## Sleep disorders in elderly individuals

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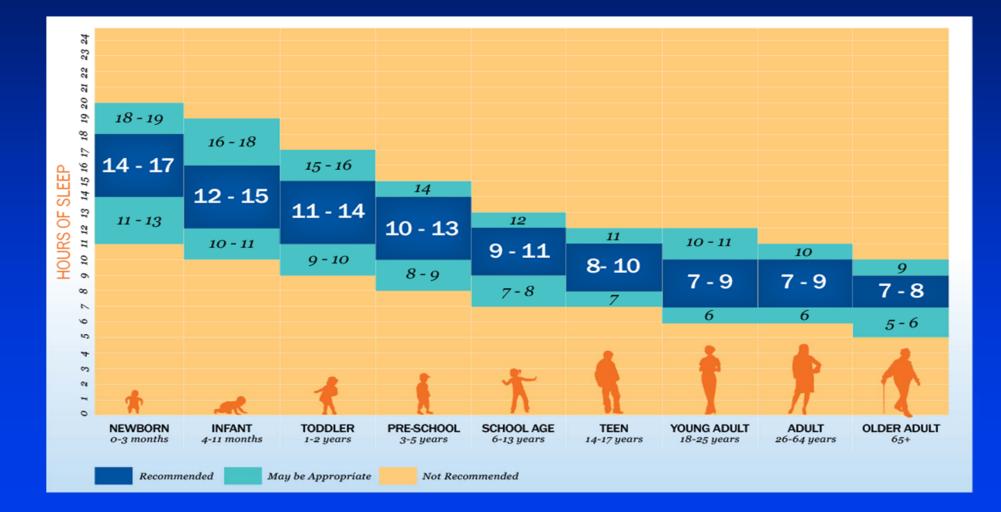


## Main sleep disorders

#### Insomnia

- Apnea (central and obstructive OSA)
- REM Sleep Behavior Disorder

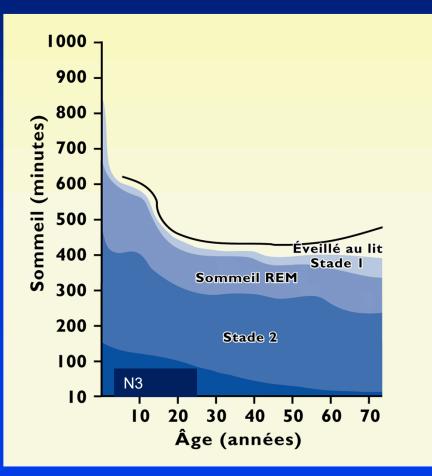
## Sleep 'needs' according to age



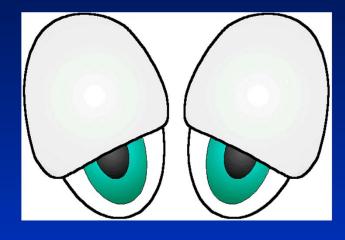
#### So, with age...

Sleep duration decreases Shallow sleep (less deep and more fragmented) Early to bed

✓ Fall asleep
✓ Nocturnal awakenings
✓ Naps



#### **Consequences of sleep disorders**



#### Fatigue and sleepiness

- Psychological and medical comorbidity (ex. depression, anxiety, high blood pressure, diabetes, etc)
- Decreased quality of life





