

A STUDY ON THE PERCEPTION OF SLEEPING DISORDER OF OLD AGED PEOPLE IN TIRUCHIRAPPALLI CITY

Dr. E. Edwin Franklin Samuel MSW, M.Phil., PhD

Associate Professor of Social Work, Bishop Heber College

Abstract

Human beings are called as social animal because he/she depends on each other. Society is made up of groups of people. That social groups provides useful services to each other especially differently able person and aged person of the family. Each and every family must have one or two aged people. They need special care and support. Not only they need financial support but also, they need love and care. Due to their poor health, they suffer number of physical illness.

Modern days most of the people suffer sleeping disorder due to lack of exercises, delayed food habits, addiction of electronic gadgets, influence of stress and anxiety, financial burden and so on. Due to Covid-19 most people practiced of work from home. This could help to spending time with family members but their work culture was collapsed and emerged lazy work attitude, lack of physical and mental exercises leads many psychological disorders like depression and anxiety.

Keywords: Sleeping disorder, Insomnia, Psychological issues, Circadian Rhythm and so on.

Introduction

Quality of life of human beings is a Questionable one. If that person attains at the age of sixty that means they were treated as unwanted things. Aged person's experience is the most valuable one. Experience is the best teacher. Most of concepts of our educational system was the experiences of eminent scholars and scientist. The perception of standard of living in the society is measured in terms of how family system gives importance to women and aged people. The overall country's human resource development to care of their citizen after their retirement so that most of the salary fringe benefits will be designed to meet their retirement requirements.

Human beings are called as social animal because he/she depends on each other. Society is made up of groups of people. That social groups provides useful services to each other especially differently able person and aged person of the family. Each and every family must have one or two aged people. They need special care and support. Not only they need financial support but also, they need love and care. Due to their poor health, they suffer more number in physical illness.

Modern days most of the people suffer sleeping disorder due to lack exercises, delayed food habits, addiction of electronic gadgets, influence of stress and anxiety, financial burden and so on. Due to Covid-19 most people practiced of work from home. This could help to spending time with family members but their work culture was collapsed and emerged lazy work attitude, lack of physical and mental exercises leads many psychological disorders like depression and anxiety.

Problems of elderly persons

The elderly persons are facing a greater number of problems. They always depend on their family members. The family members were not ready to take care; elderly person was sent to old age homes. Afterwards nobody cares about the aged person. There is love and care, there is moral support from their family members, and sometimes they face financial problems. These types of worries are the major causes of sleeping disorders.

Review of Literature: Common Sleeping Disorders

Sleep Apnea Syndrome (SAS)

Sleep Apnea syndrome is medical term which commonly affects elderly persons. The characterized symptoms were heavy snoring at

deep sleep, day time sleepiness, fear of fall etc. this type of sleeping disorder leads to cardiovascular disease, strokes respiration etc. (Jean-Louis G, Brown CD, Zizi F, et al., 2010). Sleep Apnea syndrome impacts physical health conditions with obesity, diabetes, hypertension etc. Due to heavy snoring most of the aged people suffer problems in upper airways and breathing problems (Young T, Shahar E, Nieto FJ, et al. 2002).

Restless Legs Syndrome (RLS)

Restless legs syndrome is another common sleeping related movement disorder for elderly people. This type of disorder is creating a sensation to move legs, unconsciously leg movement sensation, drowsiness etc. Most of the old aged people were suffered this type of sleeping disorder. They think that legs restless due to energy loss or lack of vitamin. So, they went ortho physician and underwent on medication. They did not aware of that this kind of disorder due to psychological issues.

Sleep deprivation

It is also one of familiar sleeping disorder. More number of studies show that elderly people suffered higher rates of cancer, cardiovascular diseases, infection, obesity and brain neurotransmitter imbalance due this kind of sleeping disorder. So, people must under gone medication for this disorder.

Insomnia

Insomnia is characterized cannot sleep, reducing of quality sleeping hours, early morning awakens, more number hours without sleep. This kind of disorder leads to poor concentration, feel tired and so on. Due to side effects of under severe medication, depression, any other undetected illness etc. may causes of Insomnia. (Devi V, Shankar PK. Ramelteon (2008)).

