

## ASK Silver Doc:

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*Board Certified in Geriatric Medicine*



Dear Silver Doc,

My mother is 78 and has been having trouble sleeping. Her doctor prescribed a sleeping pill but she is not a pill-taker and is afraid to take it. I'm concerned that if she doesn't get her rest, she will get sick. Are there other options?

Dorothy

Dear Dorothy,

Your mother is not alone. Fifty percent of people over the age of 65 report regular sleep difficulties. The problem may be difficulty falling asleep, trouble maintaining sleep, waking too early, feeling unrefreshed on awakening, and/or daytime sleepiness. Solving the problem depends on distinguishing between normal aging and pathology and then deciding what can be done with medical or psychological intervention. With aging, there is a change in the internal biologic clock that results in falling asleep earlier in the evening and awakening earlier in the morning. There are also changes in the various stages of sleep as measured by brain waves. Overall sleep efficiency decreases and a tendency toward daytime napping increases. Changes in various organ functions with age may also contribute to sleep difficulties, as may specific sleep disorders such as sleep apnea, restless legs and periodic leg movement disorder. Specific medical diseases that are more common in the elderly, including heart disease, Alzheimer's disease and other dementias, Parkinson's disease and clinical depression, as well as various medications, can also impact negatively on sleep.

A number of nonpharmacologic options, such as the establishment of a structured approach to sleeping and waking, may help to improve sleep patterns. Good sleep hygiene requires the creation of a dark, quiet environment conducive to sleep, comfortable bedclothes, and going to bed only when sleepy. It also includes the maintenance of a regular sleep schedule, going to bed at the same time every night, avoiding naps especially close to bedtime, and getting up at the same time every morning, even after a bad night's sleep. Regular exercise is recommended to promote better sleep, but not within 3-4 hours of bedtime. Tobacco use should be stopped, especially before sleep, as should caffeine and any medications that may stimulate wakefulness. Alcohol should not be used to promote sleep because it actually has a disruptive effect on sleep. Watching the clock, lying awake in bed for long periods, and using the bed for activities other than sleep should be avoided. When in bed unable to fall sleep after 30 minutes, it helps to get out of bed and engage in a relaxing activity until drowsy, repeating the process as many times as necessary until sleep occurs.

For delayed sleep phase disorder, light therapy entails deliberate exposure to bright light right after awakening to help shift the internal clock. Chronotherapy involves moving bedtime forward

by several hours each day to the desired sleep time and then locking in this time with a disciplined approach to sleeping and waking.

Your mother is wise to be cautious about sleep medications for a number of reasons. This does not mean that such medications cannot be used safely and beneficially by many people, only that their use should not be taken lightly.

Thank you, Dorothy for your important and provocative question.  
Silver Doc

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*“Silver Doc” is Dr. Michele Haber, a Board Certified Internal Medicine and Geriatric Medicine specialist. Dr. Haber specializes in evaluations in the home or facility focusing on Alzheimers’ disease and other dementias, early memory changes, behavioral problems, functional decline and frailty, polypharmacy and other geriatric medical issues. Send questions for “Silver Doc” to: [mahaber@att.net](mailto:mahaber@att.net)*