

SLEEP MEDICINE CENTERS *of Western New York*

IN THIS ISSUE

**Feature! Senior Sleep Guide:
Healthy Sleep in Your Golden Years**

**Investigating... Age-Related
Diseases and Sleep**

**A Look Inside... Advancing Sleep
Cycles With Age**

SMC NEWS

Aging And Sleep

Ongoing Research.

Patients interested in participating in research through Sleep Medicine Centers of WNY are invited to contact SMC at (716) 92-DREAM for more about upcoming studies. Current studies, as well as professional opportu-

nities, are listed on page six.

SMC on TV. Staff physicians continue to make periodic appearances on Western New York television news programs, including AM Buffalo and PM Buffalo, which can be seen weekdays on WKBW, channel seven.

Sleep Center Programs. From Pediatrics to Geriatrics, SMC

offers sleep-related services to patients of all ages, with all types of sleep problems. Visit the SMC website, or call any facility for more information.

Website. For information about services, staff, research, professional education, or for public educational materials, visit:

www.sleepmedicinecenters.com

ABOUT

Sleep Medicine Centers of WNY *News and Events* is a quarterly sleep disorders publication for patients, professionals, and the general public.

Editor: Mary Ouimette-Kinney. Unless otherwise specified, all articles and images were written or created by the editor exclusively for Sleep Medicine Centers. No part of this publication may be reproduced without express permission from Sleep Medicine Centers of WNY.

See page seven for subscription information.

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SLEEP ISSUES

Older adults sometimes face multiple health problems, which require the use of prescription and over-the-counter (OTC) drugs. Sleep problems arise for any of several reasons:

- » Medications or OTC drugs are being used inappropriately.
- » Drowsiness or insomnia is a side effect of the medication.
- » Medications are being taken which cause drowsiness or sleep disruption when combined with one another.
- » Medications are being taken which cause drowsiness or sleep disruption when combined with caffeine, alcohol, or nutritional supplements.
- » Caffeine or alcohol is ingested too early or late in the day.



Medications & Their Impact on Sleep

When taken improperly, at the wrong time of day, or at the wrong dosage, medications may be associated with the following sleep problems. *Consult your physician or sleep specialist for information about specific drugs or conditions.*

- » **Stimulants:** insomnia or sleep disruption
- » **Antidepressants:** insomnia, sleep disruption, or daytime sleepiness
- » **Sedatives:** daytime drowsiness
- » **Pain Medication:** daytime drowsiness
- » **Blood Pressure Medication:** daytime drowsiness or sleep disruption
- » **Heart Medication:** daytime drowsiness or sleep disruption
- » **Hormone Replacement Therapy (HRT):** insomnia, sleep disruption, or daytime sleepiness
- » **Allergy Medication:** insomnia or daytime drowsiness
- » **OTC Cough & Cold Preparations:** insomnia or daytime drowsiness
- » **Movement Disorders:** sleep attacks, daytime drowsiness, or vivid dreams

SENIOR SLEEP GUIDE

Believe it or not, the need for sleep neither increases nor decreases with age. For that matter, poor sleep is not an inevitable consequence of aging. However, maintaining healthy sleep entails attention to medical conditions associated with age, which sometimes impact sleep.

Proper Sleep Habits

Schedule. Maintain regular sleep and wake times.

Participate. Engage in stimulating activity and exercise every day, but do not exercise within four hours of bedtime.

Wind Down. Incorporate a relaxing bedtime routine such as reading or listening to soothing music.

Refrain. Avoid caffeine, alcohol, and

nicotine in the afternoon and evening.

Remove. Eliminate loud noise, bright light, and other distractions while sleeping.

Control. Maintain a comfortable bed, pillow, and room temperature.

Balance. Limit daytime naps to 30 minutes or less and evening meals to a light snack, such as crackers and milk.

Proper Health Habits

Communicate. Discuss sleep problems, as well as health problems, with your doctor. Medical conditions such as heart disease, arthritis, and dementia may interfere with sleep. Also tell your doctor about all drugs that you use, including medications, over-the-counter (OTC) drugs, herbal supplements, and

alcohol. Some drugs or combinations of drugs cause drowsiness or sleep disruption.

