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EFFECTIVENESS OF SLEEP MANAGEMENT STRATEGIES IN REDUCING INSOMNIA AMONG ELDERLY

Nursing

KEYWORDS: Effectiveness, insomnia, sleep management strategies

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ABSTRACT

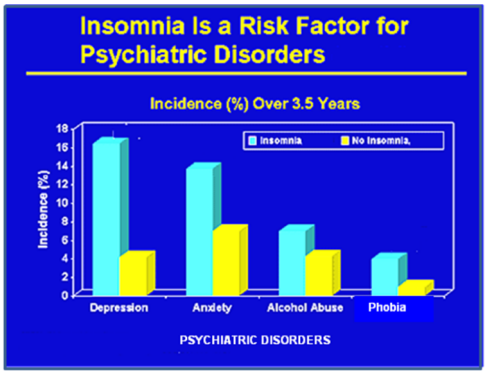
Aim/Objectives: The main objectives of the study to assess the level of insomnia among elderly, effectiveness of sleep management strategies in reducing insomnia among elderly, to find out the correlation between the effectiveness of sleep management strategies in reducing insomnia among elderly with the selected demographic variables. **Methodology:** Research Design-One group pre test - post test research design, population of the study comprised of both male and female above 60 years of age with insomnia, Sample consists of 30 elderly with insomnia attending psychiatry outpatient department in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, technique- convenient sampling technique, instrument: Section-A: Demographic variables, Section-B: Modified Pittsburgh insomnia rating scale. Descriptive analysis- Mean, percentage of score and standard deviation- to describe the demographic variables of the elderly with insomnia, Sign test- to analyze the effectiveness between pre and post test of sleep status of elderly with insomnia. Inferential analysis: Correlation test- To analysis the correlation between demographic variables and sleep management strategies among elderly with insomnia. **Results and Discussion:** Improvement between pre test and post test score was revealed from the mean was 19.3 with standard deviation of 7.92. The sign test value is lesser than k value. **Summary And Conclusion:** The calculated value was lesser than k value so the alternative hypothesis was accepted. This shows that sleep management strategies in reducing insomnia among elderly was effective.

INTRODUCTION:

Sleeping is no mean art; for its sake one must stay awake all day. The best bridge between despair and hope is a good night's sleep. Sleep is the golden chain that ties health and our bodies together. The average adult needs slightly more than eight hours of sleep a day but only 38% of Indian adults consistently get this amount of rest. Sleep is a part of the rhythm life. Without a "good sleep", the body loses the ability to revitalize, the mind is less adapted and ones mood is altered. Normal aging changes conspire to interfere with the quality of sleep, while health and medication use can affect the sleep patterns in a negative manner. People with insomnia tend to experience one or more of the following sleep disturbances such as difficulty falling asleep at night, waking too early in the morning, waking frequently throughout the night, sleep that is chronically non-restorative or poor. Older people, even healthy ones, often complaints about decreased sleep quality and polysomnographic measurement of physiological indicators have confirmed the reality of these claims. During late life, rapid eye movement sleep in a typical night declines about 10minutes per decade. Wake time during the nocturnal period, measures of sleep fragmentation increases about 30 minutes per decades.

NEED FOR THE STUDY:

Insomnia is one of the most common problems in elderly. Insomnia increases the risk of substance abuse, motor vehicle accidents, tension induced headache and depression. Chronic insomnia is highly prevalent in elderly and affects approximately 30% of the general population. Insomnia impairs cognitive and physical functioning and is associated with a wide range of impaired daytime functions across a number of emotional, social, and physical domains. **According To National Institute Of Health State Of Science., (2010)** Sleep disturbance lead to physical and mental health problems as well as social, occupational and economic repercussion, medication is frequently used in the management of insomnia, Until recently there has been little guidance on the use of pharmacotherapy and prescribing practice have been varied. The signs and symptoms like physical signs and symptoms such as daytime drowsiness, fatigue, gastrointestinal system problems, arthritis, heart disease, fibromyalgia, tension headache. Psychiatric disturbances like anxiety as bedtime approaches, irritability, difficulty concentration, impaired ability to perform and activities, not feelings refreshed after sleep, depression, Post traumatic stress disorder. Social problems like social withdrawal, drug abuse motor vehicle accident, irritability towards environment. The short term management of insomnia by using non pharmacological intervention is: I) Sleep restriction: Limit time in bed for sleep only, causing mild sleep deprivation. II) Relaxation therapy: To reduce somatic tension or intrusive thoughts that interferes with sleep. III) Sleep hygiene recommendation.



STATEMENT OF THE PROBLEM: EFFECTIVENESS OF SLEEP MANAGEMENT STRATEGIES IN REDUCING INSOMNIA AMONG ELDERLY.

OBJECTIVES: 1] to assess the level of insomnia among elderly. 2] to evaluate the effectiveness of sleep management strategies in reducing insomnia among elderly.3] to find out the correlation between the effectiveness of sleep management strategies in reducing insomnia among elderly with the selected demographic variables.

OPERATIONAL DEFINITION: **Effectiveness:** It refers to the extent to which sleep management strategies has brought out significant reduction in the level of insomnia as measured by the post test score by using modified Pittsburgh insomnia rating scale. **Sleep management strategies**: Management of insomnia by using non pharmacological intervention that includes 1] RELAXATION THERAPY: It refers to the relaxation of mind and soul to maintain harmonious intense physical and emotional feelings. Its main component is yoga. SLEEP HYGIENE EDUCATION: Education on sleep hygiene was given for elderly includes sleep habits such as attempt to maintain a regular sleep wake cycle, avoid keeping a clock close to bed to prevent clock watching, taking warm bath. Structuring the environment such as use of the bed room only for sleep and intimacy, create a comfortable, quiet, dark and temperature controlled environment and other sleep education about behavioral modification, positive perception of sleep. Insomnia is referred as insufficient quality and quantity of sleep which may be divided into three types based on modified Pittsburgh insomnia rating scale 1] <60 - mild insomnia, 2] 61-90-moderate insomnia, 3]>91-severe insomnia. **Elderly:** Both male and female above the age of 60 years with insomnia.

