CONDITION

# Sleep disorders in older adults

Sleep disorders in older adults are ongoing problems with sleep timing, quality, breathing, movement, or alertness.

**WHAT IT IS**
Ongoing problems with sleep, breathing, movement, or alertness

**BODY SYSTEM**
Nervous system and breathing

**MAIN SYMPTOMS**
Poor sleep, daytime sleepiness, snoring, uncomfortable leg sensations

**WHAT CAUSES IT**
Aging changes, health conditions, medicines, or specific sleep disorders

**HOW IT IS DIAGNOSED**
Sleep history; sometimes blood tests, actigraphy, or sleep study

**MAIN TREATMENT**
Sleep therapy, underlying condition management, and disorder-specific treatment

**CAN IT BE CURED?**
Sometimes - many causes are treatable or controllable

**IS IT AN EMERGENCY?**
Sometimes - severe breathing trouble, chest pain, or sudden confusion

**LONG-TERM OUTLOOK**
Often manageable after identifying and treating the cause

## Overview

Sleep disorders in older adults are problems that affect how long, how well, or when you sleep. They can also cause unusual movements or behaviors during sleep, breathing interruptions, or excessive daytime sleepiness.

Sleep naturally changes with age. Older adults often sleep more lightly, wake more often, and become sleepy earlier in the evening. They may also wake earlier in the morning. These changes do not mean that ongoing poor sleep should be accepted as a normal part of aging.

Common sleep disorders include insomnia, obstructive sleep apnea, restless legs syndrome, and body-clock disorders. Some people act out dreams because of a condition called REM sleep behavior disorder. Several problems can occur together.

Sleep matters because poor or interrupted sleep can affect memory, mood, balance, and daytime alertness. It may also make other health conditions harder to manage. Treatment should focus on the specific cause rather than assuming that every sleep problem needs a sleeping pill.

## Symptoms

Symptoms differ according to the type of sleep problem. They may happen at night, during the day, or both.

Common symptoms include:

Insomnia means regularly having trouble falling asleep, staying asleep, or returning to sleep, with an effect on daytime life. One or two poor nights do not usually mean that you have insomnia.

Obstructive sleep apnea causes repeated narrowing or closure of the upper airway during sleep. A bed partner may notice loud snoring, gasping, or pauses in breathing. Not everyone with sleep apnea snores, and snoring alone does not confirm it.

Restless legs syndrome causes an urge to move the legs, often with crawling, tingling, or aching sensations. It is usually worse during rest and in the evening. Walking or stretching may give temporary relief.

Sudden confusion, weakness, fainting, or severe breathlessness is not a usual effect of simple insomnia. These symptoms need separate medical assessment.

- Taking a long time to fall asleep
- Waking often or staying awake for long periods
- Waking earlier than intended
- Feeling unrefreshed after enough time in bed
- Loud snoring, gasping, or pauses in breathing
- Uncomfortable leg sensations that improve with movement
- Kicking, shouting, punching, or falling from bed during dreams
- Falling asleep unintentionally during quiet activities
- Poor concentration, irritability, or low mood
- Morning headaches or a dry mouth
- Needing frequent naps

## Causes and risk factors

Sleep becomes lighter with age, and the body clock may shift earlier. Older adults may spend less time in deep sleep and wake more easily because of noise, discomfort, or the need to urinate.

Health conditions can disturb sleep. Examples include chronic pain, arthritis, heart or lung conditions, reflux, urinary problems, depression, anxiety, dementia, and Parkinson's disease. Menopause-related symptoms may continue to affect some older women.

Medicines can also change sleep. Some may cause alertness, vivid dreams, leg symptoms, frequent urination, or daytime drowsiness. This can include certain decongestants, corticosteroids like prednisone or hydrocortisone , antidepressants like sertraline or fluoxetine , water tablets like furosemide or hydrochlorothiazide , and medicines that affect the nervous system. Do not stop a prescribed medicine suddenly; a medication review can identify safer changes.

Risk factors for obstructive sleep apnea include excess body weight, a naturally narrow airway, alcohol use, smoking, sleeping on the back, and some medical conditions. Sleep apnea can also occur in people who are not overweight.