Manage. Treat health problems as they arise. Let your doctor know if pain or other symptoms prevent you from falling asleep, or awaken you during the night.

Maintain. Like healthy sleep habits, a healthy lifestyle may minimize the effects of certain health problems. Exercise, good nutrition, and regular mental and physical activity are all associated with reduced risks of some diseases.

Healthy sleep contributes to a healthy body, and healthy bodies are more likely to sleep well.



Although we continue to need the same amount of sleep in older age, changes in the stages of our sleep—also known as “sleep architecture”—occur as a normal part of the aging process. Many older adults report sleeping differently than when they were younger. So what characterizes normal sleep past middle age?

Sleep progresses in stages of light then deep sleep, followed by occasional periods of dream (REM) sleep.

This entire cycle repeats itself

four to five times per day.

Our quality of life also influences how we sleep. In short, productive nighttime sleep derives from a productive day. Healthy older adults, who engage in regular physical activity, as well as mental stimulation, tend to sleep for the entire 7-9 hours that they need. Furthermore, the benefits of positive relationships with family and friends, or other forms of social activity cannot be underestimated. Isolation has been known to precipitate depression.

It can be difficult to distinguish between age-related sleep changes and those that indicate a problem. Ask yourself these questions:

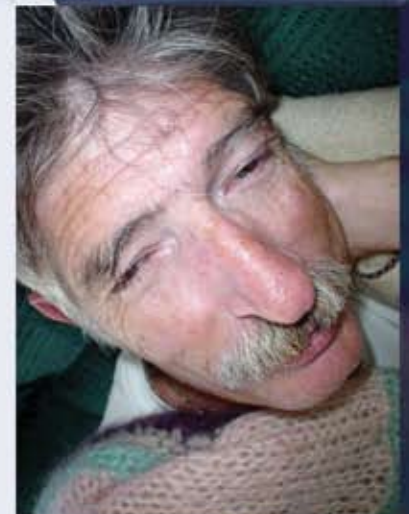
- » Do I feel rested during the daytime?
- » Has the onset of a recent illness or the treatment of it changed the way I sleep?

If you or an older loved one has a sleep problem, visit your doctor or contact Sleep Medicine Centers of WNY for an evaluation.

night. Older people spend less time in the deepest sleep stage, known as *delta* or *stages three and four*, so their sleep becomes shallow or lighter. However, the amount of REM sleep remains relatively stable.

Circadian rhythms, which coordinate the timing of sleep and other periodic bodily functions, also change with age. For example, the production of hormones that regulate the sleep/wake cycle (including *melatonin*, which promotes sleep at night) decreases. As a result of circadian changes, older adults tend to become sleepy earlier in the evening and wake earlier in the morning compared to younger adults. Although the entire sleep-wake cycle shifts forward by up to a few hours, the same amount of sleep (normally 7 or 8 hours) is still obtained. See “A Look Inside...Avancing Sleep Cycles with Age” on page 5, for more about circadian changes in older people.

Despite age-related changes, many older people—who are in good health—have normal, restful sleep.



Going to bed earlier since you retired? Waking up more frequently? Changes in lifestyle, biological rhythms, and health also changes how we sleep. What constitutes normal sleep in older persons, and when should they consider getting help?

A significant number of older adults have sleep problems. That is to say changes in their sleep are linked to factors other than healthy aging. Most often it is the onset of medical or mental disorders, or changes in lifestyle (sometimes as a result of health problems) that interrupt, delay, or shorten sleep.

The National Sleep Foundation reports a “striking” relationship between two factors:

- 1] the health and quality of life of older adults and
- 2] sleep quality and quantity

Health directly impacts sleep. The greater the number (and degree) of medical conditions, the more likely older people are to experience sleep problems. Conversely, in the absence of health problems, the more likely they are to sleep well. Better health equals better sleep. See “Investigating...Age Related Diseases and Sleep” on page 4 for more about specific diseases that interfere with sleep in the elderly.