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DAY OF THE WEEK		1				
DATE						
Q1 What time did you go to bed?						
Q2 What time did you try to go to sleep?					1	
Q3 What time did you fall asleep?	-					
Q4 Home many times did you wake up during the night?						
Q5 In total, how long did these awakenings last (minutes)?				•		
Q6 What time was your final awakening?						
Q7 What time did you get out of bed to start your day?						
Q8 Note anything that interfered with your sleep						

https://mysleepwell.ca/cbti/sleep-diary/

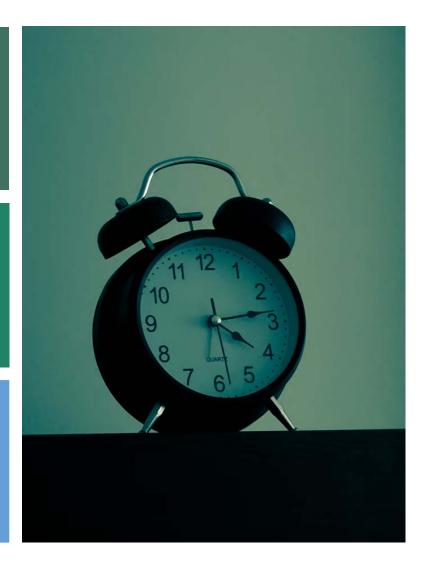
#### Insomnia



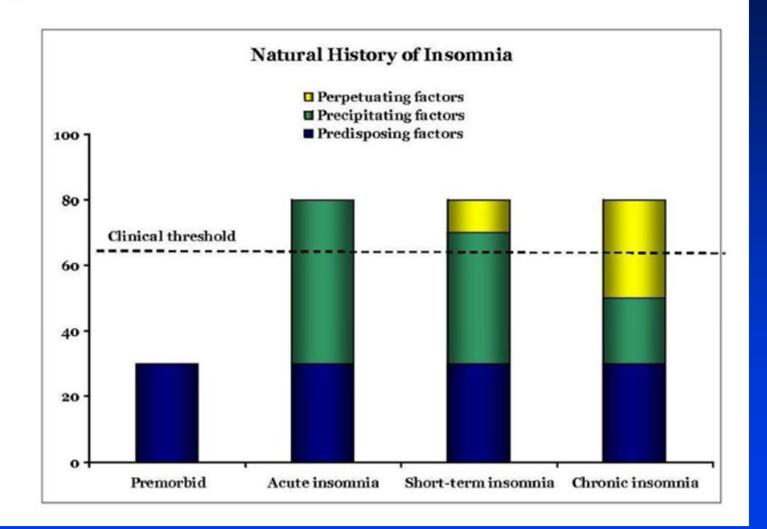
Better than counting sheeps...

#### Insomnia: What is it? Signs and Symptoms

- Most common sleep disorder (10-13% of population)
- More prevalent in women
- Difficulty falling asleep/staying asleep at least 3 nights a week for 3 months
- Distress



#### Spielman's 3P Model



https://slideplayer.com/slide/13684140/

## Insomnia Disorder (DSM-5)

- Frequency > 3 nights/week (opportunity)
- Duration > 3 months
- Daily consequences and emotional distress
- Not resulting from a medical disorder, medication intake or substance abuse
- Not occurring exclusively concurrently with another sleep disorder or a psychopathology

Sleepwell	Sleep Diary	B	MY SLEEP PRESCRIPTION Bed Time: Rise Time:		
DAY OF THE WEEK					
DATE					
Q1 What time did you go to bed?					
<b>Q2</b> What time did you try to go to sleep?					
Q3 What time did you fall asleep?					
Q4 Home many times did you wake up during the night?					
<b>Q5</b> In total, how long did these awakenings last (minutes)?					
<b>Q6</b> What time was your final awakening?					
<b>Q7</b> What time did you get out of bed to start your day?					
<b>Q8</b> Note anything that interfered with your sleep					

Sleep efficiency

Sleep patterns

Causes...

Easy calculations at mysleepwell.ca/calculator

My sleep duration (typical night): \_\_\_\_\_ My sleep efficiency (typical night): \_\_\_\_

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#### How do we treat insomnia?

