SLEEP & STRESS

# Does Sleep Really Change Between 20 and 60?

Your sleep may feel lighter and less forgiving with age, but the biggest change is not necessarily how many hours you need.

## The night stops bending so easily

In your twenties, a late night can seem negotiable. Sleep shifts, the morning arrives, and you expect to recover somehow. By your sixties, waking during the night may happen more easily, and an irregular week can feel much harder to shrug off. The temptation is to conclude that older people simply need less sleep.

That is only partly supported. Adults aged 18 to 60 are advised to get at least seven hours of sleep, while adults aged 61 to 64 are advised to get seven to nine hours. From age 65, the range is seven to eight hours. The numbers narrow, but they do not collapse. Turning 60 does not transform five hours into a full night.

What may change more noticeably is sleep's shape. Older adults may sleep less, spend less time in deep sleep and wake more easily. That can make a night feel fragmented even when the total time in bed looks respectable. Sleep quality matters because the brain cycles through non-rapid eye movement sleep and rapid eye movement sleep, and repeated interruptions may reduce time spent in particular stages.

So the useful comparison is not a carefree 20-year-old against a restless 60-year-old. It is your current sleep against what your days require. Do you wake refreshed? Can you pay attention, learn, remember and carry out ordinary tasks? The clock records duration. Your daytime functioning reveals more of the story.

## Age is only one hand on the wheel

Age can make sleep lighter, but it does not explain every bad night. Stress, work pressures and traumatic events can drive short-term insomnia. Longer-lasting trouble may be connected to medical conditions, medicines, another sleep disorder, emotional distress, caffeine, tobacco, alcohol, travel or shift work. Sometimes the cause remains unclear.

Those pressures can look different across decades without belonging exclusively to either one. An irregular work pattern can disrupt sleep in your twenties or your sixties. Pain, heart or lung disease, nerve disorders, depression and anxiety can also disturb sleep. The point is not to

guess which decade sleeps better. It is to avoid treating age as a complete explanation.

A 2021 systematic review of 41 studies involving 92,340 adults found that later sleep timing and greater variation in sleep patterns were generally associated with worse health outcomes. Social jet lag was also associated with adverse outcomes, while weekend catch-up sleep was associated with better ones. But the evidence ranged from very low to moderate quality, and researchers could not identify a threshold for how late or variable was too much.

That uncertainty matters. Regularity appears helpful, but the research does not provide a perfect bedtime that applies to every adult. A consistent bedtime and waking time are sensible anchors at 25 and 65 alike. They are not proof that every disrupted night is a personal failure, especially when illness, medicines, work or a sleep disorder may be involved.

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## Hours are not the whole night

A neat total can hide broken sleep. Quality sleep is uninterrupted and refreshing; warning signs of poor quality include trouble falling asleep, repeated waking and feeling sleepy or tired despite getting enough hours. That distinction becomes particularly useful as sleep grows easier to interrupt with age.

Poor sleep is not merely an unpleasant night followed by extra coffee. It can affect physical and mental health, thinking and daily functioning. A 2024 review of 154 experiments, with participants ranging from age 7 to 79, found strong evidence that extended wakefulness, shortened sleep and nighttime awakenings harmed emotional functioning.

Across those experiments, all forms of sleep loss reduced positive feelings, increased anxiety symptoms and dulled arousal in response to emotional material. Results for negative feelings and depressive symptoms were mixed and depended on the type of sleep loss. In other words, poor sleep does not produce one uniform emotional reaction, but its daytime effects are real.

Inflammation research offers a more complicated picture. A 2017 review of 72 studies involving more than 50,000 people associated disturbed sleep with higher levels of two inflammatory markers. Long sleep was also associated with higher levels of those markers, while experimental sleep deprivation and restriction were not. These findings are associations, not a licence to assume that one rough week has caused disease.

The harder truth is also the more useful one: neither youth nor age makes fragmented sleep harmless. Getting enough uninterrupted sleep at the right time supports attention, learning, memory and physical health. The need remains. What changes is how reliably a night may deliver it.

## Do not write off a disorder

There is a point at which "sleep changes with age" becomes too reassuring. Insomnia can involve difficulty falling asleep, staying asleep or both, leaving you with too little or poor-quality sleep. Older adults are more likely to experience it, but it can occur at any age.

Pay attention if you regularly take more than 30 minutes to fall asleep, repeatedly wake and struggle to return to sleep, wake too early, or frequently feel sleepy during the day. Loud snoring, gasping, choking sounds or pauses in breathing reported by a bed partner can indicate a sleep-related breathing disorder such as sleep apnea. Tingling in the legs with a strong urge to move them can point elsewhere again.

Regular sleep trouble is the point to speak with a healthcare provider rather than simply blaming your birth year. A provider may review your sleep and medical history, examine you and, when appropriate, arrange a sleep study. Such studies can record brain activity, eye movements, breathing, blood pressure, heart activity and muscle activity across a night.

The response depends on what is driving the problem. Better sleep habits may help short-term insomnia, while cognitive behavioral therapy can reduce anxiety linked to ongoing insomnia. Sleep apnea may require continuous positive airway pressure. Medicines and supplements should be discussed with a provider, and most sleep medicines are generally intended for short-term use.

Daytime sleepiness deserves particular respect if you drive. Insomnia can impair attention and make you drowsy behind the wheel, raising the risk of a crash. At that point, this is no longer a debate about whether 60-year-olds sleep differently from 20-year-olds. It is a safety and medical question.

## Give Monday a notebook

You do not need to decide whether your sleep is "normal for your age" from memory. Memory tends to preserve the dramatic nights and blur the ordinary ones. Instead, begin a sleep diary on Monday. This takes a plain notebook and a pen; it does not require a new bedtime, a supplement or a device.

Record when you go to bed, wake during the night and get up in the morning. Note naps, exercise, alcohol, caffeinated drinks and medicines. You are not grading yourself or trying to manufacture a perfect week. You are collecting the details a healthcare provider may use to understand what is happening.

Alongside those entries, write down whether you felt refreshed and whether sleepiness

interfered with attention or daily activities. That connects the night with the day, rather than reducing sleep to hours alone. It may reveal repeated waking, irregular timing or a pattern around substances or medicines; it may also show that an alarming night was an exception.

At the end of the week, keep the notebook. If problems are regular, bring it to a healthcare appointment. If they are not, you still have something more useful than a comparison with your younger self: a clear record of the sleep you are actually getting now.

## Where this comes from

- Sleep Disorders

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/sleepdisorders.html
- Insomnia

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