



Observations on Insomnia in Elderly Person of Eastern Bihar

KEYWORDS

Severe Spasticity, lower extremity, spinal cord, dreztotomy

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ABSTRACT Elderly Persons often suffer from insomnia responsible for high morbidity and mortality and lower quality of life. In them somatic and psychiatric diseases must be screened as primary sleep disorders. Transition to chronic phase and benzodiazepines abuse should be avoided by early treatment of causation factors A practical approach to insomnia requires diagnosis and treatment by non pharmacological methods of inducing sleep.

SLEEP PATTERNS IN ELDERLY: Sleep modifications also occur due to ageing and decrease in total sleep time and fragmentation by frequent nocturnal awakenings. Durations of slow deep sleep and REM sleep decrease. Many pts were complaining of difficulty in falling asleep, maintaining sleep and early awakening affecting about 30% of aging patients

INTRODUCTION:-

Sleep disorder affect about 40% of Elderly person. Majority of them suffer from chronic sleep disorders with depression and or anxiety. It increases the incidence of injuries due to falls and cognitive impairment and frequently require use of hypnotics and sedatives.

Sleep modifications affect the circadian rhythm of biological clock (Supra chiasmatic nucleus). Reduction of day night exposure and diurnal activity result in fragmentation of sleep. Increasing age also decreases melatonin secretion.

MATERIALS & METHODS:-

The study was conducted on 42 elderly persons of OPD and private clinics in the age group of 60-75 yrs. Double blind comparative study was conducted with normal person of same age group. Obstructive sleep apnoea hypopnea was found in 25% of cases enhanced by copresentation of benzodiazepines diagnosed by enquiring the spouse about snoring or apnoea during sleep and polysomnographic study followed by continuous positive airway pressure treatment. Sleep apnoea with or without cheyne strokes breathing was frequently found in cardiac insufficiency patients

The patients who were educated to adopt the sleep inducing methods were improving gradually in 4-6 weeks by having normal sleep pattern of REM & NREM sleep cycle.

METHODS OF INDUCING SLEEP were applied on aging person with encouraging results without medications in 60% subjects:

1. Day time physical activity eg. Walking, gardening, playing games.
2. Daily exposure to day night reading & TV watching .
3. Avoid coffee, alcohol & smoking in evening .
4. Avoid mentally stimulating items in bed, watching TV, Computers except day time.
5. Adjustment of temperature and avoiding noise and light
6. Go to sleep when you are feeling sleepy and maintain regular time of sleep and awakening .

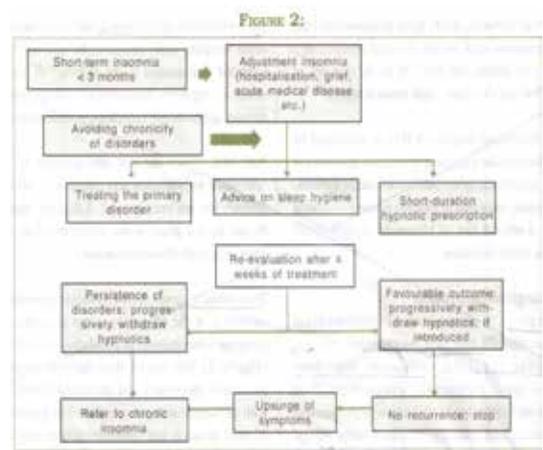
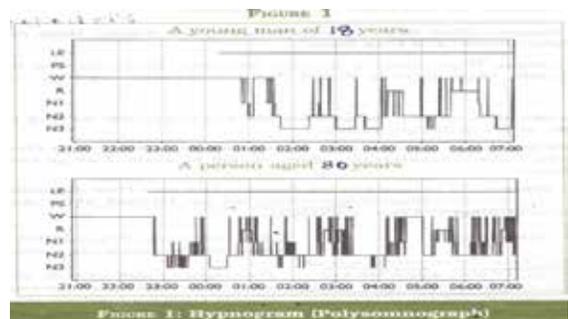


FIGURE 2: Decisional diagram for short-term insomnia in the elderly

RESULT :-

Sleep disturbances acute/ chronic were found in elderly precipitated by bereavement of near & dear, hospitalisation, pain due to arthritis dyspnea, due to cardiac origin or COPD, frequently associated with depression or anxiety, alcohol and SSRI, betablockers, dopaminergic and symptomimetic, regular consumption of alcohol @ 60-90 ml / day were involves 20% of elderly person. Dementia and parkinsonism disease accompanied by REM sleep disorders. In 30% pts. diagnosis is confirmed by polysomnography. It was also accompanied by Restless leg syndrome in 20% cases. It was relieved by clonazepam and levodopa.

In 25% of hospitalised pts. insomnia was observed in advance age with depression and stressful events . Environmental factors such as noise and intense light were more precipitating factors along with absence of social and physical activities.

CONCLUSION:-

Insomnia in elderly person is of multifactorial origin with harmful consequences on quality of life. It is frequently followed by prescription of psychotropic drugs sometimes on long term basis which is detrimental to psychological and behavioural disorders leading to drug dependence and on stopping drug leads to withdrawal symptoms.

Early management of causation factors with a psychoeducative approach aimed at measures to induce sleep decreases the risk of chronicity of insomnia. Prescriptions of benzodiazepines or hypnotics should be limited and should not be the only treatment.

REFERENCES:-

1. Thorpy, vuitello Mu, zeepe. Nutr. health , 2009, 13:322-9
2. Foley D, Ancoli- Israels, sleep disturbances, sleep in arnica survey-2004:56
3. Kamee NS, Gammacll JK, Am Jour, Med,2006
4. Planchard D, Moreau. F, Sleep Apnoea Syndrome in elderly –Rev mal, Respir ,2004
5. Remos AR, Obstructive sleep apnea Neurology 2015
6. Yaffe K, Laffan AM, Sleep Disordered breathing in older women. Jama 2011
7. Alessic, Vitiellomv, Insomina older People BMJ 2015