

## Managing people with depression-related insomnia

Insomnia is common in the elderly and, when combined with depression, is very difficult to manage. Professor David Nutt and Dr Sue Wilson advise on the choice of treatment

**S**leep disturbances generally, and insomnia in particular, are common among the elderly, both as a primary complaint and secondary to other diseases such as arthritis, chronic bronchitis and depression. But, apart from being distressing for patients, insomnia imposes a heavy burden on the NHS and society. Patients report poor concentration and feelings of lethargy and slowness. These increase their risk of road traffic accidents and falls, as well as causing anxiety and distress.

Against this background, it is perhaps not surprising that insomnia impairs sufferers' quality of life. Indeed, some patients who have insomnia as a symptom of their depression can become trapped in a cycle whereby their lack of sleep leads to daytime problems that undermine quality of life, which in turn exacerbate their depression.

### Why does depression alter sleep?

As every medical student knows, early-morning waking is a hallmark of depression, which affects some 13 per cent of people aged over 85 years<sup>1</sup>. However, patients with depression, particularly the elderly, also have increased numbers and duration of awakenings during the night and there is often a pronounced abnormality of sleep architecture (the organisation of sleep)<sup>2</sup>. For example, people with depression show reduced slow-wave sleep (especially during the early part of the night), increased nighttime awakenings and a shorter time to rapid eye movement sleep (REM latency)<sup>3</sup>.

### Key points

- Treating depression-related sleep disorders is difficult in older people because some antidepressants may interrupt sleep during early treatment, and in the elderly there is a greater risk of side-effects from hypnotics
- Daytime effects (eg on risk of falls) and effects on sleep should be taken into account when choosing an antidepressant
- Good sleep hygiene is also important to help to restore the natural circadian rhythm of sleep

However, depression acts against a background of natural, age-related changes in sleep architecture (Table 1), and it can be reassuring for elderly patients to know that these are normal. Partly they reflect neurological changes—for example, in the 'biological clock', melatonin secretion and the response to environmental factors. However, other age-related lifestyle factors may contribute to elderly people's changing sleep patterns (see Table 1)<sup>4</sup>; perhaps the major factor is the lack of formal environmental entrainment.

Nevertheless, neurochemical factors involved in depression and sleep overlap. For example, the onset of REM sleep relates to acetylcholine activity in the brain stem and midbrain. Noradrenaline and serotonin modulate REM sleep, and are the same neurotransmitters impli-