**Guidelines on Way for Tackling Sleep Disorders**

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Sleep should be viewed as a vital sign, and primary care physicians should address sleep disturbances routinely in all visits with older adults, Dr. Harrison G. Bloom said at the annual meeting of the Gerontological Society of America.

‘Although there has been more than a decade of discussion about the prevalence and low detection rate of sleep problems, little has changed in primary care practice in recognition of sleep problems in the elderly,’ said Dr. Bloom of the International Sleep Center, New York.

A first draft of new guidelines for the assessment and treatment of sleep disorders in older people should be ready for discussion within the next few months, produced by his organization in collaboration with other groups, he said.

‘Sleep disorders are prevalent in older individuals and have important consequences, yet very seldom are looked at. It should be a vital sign,’ Dr. Phyllis C. Zee said in a separate presentation at the same session.

And she has interviewed older adults aged 65-102 years in 11 primary care offices in the Chicago area and compared the findings with the sleep of younger adults. Although 70% of the adults complained of some sort of sleep disturbance, only 11% of charts mentioned sleep disturbance, even for patients who reported five or more sleep problems (such as insomnia, difficulty falling asleep, early awakening, or restless legs syndrome).

‘Sleep problems are not uncommon with aging, yet they’re not on the radar screen of most primary care physicians,’ said Dr. Zee, professor of neurology and director of the sleep disorder centers at Northwestern University, Chicago.

Symptoms of some treatable sleep disorders, particularly sleep apnea or rapid eye movement (REM) sleep behavior disorder, may be mistaken for cognitive decline or dementia in the elderly, Dr. Zee said.

Multiple factors contribute to the high prevalence of insomnia in the elderly, including medication use, comorbid medical or psychiatric conditions, and psychosocial factors such as bereavement. As an isolated group, the comorbidity and quality of sleep should be integrated into the routine review of systems in all examinations of older adults, with further assessment to look for possible sleep disorders.

‘Sleep in older people really is a barometer of health,’ she commented.

A growing database of studies directly associates sleep disorders with problems of attention and memory, depression, nighttime falls, metabolic dysfunction, and lower quality of life, Dr. Andrew M. M. Torrey said in the same session at the meeting.

Counter to common misconceptions, sleep disturbances are not a natural part of aging but are associated with comorbidities, according to an analysis of epidemiologic data on more than 10,000 adults, said Dr. Monjan of the National Institute on Aging.

In 2001, a telephone poll of 1,500 older people (aged 55-84 years) randomly selected by the institute and the National Sleep Foundation also dispelled the notion that older people need less sleep. They reported needing as much sleep per night as many younger people.

People who had four or more medical problems were more likely to report getting less than 6 hours of sleep or having insomnia or excessive daytime sleepiness. Few said that they had been diagnosed with insomnia by their physician, and even fewer had been treated for insomnia, he added.

People who reported bodily pain or who were obese were more likely to report sleep disturbances. The prevalence of all kinds of sleep disturbances decreased among people who said that they got more exercise.

A study at the University of Chicago showed that limiting sleep to 4 hours per night for 6 nights in healthy young adults produced evidence of impaired glucose clearance and increased insulin resistance, Dr. Monjan said.

The proportion of the people in the United States who report getting fewer than 6 hours of sleep per night increased to 25% from about 15% in 1980, he continued. Sleep problems may be a contributing factor in the current epidemics of obesity and diabetes, he suggested.