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Commentary

# A Note on Sleeping Disorders in the Elderly

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## COMMENTARY

Adults, unlike babies, who need 16-20 hours of sleep every day, only need around. Many senior citizens, on the other hand, may find it impossible to fit in that eight hours in one sitting. Sleep patterns, as well as sleep length, change as people age. A change in sleep pattern, like bodily changes, is a common part of the ageing process. As people get older, they have more trouble falling asleep and staying asleep. Older folks spend more time in the lighter stages of sleep than in deep sleep. As the circadian mechanism becomes less efficient, older persons' sleep schedules are pushed forward, even if they sleep for 7 or 8 hours.

Hypertension, diabetes mellitus, renal failure, respiratory diseases such as asthma, immunological disorders, gastroesophageal reflux disease, physical disability, dementia, pain, depression, and anxiety are all common medical problems associated with ageing. In both normal and pathologic ageing, sleep disruptions are common. In older adults, primary sleep disorders such insomnia, parasomnias, sleep apnea, and sleep-related movement disorders are more common. They also have a higher prevalence of main sleep disorders such as parasomnias, insomnia, sleep apnea, and sleep-related movement disorders, as well as increased daytime napping.

Medical and psychological conditions, as well as the medications used to treat them, create sleep disturbances in the elderly. Patients with mild cognitive impairment and dementia have more severe sleep problems, and disturbed sleep and sleep disorders contribute to the beginning and progression of neurodegenerative illnesses occurring earlier and faster. How to diagnose and manage sleep disorders in the elderly is described. Sleep difficulties in the elderly can be caused by a number of factors. Medical conditions, intrinsic sleep disorders, or a mix of these variables have a major impact on sleep quality as people age. Other age-related diseases, such as severe dementia, dependency, or living in an institution, increase sleep problems in the elderly.

Because they are intellectually challenged and medically impaired, older people who live alone may not be able to speak about sleep problems. Sleep disorders are consequently underdiagnosed, unrecognised, and underinvestigated among the elderly. Sleep assessment in this heterogeneous population should be based on a global geriatric viewpoint and personalised to each individual. During the sleep interview, medical comorbidities, medication use, and age-related lifestyle changes such as retirement, the loss of a spouse, illness, or institutionalisation must all be addressed. Shorter, simpler, or observation-based examinations such as the Sleep disorders inventory, Observation based nocturnal sleep inventory, and Observation and interview based diurnal sleepiness inventory must be used instead of standard sleep evaluation in the elderly with loss of autonomy.

When keeping a sleep diary isn't feasible, actimetry is a fantastic tool to study the sleep-wake cycle. Polysomnography is a more difficult test than ventilation polygraphy for detecting sleep apnea. Advanced studies should be explored when their feasibility and utility are limited. Almost half of the elderly claim they have difficulty falling and staying asleep. As people grow older, they experience a variety of changes, including an increase in the prevalence of medical diseases, increased medication use, age-related changes in various circadian rhythms, and changes in their environment and lifestyle. Although sleep difficulties affect persons of all ages, sleep-disordered breathing, periodic limb movements in sleep, restless legs syndrome, Rapid Eye Movement (REM) sleep behaviour disorder, insomnia, and circadian rhythm disturbances are more common among the elderly.

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