question could be gratefully received and how willing they may be to share their fears and bewilderment. In our black cultures where age confers an increase in status, it's far easier to call for help.

Again the concern is attitudes. These must be respected. We have to treat our patients in the confines of their own religious and cultural beliefs. Patients may benefit from the permission they experience when discovering that loving is normal and possible at any age. It may be important to understand their need to blame age for their loss of desire. It is certainly important to understand the social pressures that exist in their lives.

Every human being has a right to love and to be loved throughout their entire life. This is a special time for maturity and wisdom. A time of deep fulfilment and satisfaction. It's not for the faint at heart.

SLEEP PROBLEMS IN THE ELDERLY

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One of the commonly ignored problems in the elderly patient is that of sleep disorders. On the one hand, the patient often feels that this is not an 'important' problem and is embarrassed about taking up the doctor's time to discuss it. On the other hand, the doctor is often not completely aware of the circumstances and situations which may give rise to such problems.

A very common problem is that of bad sleep habits. The patient is frequently put to bed very early — in some residences for the elderly as early as 18h00, and then only helped out of bed at 07h00 or 08h00. This would imply a sleep need of 13 hours, which is obviously not physiological and results in the patient being awake for a large part of the night. Elderly patients may need less sleep than when they were younger, and confining them to bed is unnecessary and even cruel in some circumstances.

Unfortunately, the response to reports of 'poor sleep' is often to give the patient a sedative which, in the elderly, may result in confusion the next day and in rapid habituation. There is a long list of problems resulting in sleep disorders in the elderly, which is summarised below.

- **Dementia.** The dementing patient frequently demonstrates 'sundowning'. Towards the end of the day he/she becomes more confused, which is thought to be related to diurnal changes in the body. These patients are frequently excessively sleepy during the day and awake at night, wandering through the house (day/night reversal). Sunlight exposure during the day, rigid daily schedules and appropriate sedation at night are usually beneficial.
- **Cerebral degenerative disorders.** Sleep problems, especially insomnia but also hypersomnolence, as well as sleep-wake cycle problems, are frequently associated with degenerative disorders such as Huntington's disease, Olivopontocerebellar degeneration and progressive supranuclear palsy.
- **Pre-existing sleep disorders.** These may or may not have been appropriately addressed. Many of these are life-long conditions and require management into old age. Conditions such as obstructive sleep apnoea are common and do not disappear spontaneously. Periodic limb movement disorder may also appear for the first time at a later age, sometimes in association with a mild peripheral neuropathy. This may present as either a complaint of insomnia or excessive daytime sleepiness.
- Parkinson's disease is notorious for associated sleep problems. These are difficult to manage, and frequently require small nocturnal doses of L-DOPA or one of the newer DOPA agonists.
- **Medication.** Older patients are often on a number of different medications, many of which can affect sleep, especially when used in combination. The treating doctor must be alert to this possibility and try to minimise polypharmacy. Adverse effects of one drug should not be treated by adding a second drug.
- **Alcohol.** In the same vein, it is important to realise that older people may have an alcohol problem, possibly carried over from younger days, also potentially the cause of sleep problems. Equally, a perceived insomnia may exacerbate alcohol use, which the patient may use to relieve boredom or even to try to fall asleep.
- **Anxiety and depression.** Both are common in the elderly, and frequent causes of insomnia. Counselling or even the judicious use of antidepressant or anxiolytic medication may be necessary.
- **Cardiac and lung disorders.** Especially those that cause a decrease in blood oxygen saturation overnight may lead to sleep problems. This may cause a severely disturbed sleep pattern with daytime hypersomnolence and increasing confusion.
- **Gastrointestinal and renal disorders.** These may also at times be associated with sleep disturbances.
- **Pain.** Any pain syndrome will adversely affect the quality of sleep. It may also require pain control, which may cause confusion. The patient may not complain about the nocturnal pain — the elderly frequently regard pain as an unavoidable consequence of age, and may not ask for help. The treating doctor needs to be proactive in the management of a nocturnal pain problem.

In summary, sleep disorders are important contributors to a general reduction in the quality of life of the elderly. These disorders are generally not very difficult to manage or to ameliorate, but are often overlooked by both the patient and the treating doctor.

Further reading

Kryger MH, Roth T, Dement WC. *Principles and Practice of Sleep Medicine.* Philadelphia: WB Saunders, 2000.
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