

Elderly citizens report sleep disturbance

DR. GOTT



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About 30 percent of people over 65 complain about difficulty falling asleep, staying asleep or about getting less sleep than they did when they were younger. Many elderly people believe they obtain less refreshing sleep than they wish. More than 10 percent of geriatric patients use sedatives to sleep.

Conversely, these people tend to become sleepy during the day, when they may nap or briefly nod off. Older patients seem to be awakened more often by a snoring partner, palpitations, aches and pains, difficulty breathing, outside noise or a desire to urinate.

Recent studies of age-related sleep patterns have documented that, indeed, older folks do have sleep problems. This scientific verification may come as no surprise to millions of geriatric insomniacs, who have learned by their own unequivocal experiences that the older you get, the less soundly you sleep. Graphs of sleep behavior

show that the aging process is associated with less deep sleep, more light sleep and a steep increase in wake-time.

Because geriatric insomnia may be associated with diseases common to the aged, most experts recommend that patients with sleep problems undergo complete examinations to identify treatable medical conditions interfering with sleep. For example, chronic pain from arthritis can cause sleeplessness that disappears once the underlying condition is treated. Congestive heart failure often causes difficulty breathing, which interferes with appropriate rest; it is treatable. Men who repeatedly awaken at night to urinate may have enlarged prostate glands that can be surgically removed.

I do not recommend the chronic use of hypnotics and sedatives for the elderly. Almost all these drugs are habit-forming and are associated with a rebound phenomenon that causes wakefulness in the wee hours. Alcohol, too, disrupts the normal sleep pattern and can lead to early awakening after an unsatisfactory sleep.

Because the elderly can do much to improve their sleep patterns without medication, experts suggest the following behavioral changes.

1) Avoid stimulants before bedtime. Obviously, caffeinated beverages should be prohibited, as should alcohol. Because nicotine is a stimulant

that disrupts sleep, smoking should also be avoided.

2) Don't nap during the day; stay up longer before retiring. Naps can destroy the normal nighttime sleep pattern. It's better to go to bed tired, especially if you can engage in undemanding activity, such as reading or listening to music, before retiring. Many older people go to bed early because they are bored; then they awaken too early and feel unrested.

3) Obtain treatment for underlying medical conditions, such as arthritis, muscular cramps from poor circulation and "restless legs" syndrome, which may be due to mineral deficiencies.

4) Make sure that the bedroom is conducive to sleep. It should be cool, dark, comfortable and free of extraneous noise. A "white-noise" generator or electric fan can mask external noises. Hide the clock; it may serve as a constant reminder of sleeplessness. Use blinds or shades to darken windows.

5) Decide on a time to awaken and stick to it, no matter what the consequences. If you fix the times of retiring and arising, you may be able to reprogram your mental sleep center to behave itself.

6) Don't sleep during the day. If you are uncontrollably weary in the afternoon, limit your nap to 30 minutes. Try to engage in daytime physical activity. Avoid violent TV shows and

conflict before bed. Don't eat in the bedroom and stop making decisions at bedtime. Sex at bedtime often relaxes people and helps bring on sleep.

7) Above all, don't worry about not sleeping. Over time, you will get enough sleep for your needs. Worrying about sleepless nights only reinforces the pattern of insomnia.

8) Check with your doctor if you continue to have trouble despite these suggestions.

DEAR DR. GOTT: I'm a 66-year-old female and received a treadmill with a pulse monitor for Christmas. For the first 18 to 20 minutes, my pulse stays at about 135, then it drops to 120 or below. Is something wrong with my heart? I'm about 30 pounds overweight and like to work out for 30 minutes.

DEAR READER: When healthy people engage in progressively strenuous exercise, their pulse rates rise in conjunction with the level of activity. This is the basis for the stress test, which monitors the patient's cardiovascular system during increasingly difficult exertion. Under these circumstances, the heart rate will gradually accelerate until it reaches a peak — beyond which the pulse will not increase — and the person experiences exhaustion.

In your case, you are probably not pushing yourself too hard on the treadmill. If you're like most home-

exercisers, you're not reaching the point of exhaustion; rather, you're exercising at a comfortable rate and checking your pulse. Your drop in heart rate may be due to adaptation.

As your body becomes used to a certain level of activity, your muscles are warmed up, your metabolic needs are being adequately met and your heart — paradoxically — has to work less hard than it did when you began. This is a normal physiological response. Thus, your pulse decrease may reflect healthy heart muscle.

On the other hand, it is possible that you are overdoing it. When an unhealthy heart is stressed with exertion, both the pulse and the blood pressure may fall. This could be an early indication that the coronary circulation is inadequate for your needs — in a phrase, you may have arteriosclerotic heart disease.

Based on the limited information you have provided, I cannot judge the situation. I believe you should have a stress test. Under close medical monitoring, your heart's reaction to exercise can be measured using a cardiogram read-out while you're on a treadmill.

Ask your doctor to examine you and perform the necessary tests to make sure that your workout is appropriate. If, as you say, you are 30 pounds overweight, you would probably feel more comfortable (and exercise more easily) if you lost weight.

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