Low iron stores, kidney disease, pregnancy history, certain medicines, and inherited factors may contribute to restless legs syndrome. REM sleep behavior disorder is linked with changes in brain systems that control movement during dreaming. In some people, it can occur years before conditions such as Parkinson's disease, but it does not mean that everyone who acts out dreams will develop one.

Bereavement, caring responsibilities, retirement, reduced daylight exposure, and less daytime activity can disrupt routines. Spending more time in bed or taking long naps may then make nighttime sleep more difficult.

## Diagnosis

Diagnosis begins with a detailed sleep history. You may be asked when you go to bed, how long it takes to fall asleep, how often you wake, when you nap, and how sleep affects your day. Information from someone who sees you sleeping can be helpful, especially when snoring or unusual movements are involved.

A sleep diary kept for one or two weeks can show patterns. A wearable movement monitor called an actigraph may sometimes be used to estimate sleep and wake times over several days.

A physical examination and medication review can help identify breathing problems, pain, mood symptoms, or other causes. Blood tests may be used when thyroid problems, anemia, or low iron stores are possible.

Insomnia is usually diagnosed from symptoms and sleep patterns. A sleep study is not routinely needed for uncomplicated insomnia.

A sleep study, also called polysomnography, records breathing, oxygen levels, heart rate, brain activity, and body movements during sleep. It may be performed at home or in a sleep center, depending on the suspected condition and your medical needs. It is commonly used to assess sleep apnea and certain movement or behavior disorders.

## Treatment and management

Treatment depends on the type of sleep disorder and what is contributing to it.

For long-term insomnia, cognitive behavioral therapy for insomnia, or CBT-I, is a main treatment. It helps change habits and thoughts that keep sleep problems going. It may include setting consistent sleep and wake times, using the bed only for sleep, and reducing long periods awake in bed. CBT-I can be provided in person, in groups, or through some structured digital programs.

Helpful sleep routines may include:

These steps may support treatment, but they do not replace assessment for sleep apnea, restless legs syndrome, or other specific disorders.

Obstructive sleep apnea may be treated with positive airway pressure therapy, which uses gentle air pressure to keep the airway open. Some people use a fitted oral appliance that holds the lower jaw forward. Weight management, changing sleep position, limiting alcohol, and treating nasal blockage may help selected people. Surgery is considered in some situations.

Restless legs treatment may include correcting low iron stores when testing confirms a problem, reviewing contributing medicines, and using disorder-specific medicines when needed. Iron supplements should not be started solely for leg symptoms without medical advice because excess iron can be harmful.

For REM sleep behavior disorder, making the sleeping area safer is important. This may include moving sharp objects, padding nearby furniture, and lowering the risk of falling from bed. A sleep specialist may recommend medicine after considering fall risk and other health conditions.

Sleeping medicines may have a limited role. In older adults, some can increase confusion, falls,

memory problems, and next-day drowsiness. Over-the-counter products containing sedating antihistamines, such as diphenhydramine or doxylamine, can also cause dry mouth, constipation, difficulty urinating, and confusion. "Natural" products such as melatonin can still cause side effects or interact with medicines. Any sleep product should be reviewed in the context of your health and current medications.

- Keeping a regular wake-up time
- Getting daylight and suitable physical activity during the day
- Limiting late or long naps
- Reducing caffeine later in the day
- Avoiding alcohol as a sleep aid
- Keeping the bedroom dark, quiet, and comfortably cool
- Using a calm wind-down routine before bed

## Complications

Untreated sleep problems can reduce quality of life and make it harder to manage everyday tasks. Daytime drowsiness may increase the risk of falls or driving accidents. Sedating medicines can add to this risk.

Poor sleep can worsen pain, low mood, anxiety, and problems with attention or memory. Sleep loss can sometimes look like worsening memory disease, although many different conditions can cause cognitive changes.

Obstructive sleep apnea is associated with high blood pressure, abnormal heart rhythms, stroke, and other heart and blood vessel problems. Treatment may improve symptoms and reduce some health risks, although benefits differ between individuals.

