Sleep Disorders in the Elderly

Many of us think that as we age, we need less sleep in order to function well during our waking hours, possibly due to the perceived lack of activity of older folks as compared to the young who run, jump, and play all day long. There is no general consensus among sleep professionals on this subject. It is clear that kids do seem to require more sleep in order to maintain such an active lifestyle. However, one thing is certain, we all need a solid night’s sleep in order to keep running at optimal speed during the day. For many older folks, that is just not happening. Why? Well, there are a few agreed upon reasons. As we age, our lifestyles change, which can and does create potential sleep disturbing issues. For example, we take on more responsibilities, which can develop into worrisome thought, which then can lead to sleep interruption. So as we get older there are many “issues” that can develop, thus adding to sleep disorders. However, there are other more specific reasons for these sleep disorders. Sleep apnea is a major cause of sleep disruption. Apneas (and there are several forms: obstructive, central, and mixed) are basically an absence of airflow for 10 seconds or longer during our sleep period. When multiple sleep apneas occur during a sleep period, restful sleep is clearly interrupted and the solid night’s sleep is lost.

REM behavior disorder is a disruption of our normal dream process. In this disorder, the elder (and often in men beginning at age 60) experiences incomplete REM atonia, or a temporary paralysis (low muscle tone during REM), that prevents the dream from being enacted, and can often manifest itself in more violent dreams forms. Often, this form of sleep disorder is a precursor to another form of illness, such as dementia or Parkinson’s.

There are also sleep related movement disorders, such as restless leg syndrome which is the need to move one’s legs as a result of “uncomfortable” urges. There is also the more prevalent movement disorder, periodic limb movement disorder, where one’s limbs (again, usually the legs) jerk every 20-40 seconds during sleep periods. Both of these sleep related movement disorders can easily be seen as disruptive to sleep.
And several easy treatments are readily at hand:

- Develop a healthier lifestyle (eat better, exercise regularly, etc.)
- Avoid eating too close to bedtime.
- Develop a bedtime routine and stick with it.
- Use the bed for sleep and intimacy, not for watching TV, etc.
- Don’t use caffeine prior to bedtime.
- Put your worries to bed before you put yourself to bed.
- Avoid daytime napping.
- Keep the bedroom dark, quiet, and cool during sleep periods.

There are plenty of medically related issues that create sleep disorders for elder folks (medical illnesses, medication side effects, etc.). Try to recognize the symptoms of the sleep related disorders that we discussed above, have a discussion about those symptoms with your elder, and move forward with either medical treatment (via a physician) or with a well thought out plan of our own. Remember, adequate sleep is mandatory for everyone. Without that necessary sleep our bodies will begin to break down and malfunction. Take care of yourselves and take care of those around you.

-It’s Summer Time – Stay Out of the Heat

We all love when summer rolls in: warm breezes, picnics, walks in the woods, boating, swimming and vacations. However, with all this summertime fun comes the very real danger of hyperthermia – an illness resulting from being too hot for too long. Some of the symptoms of hyperthermia are:

- Swelling of the ankles and feet.
- Dizziness.
- Cramping of the legs, arms, or stomach.
- Nausea and extreme sweating.

Our bodies work pretty well at maintaining a reasonable temperature by producing sweat when we are too warm. The sweat then lies on the skin, evaporates, and cools the surface of our skin, keeping our body temperature where it should be. Yet, for the old, this “thermostat” may not work as effectively for various reasons – medications being taken (i.e., beta blockers or diuretics), preexisting heart or respiratory conditions, being overweight, having a diet low in salt, drinking too much alcohol or caffeine, and being in poor physical condition.

There are many things that we can do to assist our care recipients with reducing their risk for hyperthermia or heat stroke:

- Avoid being outside at the hottest times of the day – 11am to 3pm.
- Drink plenty of water or fruit juices (be careful with the sugar in fruit juices if your CR is diabetic and avoid alcohol and caffeine).
- Use SPF 15 or higher (my family uses SPF 45).
- Use air-conditioning. If no air-conditioning is available, open windows when the temperature has dropped (evening hours). Cover windows that are in direct sunlight/heat.
- Don’t overdo exercise – and, exercise in the early morning or evening when it is cooler.
- Dress properly: covering up if your skin is sensitive to burning (use light colored clothing to reflect the sun).
- Ask neighbors and friends to keep a watchful eye on the elderly friends.
- Exercise in malls that are air-conditioned.
- Use common sense in all situations.

Staying healthy in the summer is a matter of practical choices – if you make those choices based on sound decision making skills, rather than impulse, you and your elder care recipients will not only live comfortably through our summer heat, but also enjoy yourselves.
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And, don’t forget about those precious pets of ours. Keep them cool, with plenty of drinking water. Never leave your pet in the car, even with the windows cracked.

Keep citronella candles away from your pets and rely on your veterinarian’s advice when it comes to medicated shampoos, flea and tick medication, and grooming. Have a great summer by staying healthy and cool.

The National Institute of Health has listed several resources to help with information about handling the summer heat:

National Association of Area Agencies on Aging
1112 Sixteenth Street, NW
Suite 100
Washington, DC 20036
202-296-8130

Low-Income Home Energy Assistance Program
National energy Assistance Referral Hotline
1-866-674-6327

National Institute on Aging Information Center
P.O. Box 8057
Gaithersberg, MD 20898-8057
1-800-222-2225

Herb Vegetable Orzo Salad Recipe

Ingredients

- 1 cup uncooked orzo pasta
- 2 cups frozen corn, thawed
- 1/2 cup chopped sweet red pepper
- 1/2 cup grape or cherry tomatoes
- 1/2 cup pitted Greek olives, halved
- 1/4 cup chopped sweet onion
- 1/4 cup minced fresh basil or 4 teaspoons dried basil
- 2 tablespoons minced fresh parsley
- 3 tablespoons olive oil
- 2 tablespoons balsamic vinegar
- 1/4 teaspoon salt
- 1/4 teaspoon pepper

Directions

- Cook pasta according to package directions; drain and rinse in cold water. Place in a large serving bowl; add the corn, red pepper, tomatoes, olives, onion, basil and parsley.
- In a jar with a tight-fitting lid, combine the oil, vinegar, salt and pepper; shake well. Pour over salad and toss to coat. **Yield:** 8 servings.

Good Nutrition for the Elderly

The aging process requires all of us to review our nutrition regularly if we are to maintain a healthy body. The two mainstays, exercise and good nutrition, still hold true for the basics of good health. Below are some additional ideas that may guide you when considering a nutritional regiment for your elderly loved one:

1. Limit fat intake. Consume lean meats, low fat dietary products, and no fried food.
2. Include eggs, poultry, and fish in the diet. Eat products (or vitamins) with iron, as elderly tend to show low iron amounts in their chemical make-up.
3. Choose a variety of foods.
4. Keep saturated fatty foods and cholesterol in check.
5. An increase in fiber is generally called for – cereals high in fiber work well.

Always remember: **eating well is important at any age!** By helping the elderly with their nutritional habits you may be saving their life.
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