Any investigation of poor sleep would be incomplete without a word or two about drug use. Some medications, alone or in combination, will interrupt nighttime sleep and daytime wakefulness. Both caffeine and alcohol will interrupt

INVESTIGATING... Age-Related Diseases & Sleep

Older people are likely to suffer from physical and mental conditions that disrupt sleep, such as arthritis, depression, and certain sleep disorders. Frequently, it is the pain and discomfort associated with illness that interferes with sleep. Other disruptive features of illness include breathing difficulties, frequent urination, and anxiety.

Medical disorders known to impair sleep include:

Arthritis/Osteoporosis: Arthritis patients may have difficulty falling or staying asleep because of joint pain. Back pain related to osteoporosis may be intense enough to disrupt or prevent sleep.

Heart Disease: Frequent arousals are a hallmark of sleep disordered breathing (*sleep apnea* or *COPD*), which sometimes accompanies *Congestive Heart Failure* and other types of heart disease.

Gastroesophageal Reflux (GER): Nighttime heartburn and regurgitation not only precipitate awakenings, but may also lead to a chronic cough and damage to the esophagus.

Brain Disease: *Alzheimer's Disease* and *Senile Dementia*, often associated with night wandering and confusion, can rob both patients and their care-

givers of many hours of sleep at once. Sleep problems commonly affect those with *Parkinson's Disease*, neuromuscular disease, head injury, and a host of brain abnormalities, for a variety of reasons.

Cancer: A multitude of sleep problems tend to arise from both cancer and its treatment. Pain, discomfort, and anxiety frequently induce insomnia. Daytime fatigue, nausea, and other symptoms may further disrupt the sleep-wake cycle.

Lung Disorders: Any lung disease affects breathing, sometimes during the night as well as the day. See *Sleep Apnea, below*.

Incontinence: A symptom of any number of conditions as well as an aging bladder, the inability to control urination-or frequent trips to the bathroom-make a good night's rest impossible.

Psychological Conditions: Depression, which is sometimes accompanied by anxiety, is notorious for disrupting sleep, at any age. Unfortunately, it is also common in the elderly.

Common Sleep Disorders In The Elderly:

Sleep Apnea: Even in the absence of lung disease, sleep apnea (pauses in breathing during sleep) is more common in the elderly.

Insomnia: Illness, grief, and other age-related stress increase the likelihood of developing insomnia.



Restless Legs Syndrome: The characteristic muscular discomfort of RLS when tired or still may become worse in the presence of age-related illness.

REM Sleep Behavior Disorder (RBD): Most common in older men, the violent nightmares of RBD makes this disorder downright dangerous.

Be sure to discuss all sleep problems with your doctor. If a sleep evaluation is necessary, contact Sleep Medicine Centers.

ASK THE DOC



At the *SleepIssues* podium:

Sandra A. Block, M.D.

Pediatric Medical Director of SMC, neurologist Dr. Sandra Block discusses menopause and sleep.

Q. How does menopause affect sleep?

A. Menopause, a transition marking the end of a woman's menstrual cycles, is characterized by hormonal, psychological, and physical changes, all of which can disrupt sleep. Hot flashes-or abrupt rises in temperature followed by sweating-signal the body to awaken. When hot flashes, which last an average

of three minutes, occur several times during the course of a single night, sleep becomes less efficient.

Q. What other symptoms of menopause interrupt sleep?

A. Mood swings and depression, which sometimes accompany hormonal fluctuations, can lead to insomnia. Insomnia and sleep disruption may begin in the years prior to the onset of menopause (perimenopause), when hormones levels begin to shift.

Q. Menopause can last up to several years. How can I minimize sleep problems?

A. Treatment with Hormone Replacement Therapy (HRT) can minimize sleep problems by relieving menopausal

symptoms.

However, women may want to consider both the benefits and risks of HRT with their doctors. In addition to incorporating good sleep habits (See Page 2), alternative approaches to managing menopause include the use of nutritional products. Soy foods contain *phytoestrogen*, a plant hormone similar to estrogen, although phytoestrogen is also available as an over-the-counter supplement.

To sleep better during menopause, women may want to dress in lightweight clothes and consider using a fan or air conditioner to cool the air.