Dream-enacting behavior can injure you or a bed partner. Severe restless legs symptoms may repeatedly interrupt sleep and lead to marked daytime fatigue.

## Prevention

Not every sleep disorder can be prevented. Age-related sleep changes, inherited tendencies, airway structure, and some neurological conditions are outside your control.

You may be able to lower the risk or impact of some problems by keeping a stable sleep schedule, staying active within your abilities, getting daytime light, and avoiding smoking.

Limiting alcohol near bedtime can reduce sleep disruption and may help prevent worsening of sleep apnea.

Managing pain, breathing problems, mood symptoms, and urinary symptoms can protect sleep. Periodic medication reviews are also useful because a medicine that was once appropriate may become more sedating as your health or metabolism changes.

Preventive habits cannot guarantee good sleep. Persistent symptoms still deserve assessment even if you follow a healthy routine.

## Living with it and what to expect

The course depends on the underlying problem. Short-term insomnia may improve when stress, illness, or a disrupted routine settles. Long-term insomnia can last for months or years, but many people gain lasting benefit from structured sleep therapy.

Sleep apnea often requires ongoing management. Positive airway pressure works only while it is being used, so comfort, mask fit, and dryness problems should be addressed rather than silently tolerated. Changes in weight, health, or symptoms may lead to repeat assessment.

Restless legs symptoms may come and go. They can worsen with low iron stores, illness, or certain medicines. Treatment may need review if symptoms start earlier in the day, become stronger, or spread to other body areas.

REM sleep behavior disorder may continue over time. Follow-up is important because symptoms can change and because some people later develop movement, thinking, or smell changes. This is routine monitoring, not a prediction that another condition will occur.

Many older adults continue their usual activities once the sleep disorder is identified and managed. Progress may be gradual. Keeping a brief record of sleep, naps, symptoms, and treatment effects can make follow-up more useful.

## When to get medical help

Arrange a routine appointment if poor sleep lasts for several weeks, affects daytime function, or causes repeated unplanned sleep episodes. Assessment is also appropriate for loud snoring with gasping, repeated breathing pauses, uncomfortable leg sensations, or dream-enacting behaviors.

Seek prompt medical advice if you are becoming confused, falling, or struggling to stay awake during meals, conversations, or other normal activities. Do not drive if you feel likely to fall

asleep.

Call emergency services for:

These symptoms may have causes other than a sleep disorder and need urgent assessment.

- Severe or sudden difficulty breathing
- Chest pain, fainting, or blue or gray lips
- Sudden weakness, facial drooping, or trouble speaking
- New severe confusion or inability to wake normally
- A serious injury during sleep

## Common questions

How much sleep does an older adult need?

Many older adults still need about seven to nine hours, but individual needs differ. Sleep quality and daytime function matter as well as the number of hours. Regularly feeling sleepy or impaired during the day is worth discussing.

Is waking up several times a night normal with age?

Brief awakenings become more common with age. Repeated long awakenings, distress, or daytime impairment may point to insomnia, pain, sleep apnea, urinary symptoms, or another treatable problem.

Why do I fall asleep in the chair but not in bed?

Evening dozing can reduce the body's drive to sleep at bedtime. Anxiety about not sleeping may also make bed feel less restful. A shifted body clock, medication effect, or sleep disorder can contribute.

Are sleeping pills safe for older adults?

Some can be used in selected situations, but older adults are more sensitive to confusion, falls, and next-day sedation. The safest choice depends on the cause of the sleep problem, other conditions, and all medicines being taken.

Can sleep apnea begin when I am older?

Yes. Airway and muscle changes, weight changes, medicines, alcohol, and medical conditions can contribute later in life. New snoring, gasping, witnessed breathing pauses, or marked daytime sleepiness should be assessed.

Does poor sleep mean I am developing dementia?

No. Poor sleep can temporarily affect memory and concentration, but it does not by itself mean dementia is developing. Persistent or worsening memory changes should be assessed because sleep disorders, medicines, mood conditions, and other health problems may contribute.

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