HYPOTHESIS: H1- there is a significant improvement between pre test and post test by sleep management strategies in reducing insomnia among elderly.

CONCEPTUAL FRAME WORK: The conceptual framework of the present study is based on the Katharine kolcaba's theory of comfort. **RELIEF AND EASE:** Consists of insomnia assessment using modified Pitts burgh insomnia rating scale and also the intervening demographic variables is divided into two section that contains general information's such as age, sex, religion, occupation, marital status, history of Illness, habits, history of medication, and availability of support system and another section consists of sleep information's such as duration of sleep per day and sleep habits. **TRANSCENDENCE:** SLEEP MANAGEMENT STRATEGIES, SLEEP HYGIENE EDUCATION: Education on sleep hygiene includes sleep habits such as attempt to maintain a regular sleep wake cycle, avoid keeping a clock close to bed to prevent clock watching, taking warm bath, Structuring environment. **EVALUATION**: It is the concept matter or information disposed by the client comfort as a result of its process. In the present study it refers to the reduction in the insomnia level which includes mild, moderate, and severe. The reduction in insomnia level through post test scores indicate that sleep management strategies will be effective in promoting comfort and managing elders with insomnia. **FEEDBACK:** It is the process that enables a system to regulate itself and provides information about the relief, ease phase and its transcendence phase. Moderately insomnia and severe insomnia elderly was again reassessed with the modified Pitts burgh insomnia rating scale and sleep management strategies was re-demonstrated for the elder.

METHODOLOG: RESEARCH DESIGN- One group pre test - post test research design, the population of the study comprised of both male and female above 60 years of age with insomnia attending psychiatry outpatient department of Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. Sample consists of 30 elderly with insomnia attending psychiatry outpatient department in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. Sampling technique used for this study was convenient sampling technique. **INSTRUMENTS** -Section-A: Demographic variables, Section-B: Modified Pittsburgh insomnia rating scale.

DATA COLLECTION PROCEDURE: The study was conducted at psychiatry outpatient department in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The data was collected for a period of six weeks by using modified Pittsburg insomnia rating scale and sample size was 30. The duration of the interview ranged from 20-30 minutes for each client. The data collection was started by collecting the demographic data of the elderly. Assessment of insomnia was done with the help of modified Pitt's burgh insomnia rating scale. **Reliability**-The reliability was checked by inter-rater method. The reliability was 0.83. **Statistical Method**- Descriptive analysis- Mean, percentage of score and standard deviation- to describe the demographic variables of the elderly with insomnia, Sign test- to analyze the effectiveness between pre and post test of sleep status of elderly with insomnia. Inferential analysis: Correlation test- To analysis the correlation between demographic variables and sleep management strategies among elderly with insomnia. $P<0.05$ level significant.

SI. NO	TOPIC	MEAN	STANDARD DEVIATION	CONFIDENCE INTERVAL
1.	Pre Test	74.77	19.32	82.25-67.28
2.	Post Test	19.33	7.92	22.29-16.38

MEAN AND STANDARD DEVIATION OF PRE TEST AND POST TEST SCORES OF ELDERLY WITH INSOMNIA. [N=30]

RESULTS AND DISCUSSION: Based on the pre test, the sleep management strategies was planned and implemented for the elderly with insomnia and effectiveness of sleep management strategies was assessed after two weeks. The study findings have been discussed in terms of the objectives of theoretical basis and hypothesis. **THE FIRST OBJECTIVE WAS TO ASSESS THE LEVEL OF INSOMNIA AMONG ELDERLY**- Among the 30 clients, five (16.67%) had mild insomnia, twenty (66.66%) had moderate insomnia, five (16.67%) had severe insomnia level in pre test. Among the 30 clients, thirteen (43.33%) had mild insomnia, seventeen (56.67%) had moderate insomnia in post test. **THE SECOND OBJECTIVE WAS TO EVALUATE THE EFFECTIVENESS OF SLEEP MANAGEMENT STRATEGIES IN REDUCING INSOMNIA AMONG ELDERLY**-The overall mean was 74.77 with standard deviation of 19.32 in pre test and the overall mean was 19.3 with the standard deviation of 7.92 in post test. Improvement between pre test and post test score was revealed from the mean was 19.3 with standard deviation of 7.92. The sign test value is lesser than k value. This shows that there was a significant improvement in the sleep status of elderly with insomnia in post test, hence the sleep management strategies was effective. **THE THIRD OBJECTIVE IS TO CORRELATE THE EFFECTIVENESS OF SLEEP MANAGEMENT STRATEGIES IN REDUCING INSOMNIA AMONG ELDERLY WITH THE SELECTED DEMOGRAPHIC VARIABLES**- There was no significant relation between demographic variables consists of general status such as age of elderly, sex, religion, occupational status, marital status, availability of support system, history of illness, history of medication, habits and another session sleep status such as duration of sleep per day and sleep habits with effectiveness of sleep management.

SUMMARY AND CONCLUSION: The calculated value was lesser than k value so the alternative hypothesis was accepted. This shows that sleep management strategies in reducing insomnia among elderly was effective.

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