ALOOK INSIDE... Advancing Sleep Cycles With Age

Are you an owl or a lark? To an extent, preference may account for college students burning the midnight oil for hours after their grandparents have gone to bed. However, a shift in circadian rhythms dictates more about an older person's need to sleep at an earlier phase of the night.

Anyone whose sleep cycles advance significantly may have a *circadian rhythm* type of sleep disorder called *Advanced Sleep Phase Syndrome (ASPS)*. Those with ASPS sleep and awaken much earlier than their intended "clock" time. While advancing sleep cycles after age 60 are an expected aspect of aging, ASPS disrupts the desired lifestyle of an aging person.

Unlike other kinds of sleep disorders, ASPS does not interfere with getting a good night's rest. Sleepiness does not plague waking time, nor is sleep of poor quality, although some older persons may experience poor quality sleep for additional reasons. Those with ASPS sleep regularly, for a normal period of time, and feel rejuvenated when they awaken.

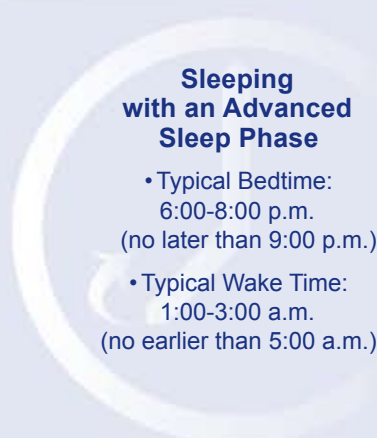
So what constitutes ASPS?

- An inability to remain awake until the desired bedtime
- An inability to remain asleep until the desired wake time (even when bedtime is later)
- A sleep time that is early in relation to the time of day
- A regular sleep-wake cycle

Recognizing Sleep Problems in the Elderly

Some common signs of sleep-related problems in older people include:

- Feeling tired during the day
- Frequent awakenings due to pain, anxiety, the need to urinate, or other symptoms of physical illness



The elderly are most likely to suffer from ASPS. Age-related changes in the brain weaken circadian rhythms, which regulate the timing of sleep. For some, lifestyle changes associated with retirement or physical illness may contribute to symptoms of ASPS. However, a hallmark of this disorder is that a *drive* or uncontrollable urge to sleep earlier persists despite efforts to stay up later for social or vocational reasons. A drive to awaken spontaneously earlier then accompanies the earlier bedtime.

How is ASPS treated?

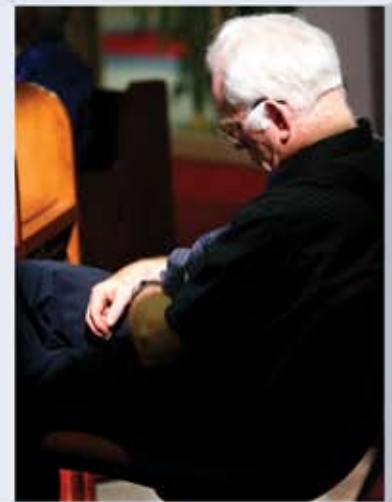
The goal of Advanced Sleep Phase Syndrome treatment is to shift the entire sleep-wake cycle so that sleep occurs throughout the night, not during the span between early evening and very early morning. Two forms of therapy are used to treat ASPS.

Chronotherapy involves "re-training" circadian rhythms to ensure nighttime sleep. Since those with ASPS cannot simply keep

themselves awake later, re-setting their clocks require systematically going to bed *earlier* until the circadian rhythm moves "full cycle" to the desired bedtime.

Bright Light Therapy, as the name implies, incorporates exposure to bright light during the early evening hours, in order to delay sleep until the desired bedtime. Bright light reduces the production of the hormone melatonin, which promotes sleep. To be effective, the light source must be at least 600 lux.

Because circadian rhythms naturally advance with age, the decision to seek care depends largely on the extent that ASPS disrupts the life of an older person.



SYMPTOMS & SIGNS

- A shift in sleep time that interferes with vocational or social activities
- Confusion differentiating between day and night
- loud snoring
- An uncomfortable or "creepy" feeling in

the legs or other muscles when tired that prevents sleep

- Wandering, pacing, or violent behavior at night
- If you or an elderly loved one has a sleep problem, then a sleep disorders evaluation may be necessary. Contact your physician or Sleep Medicine Centers.

