WHAT ARE COMMON SLEEP DISORDERS IN OLDER ADULTS?

Here is a look at some of the most common conditions:

**SLEEP APNEA**
Sleep apnea is a potentially serious sleep disorder that occurs when a person’s breathing is interrupted during sleep. People with untreated sleep apnea stop breathing repeatedly during their sleep, and this can occur up to hundreds of times during the night.

There are two types of sleep apnea: obstructive and central:
- **Obstructive sleep apnea (OSA)** is more common and is caused by episodes of complete or partial airway blockage during sleep. This usually happens when the soft tissue in the back of throat collapses during sleep.
- **Central sleep apnea (CSA)**, the airway is not blocked, but the brain fails to tell the body to breathe. CSA can be caused by heart failure or strokes.

What are the symptoms of sleep apnea?
Symptoms of OSA may include snoring, daytime sleepiness or fatigue, restlessness during sleep, sudden awakenings with gasping or choking, dry mouth or sore throat upon awakening, trouble concentrating, forgetfulness, irritability, night sweats, sexual dysfunction and headaches. Those with CSA more often report recurrent awakenings from sleep or insomnia, although some also may experience gasping or choking with nighttime awakenings. If left untreated, sleep apnea can increase the risk of stroke, heart attack, high blood pressure and other health problems.

How is sleep apnea diagnosed and treated?
To diagnose sleep apnea, an overnight sleep study is needed. In-home testing also is possible for select patients. For treatment of milder cases of sleep apnea, weight loss, sleeping in a side position and avoiding alcohol and sleeping pills may be all that is needed. Continuous Positive Airway Pressure (CPAP) therapy, which delivers air through a mask covering the nose and/or mouth, often is necessary for those with OSA. Other treatment options may include dental appliances to move the lower jaw forward during sleep or surgery to remove excess tissue in the airway.

**INSOMNIA**
Insomnia is a sleep disorder in which people have difficulty falling asleep or staying asleep. Insomnia also causes early morning awakenings and unrefreshing sleep in those people who have the opportunity to sleep. About 50 percent of adults experience occasional bouts of insomnia, and 1 in 10 suffers from chronic insomnia. It is more common in women and older adults.

Insomnia can be caused by irregular sleep schedules or poor sleep behaviors, which are more frequently seen in patients with dementia. Worrying that does not stop during the night can also lead to insomnia. Additionally, other health conditions, pain, certain medications and some other sleep disorders can contribute to insomnia.

What are the symptoms of insomnia?
Insomnia can cause sleepiness during the day, general tiredness or fatigue, irritability, poor mood and problems with concentration or memory.
How is insomnia diagnosed and treated?
Insomnia is diagnosed by a clinical evaluation, including a physical exam, medical history and sleep history. An overnight sleep study may be needed if another sleep disorder, such as sleep apnea, is suspected. Treatment includes following good sleep habits and may require a change in sleep schedule. Medications often are used to help with sleep, however, they may increase the risk of falls, especially in older adults, and careful monitoring is needed. Cognitive Behavioral Therapy for Insomnia (CBT-I) is often the most effective treatment for insomnia. CBT-I is a multi-component treatment that addresses thoughts and behaviors related to sleep.

RESTLESS LEGS SYNDROME
Restless leg syndrome (RLS) is a sleep disorder that causes an intense, often irresistible urge to move the legs. RLS is brought on by sitting or lying down for long periods of time, especially at night. It is more common in older adults and women. Several medical problems can cause RLS, including iron deficiency, Parkinson’s disease, kidney disease, diabetes, rheumatoid arthritis and peripheral neuropathy. Alcohol, nicotine, antidepressants, antihistamines and anti-nausea medications also may contribute to RLS symptoms.

What are the symptoms of RLS?
The urge to move the legs often is accompanied by tingling, pulling, creeping or uncomfortable sensations. RLS typically occurs in the evening and is partially or completely relieved by stretching, walking or exercising the affected muscles. RLS can cause problems with falling asleep, staying asleep, daytime sleepiness, irritability and concentration problems.

How is RLS diagnosed and treated?
Physicians diagnose RLS by taking a complete medical and sleep history and by performing a full physical and neurologic exam. Sometimes laboratory testing is helpful to look for other medical problems causing RLS. Conservative therapy for RLS includes massage, warm baths and leg stretches. Medications that enhance dopamine activity or reduce the pain associated with RLS may be needed.

RAPID EYE MOVEMENT (REM) SLEEP BEHAVIOR DISORDER
REM behavior disorder (RBD) is a sleep disorder that involves acting out dramatic and/or violent dreams. Normally, there are nerve connections to prevent movement during REM sleep, also known as dreaming sleep. In RBD, these connections do not work properly and people can act out their dreams, which may lead to injury or violence. RBD is more common in older men and can be associated with Parkinson’s disease and other neurodegenerative conditions.

What are symptoms of RBD?
Bed partners often complain of violent behaviors during sleep, including hitting, punching, kicking and yelling. Those with RBD will frequently recall dreams of being chased or attacked by another person or an animal.

How is RBD diagnosed and treated?
Diagnosis requires a full evaluation by a physician and an overnight sleep study. Treatment usually requires medication to control the dream enactment behaviors. Certain medications, such as antidepressants, may cause RBD, and stopping the medication can resolve the problem. Sometimes OSA can cause symptoms similar to RBD, and a sleep study will be able to help determine if OSA is the cause.

OTHER SLEEP DISORDERS
In addition to the above-listed common sleep disorders, older people are at risk for developing other sleep and medical disorders that affect sleep quality and wakefulness.

Advanced sleep phase syndrome (ASPS) is a circadian rhythm sleep disorder that leads to very early bedtimes and wake times, which can interfere with evening social activities. Dementia can disrupt sleep patterns, causing another type of circadian rhythm sleep disorder. Those with dementia frequently sleep during the day and are awake throughout the night. Sleep patterns are further disrupted when living in nursing facilities where lights are on in the hallways at night and residents may spend more time in bed during the day. Nocturnal seizures can cause disrupted nighttime sleep and daytime sleepiness. Abnormal limb movements, urinary incontinence and tongue biting may be present. Strokes or other disorders that affect mobility may make it difficult to change positions at night, causing discomfort and sleep disruption. Sleep apnea can be caused by strokes, and patients may have difficulties with tolerating a CPAP mask during the night.

Heart failure, gastroesophageal reflux disease (GERD) and chronic obstructive pulmonary disease (COPD) are among some of the more common conditions that may cause difficulties with sleeping at night.