#### Treat the underlying cause:

- Cognitive Behavioural Therapy for Insomnia
- Mindfulness based stress reduction
- Medications (benzo- or nonbenzodiazepines, AD, DORAs)



#### Cognitive Behavioral Therapy for Insomnia

- 1<sup>st</sup> line treatment- 2-6 sessions
- Goal: replace thoughts/behaviors with strategies that optimize, regain confidence in and re-frame sleeping
  - Stimulus control/ conditioning
  - Sleep restriction
  - Sleep hygiene
  - Relaxation training
  - Cognitive distortions, dysfunctional beliefs/myths about sleep

## Did you or your partner report one of the following events?

- Difficulty breathing or pauses while breathing (gasping, choking, or holding breath at night)
- Shortness of breath
- Snoring (loud)
- Morning headache
- Chest pains
- Dry mouth
- Often changing posture or moving arms and/or legs



## Apnea Disorder (Sleep-Disordered Breathing)

Characterised by a pause in breathing or an important decrease in breathing effort during sleep, associated with low blood oxygen

10 – 18% of the adult population Men over 50 y.o....

## Three types of apneas

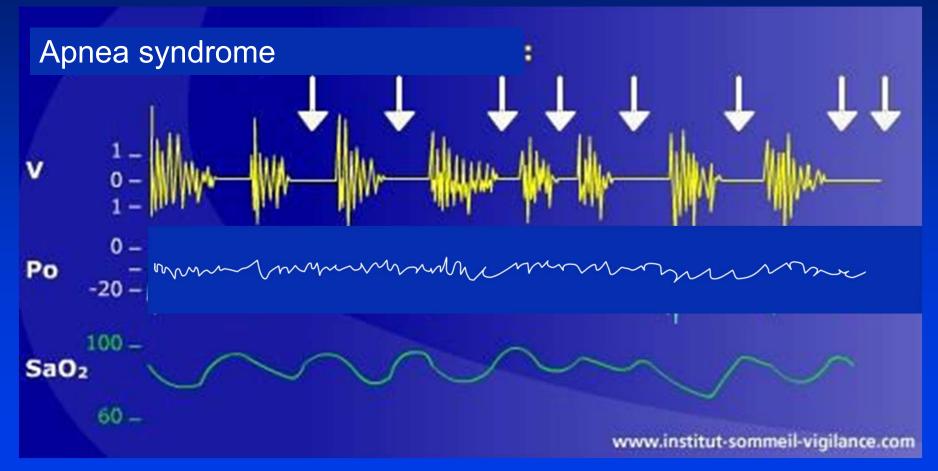


> Obstructive

Mix (combined Central and Obstructive)

## Central

The brain does not send the message to our lungs to breath



Breathing is interrupted (V), there is a drop in oxygen level with each interruption (SaO2). No effort to breath...

### **Criteria for Central Apnea**

#### Individuals report :

- Excessive daytime sleepiness or insomnia at night;
- Being unaware of the problem;
- Depressive symptoms and/or a possible lack of sex drive;

Frequent episodes of breathing pauses (index per hour);

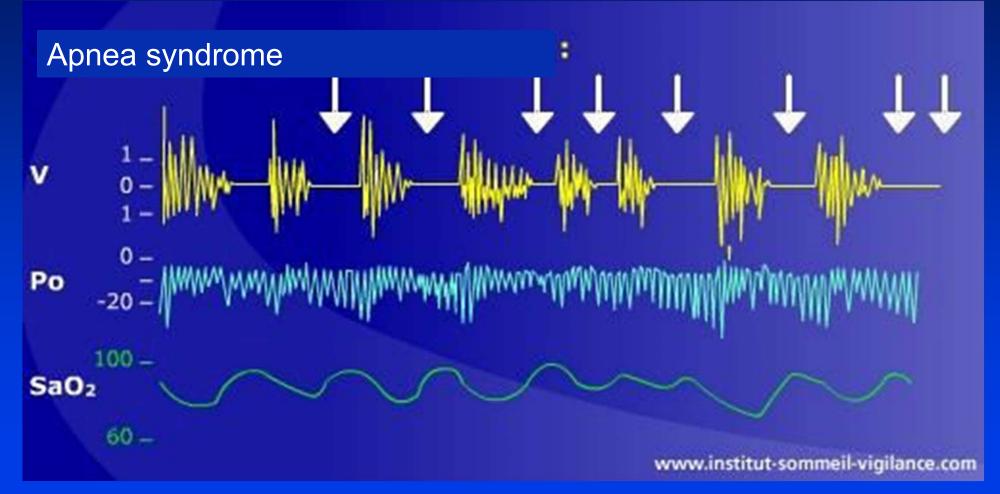
# Associated characteristics: Gasping or choking Body movements Cyanosis