Sleep Medicine Centers of WNY offers educational resources and news for:

Patients Lay Persons Allied Health Professionals The Media Professionals

SMC Website. Refer to the Sleep Medicine Centers of WNY website for a description of our services, current research, and event postings. The SMC Online Education Program provides information about sleep disorders, sleep physiology, healthy sleep habits, shift-work, children's sleep disorders, and sleep issues relating to aging and disease.
<http://www.sleepmedicinecenters.com>

Online Resources. Find links from our website to recommended medical and government resources for information

about insurance, prescription coverage, or employment/disability issues.

Support Groups. Already diagnosed with a sleep disorder? Let us know of your interest in peer-to-peer support services through our professionally sponsored support groups. Meeting times and new groups will also be posted to this newsletter.

Special Events. Sleep Medicine Centers physician-researchers periodically offer information sessions about various sleep issues. Events will be posted to the

website and newsletter.

Contact Us. Contact Sleep Medicine Centers of WNY by telephone, fax, email, or postal service:

Phone: (716)92-DREAM
(716)923-7326

Fax: (716)887-5337

Email:
info@sleepmedicinecenters.com

SIX LOCATIONS

Amherst Sleep Medicine 1120 Youngs Rd. Amherst, NY 14221

Buffalo Sleep Medicine 9th floor, Millard Fillmore Hospital
3 Gates Circle, Buffalo, NY 14209

Lockport Sleep Medicine 770 Davison Rd., Lockport, NY 14094

Pediatric Sleep Medicine Children's Hospital
219 Bryant St., Buffalo, NY 14222

Southtowns Sleep Medicine 4090 Seneca St.
West Seneca, NY 14224

Chautauqua Sleep Medicine 3965 Vineyard Dr.
Dunkirk, NY 14048

Call any facility at: (716)92-DREAM
or visit us online at:
www.sleepmedicinecenters.com



FOR PROFESSIONALS

STUDIES

Efficacy and safety of Eplivanserin 5 mg per day on Sleep Maintenance Insomnia: a 12 week, multicenter, randomized, double-blind, placebo-controlled study followed by an open treatment phase extension with eplivanserin for a 40 week period. 18 years or older.

CMEs

The physician-researchers associated with Sleep medicine Centers of WNY and the Jacobs Neurological Institute periodically offer continuing medical education for credit through the Accreditation Council for Continuing Medical Education (ACCME).

STUDENTS & ALLIED

Complementary Educational Activities such as CMEs and talks are open to medical students and allied health care professionals.

Refer to the SMC website for research abstracts or education event postings:

<http://www.sleepmedicinecenters.com/research.html>

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Our newsletter is free of charge and available to
patients, medical offices, the media, educational facilities,
and the general public

EVENTS

MARK YOUR CALENDAR

- » Sleep Medicine Centers physicians make regular appearances on AM Buffalo (10:00 a.m., Monday through Friday on WKBW channel seven). Check TV listings for additional appearances.
- » Need to schedule an appointment? Clinic services are available Monday-Friday, 9:00 a.m. to 4:00 p.m. Sleep studies may be scheduled any night of the week, except some holidays.



SLEEPFACTS

- According to the National Sleep Foundation (NSF), 24% of those ages 65-84 have been diagnosed with four or more medical conditions. Of this group, 80% report a sleep problem.
- Research in the field of Sleep Medicine suggests that the prevalence of sleep disorders tends to increase with age.
- A 2003 *Sleep In America* poll suggests that the better the health of older adults, the more likely they are to sleep well.
- The elderly, who receive from 25%-30% of all prescriptions, suffer two to five times the frequency of adverse drug reactions.
- Persistent trouble falling asleep at night or frequent drowsing during the day is not normal or inevitable with age!

SLEEP MEDICINE CENTERS *of Western New York*

NEXT ISSUE

Can't Sleep?



Preventing Insomnia... *Avoiding pitfalls that prevent sleep*

Stress & Insomnia... *What's normal and when to get help*

Investigating... *Learned Insomnias*

A Look Inside... *Restless Legs Syndrome*

