Study Eucidates Menopause-Related Sleep Issues

BY HEIDI SPLETE
Senior Writer

Menopause — Women with no history of sleep disorders often report sleep problems—especially difficulty falling asleep—as they undergo menopause. Their complaints were validated by a sleep study of more than 700 women presented at the annual meeting of the Associated Professional Sleep Societies.

“These data provide, for the first time, objective findings to support this common complaint in postmenopausal women,” asserted Edward O. Baxter, Ph.D., who is vice chair of the sleep research division at Pennsylvania State University in Hershey.

To confirm the association between menopause and poor sleep and to seek a possible mechanism for this condition, Dr. Baxter and his colleagues conducted single-night polysomnographies on 715 women with a mean age of 49 years. Of these, 400 women were premenopausal, 120 were postmenopausal and using hormone therapy (HT), and 195 were postmenopausal but not using HT as well as men until they reach menopause, but sleep needs change with age, Dr. Baxter noted.

With this fact in mind, the researchers used a group of 609 men who were at least 45 years old (with an average age of 49 years) as controls for the study. The average body mass index for both genders was 26.9 kg/m². All of the study participants had a low score (less than 5) on the apnea-hypopnea index and did not complain of insomnia or excessive daytime sleepiness.

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Depression Affects Heart Rate Variability

By Mary Ann Moon

Research

Depression is associated with a specific type of heartbeat variability that is independent of heart rate and can be partially restored by antidepressant treatment. This finding suggests that heart rate variability may be a useful biomarker for depression and could improve our understanding of the role of the autonomic nervous system in depression.

The research team collected data from 278 participants who were part of the SADHART trial, which took place from 1997-2001, compared sertraline with placebo in patients with major depressive disorder who were hospitalized.

In the general population, heart rate variability (HRV) falls abruptly during acute coronary episodes and recovers gradually but incompletely in the following weeks. However, Dr. Glassman and his associates found that HRV failure to recover in ACS patients with major depression.

The decline in HRV levelled off or improved slightly in those who responded to sertraline and in those whose mood improved spontaneously, but continued to decline in patients who received placebo or who failed to respond to sertraline, the investigators said.

Even patients who responded to sertraline showed only one-third as much HRV recovery after ACS, reported Dr. Glassman in a commentary.

“Depression severely impairs the recovery of heart rate variability following an acute coronary syndrome,” reported Dr. Alexander H. Glassman of Columbia University, New York, and his associates.

In addition, heart rate variability (HRV) continues to decline in patients whose depression does not respond to sertraline (Zolof), while it ceases to decline in those who do respond to sertraline. It is not yet known whether this cardiac benefit is attributable to a pharmacologic effect of the antidepressant, to improvement of the depressive illness, or to a combination of both, the researchers said.

“What is clear is that depression is associated with biological changes involving increased heart rate variability, inflammatory responses, plasma cortisol levels, and decreased heart rate variability, and now, absent post-ACS-HRV recovery, of all which [are] associated with life-threatening consequences,” said Dr. Glassman and his associates.

“From a clinician’s point of view, patients with depression after myocardial infarction should be both carefully watched and considered for sertraline treatment, especially if they are at an elevated cardiac risk and less likely to get better spontaneously,” they noted (Arch. Gen. Psychiatry 2007;64:1023-31).

The researchers used data from 278 participants who were part of the SADHART study to examine the effects of depression and of antidepressant therapy on heart rate variability. SADHART (Sertraline Antidepressent Heart Attack Randomized Trial), which took place in 1997-2001, compared sertraline with placebo in patients with major depressive disorder who were hospitalized.

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