## Obstructive Apnea Syndrome (OSA)

The brain does send the message to the lungs to breath, but they cannot because they are unable to do so (airway blockage)...

## Obstructive Apnea Syndrome (OSA)



Breathing is interrupted (V), there is a drop in oxygen level with each interruption (SaO2). A lot of effort to breath...

## **Diagnostic criteria for OSA**

Individuals report;
Excessive daytime sleepiness or insomnia;
Being unaware of the problem;
Frequent episodes of obstructive breaths;
Associated characteristics:

LOUD snoring
Morning headache
Dry mouth upon awakening

### Treatment

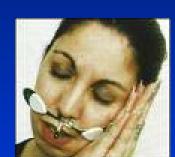
Continuous Positive Air Pressure

Surgeries (OSA - Tonsillectomy)

Preventive measures:

- > Alcohol and/or sleep aid consumption
- Avoiding adopting a dorsal position and sleep deprivation
- Weight loss

Is your dental prosthesis well adjusted?







#### And for your bed partner?



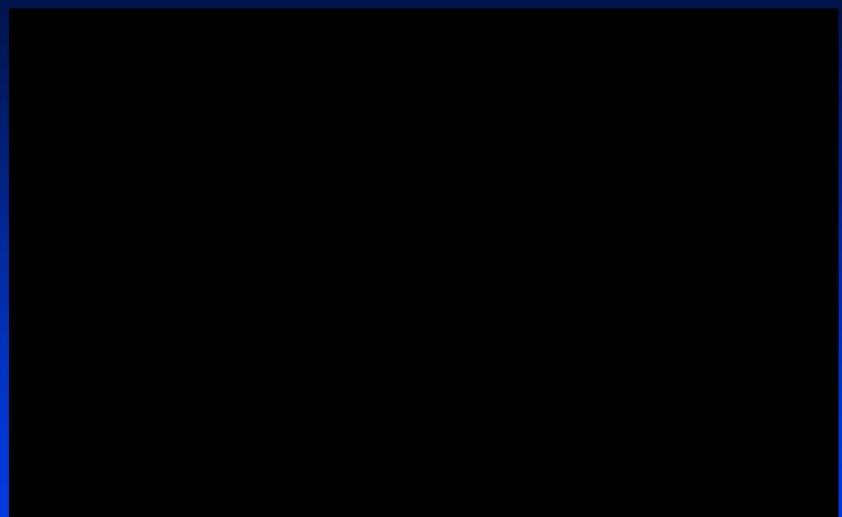




#### Separate bedrooms: it might have some advantages...



- RBD (REM Behavior Disorder) acting out our dreams loss of atonia:
  - 1. Especially in men older than 60 y.o. (87.5%); 2% of population
  - Agressive behaviors during the night but not during the day
  - 3. Often preceded by anxious dreams, violent nightmares
  - 4. Associated to Parkinson disease and Lewy Body Dementia (13%; within 14 years = 97%) and secondary narcolepsy (14%)
  - 25% of individuals talk or have repetitive leg movements during sleep



## Treatment

Melatonin
 Medication
 Clonazepam (Rivotril)
 Pramipexole (Mirapex)



#### Safe environment

Besides pills?





## Conclusion

Many sleep disorders appear at different times in life

Consequences are important

Treatment is mandatory



#### Sleep tight everybody!