diurnal sleepiness inventory must be used instead.

Actimetry is a great way to research sleep-wake cycle when keeping a sleep diary isn't practical. Polysomnography is a more complicated test for detecting sleep apnea than ventilation polygraphy. When the feasibility and utility of advanced studies are limited, they should be discussed. Nearly half of older individuals say they have trouble falling asleep and staying asleep. Several changes occur as people get older, including an increase in the prevalence of medical disorders, increased medication use, age-related alterations in various circadian rhythms, and changes in the environment and lifestyle. Although sleep problems affect people of all ages, older people are more likely to experience sleep-disordered breathing, periodic limb movements in sleep, restless legs syndrome, Rapid Eye Movement (REM) sleep behaviour disorder, insomnia, and circadian rhythm disruptions.

The current study examines age-related changes in sleep architecture, as well as the genesis, presentation, and treatment of sleep disorders that affect the elderly, as well as other age-related factors that may affect sleep quality and quantity. Many older people have a hard time falling asleep or staying asleep. The physiology of sleep changes as people become older. Medical illnesses that impair sleep, as well as major pathologic sleep disorders, are more common in the elderly. After a comprehensive evaluation by history, examination, and, in some cases, referral to a sleep disorders centre, treatment should be focused toward any detected underlying issue. At all ages,

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sleep is critical for health and quality of life, and poor sleep has been linked to a variety of medical issues. In older people, somatic and psychiatric disorders, as well as unfavourable behaviours and lifestyle variables, enhance the likelihood of insomnia. Sleep quality deteriorates when one's health deteriorates.

Sleep is frequently disrupted by heart illness and stroke, cancer, painful ailments, respiratory issues, and nocturnal polyuria syndrome. Dementia and depression, both of which are frequently linked to sleep disorders, are more common among the elderly. Furthermore, at the age of 75, actual age-related sleep impairment develops. Efforts to improve sleep should prioritise the eradication of somatic and psychiatric symptoms, as well as the change of lifestyle

factors that can affect sleep quality. Hypnotics are appropriate for short-term treatment; however, nonpharmacological alternatives, such as light therapy or behavioural modification techniques, should be considered for longer periods of time, as many hypnotic medicines are not suited for long-term use.

Sleep problems are particularly common in the elderly. The geriatric population in our population as a whole is rapidly increasing. As a result, it's even more important for healthcare workers to learn about the most common sleep problems that afflict the elderly, as well as how to diagnose and treat them. This paper discusses the different sleep changes that occur as people age, as well as the diagnosis and treatment of sleep disorders in the elderly.