Insomnia in the Geriatric Population

Some sleep changes occur with normal aging. Changes might include: Increased nocturnal awakening, less efficient sleep, earlier sleep onset and awakening, increased time to fall asleep, increased daytime napping, decreased deep sleep, and decreased REM sleep.

*Insomnia, however, is a subjective report of insufficient or nonrestorative sleep despite adequate opportunity to sleep. Although insomnia is prevalent in older adults, it is not a normal part of aging. When our residents became deprived of sleep they have increased irritability and fatigue, decreased memory and concentration, and decreased tolerance to pain. Prior to treating insomnia, it is important to obtain a sleep history that includes:*

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<th>Sleep History Components</th>
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<td>Sleep history hygiene: What is the bedtime routine? Any recent changes?</td>
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<td>Sleep chronology: Onset, pattern, duration of sleep</td>
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<td>Initiation (can’t get to sleep) vs. Maintenance (can’t stay asleep)</td>
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<td>Environment: Sounds, light, odor. Sleeps in bed or in recliner/chair?</td>
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<td>Physical symptoms: Pain, breathing difficulty, cough</td>
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<td>Emotional symptoms: Fear, anxiety, worry, depression</td>
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<td>Spiritual concerns: existential suffering, unresolved issues</td>
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<td>Medical conditions: Heart failure, COPD, DM (hypoglycemia can cause night sweats, nightmares), leg edema (can cause nocturnal diuresis)</td>
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<td>Medications: steroids, beta blockers, stimulants, diuretics</td>
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**Non-pharmacologic interventions**
- Bedtime routine including toileting
- Encourage activity during the day
- Limit daytime naps
- Minimize noise & light at night
- Relaxation therapies at bedtime
- Limit caffeine after lunch
- Offer light snack before bed, but avoid excess fluids
- Comfortable room temperature and adequate ventilation
- Avoid scheduling meds before 0600 or after 2100 to prevent awakening him/her to administer medications

**Pharmacologic interventions**
- Melatonin
- Trazadone
- Ambien (not generally used in older adults)
- Mirtazapine (only sedating at 7.5mg in patients with insomnia or poor appetite)
- Ropinirole or Pramipexole (for restless leg syndrome)
- Ensure pain is controlled appropriately
- Timing of meds—activating in AM Effexor, Wellbutrin; sedating in PM (cetirizine)

***Sleep hygiene should be considered as first line therapy to decrease adverse effects of tx w/ meds***

Patients may have spiritual or existential concerns that manifest at night when they feel more alone and afraid. Address spiritual concerns and fears of dying during the day and provide spiritual support resources as indicated.

References