Circadian Rhythm

Circadian rhythm is characterized infected people changes in their life style, unregulated sleeping hours, poor concentration, day sleeping hours, day dreaming, illusions and so on. This leads to depression, psychological disorders, unastonished behaviour etc. in recent days it may cause due to usage of cell phones, television addiction, intaking of tablets etc. Generally, it may cause intaking of synthetic substance like caffeine, nicotine, alcohol, and

both illegal and prescription drugs can all contribute to bad sleep habits. (Suri JC, Sen MK, Singh P, Kumar R, Aggarwal P, 2007).

Parasomnia

Parasomnia is common disorder which may impact on sleep talk, abnormal movement, sleepwalking, severe nightmare, sleep paralysis and so on. Parasomnia is a disruptive related sleep disorder. A parasomnia may happen before or after or while sleeping or sleeping arousal in sleep. This disorder treatment are non-medication procedures namely counselling, creation of positive environment, care of family members etc. (Singh JN, 1969).

Sleep related breathing disorders

Sleep related breathing disorders affects human health severely like upper airway resistance syndrome severe snoring, obstructive sleep apnea-hypopnea syndrome (OSAHS), asthma, central sleep apnea, and chronic pulmonary disease. This disorder leads to death in sleep, heart attack in sleep and neuro brain attacks etc.

Hypersomnia

Hypersomnia refers to fall asleep in unfeasible environment. Long hours of sleeping in day time, disruptive sleeping hours, always feel tired etc. This kind of disorder may impact their life time. The main impact of this kind of disorder leads to narcolepsy.

Significance of the study

Most of the old aged people were experiencing stress, anxiety and psychological issues. The basic reason of these psychological issues was sleeping disorders. The sleeping disorders were classified as based on the medical terms namely Sleep Apnea Syndrome (SAS), Rapid Eye Movement (REM) Sleep Behavior Disorder (RBD), Restless Legs Syndrome (RLS)(Suzuki, K., Miyamoto, M., & Hirata, K. (2017)). There are many more determinants which may affects geriatric sleeping disorders like death of spouse, retirements, health issues, behavioral changes and so on (Avidan, 2005). In recent studies explains that nearly 50% of the elderly people suffer sleeping disorders like long time sleeping hours but low sleeping satisfaction, long awakening night time bed hours, day dreaming with day time sleep. These kind of sleeping disorders leads to psychological problems, loneliness, frustration, fear of falling etc.

Normally aged people suffer sleeping disorder like excessive sleeping hours without depth sleeping stage, more time awakening night hours, daytime nap and so on. These issues continue will impact on circadian rhythm disturbance, narcolepsy, insomnia etc. Sleeping disorder leads to stress, frustration, loneliness and other psychological problems etc. it affects physical health also namely cardiovascular disease, neuro dysfunctions etc. (Beersma DG, Gordijn MC 2007).

If any aged person is influenced the serious of sleeping disorder; that person needs to be examined to medical practitioner and their care takers also questioned about the sleeping disorder. Afterwards it is to be decided that patient needs for paramedical treatments or non-paramedical treatments by the medical practitioner and psychiatrist. Most of the aged people does not care about their health properly. Any family member insists on regular medical check-ups that would be possibly get proper healthy life style (Subramanian S, Surani S, 2007).

Analyses and Discussions

Grade my answer by circling number of the following questions:		Grading Scale											
		Never	%	Rarely	%	Occasionally	%	Most Night s/ Days	%	Always	%	Total	%
1	I have trouble falling asleep?	10	11.8	15	17.6	11	12.9	25	29.4	24	28.2	85	100.0
2	I have trouble staying asleep?	9	10.6	12	14.1	13	15.3	26	30.6	25	29.4	85	100.0
3	I take anything to help my sleep?	11	12.9	14	16.5	13	15.3	24	28.2	23	27.1	85	100.0
4	I use alcohol to help my sleep?	25	29.4	22	25.9	13	15.3	12	14.1	13	15.3	85	100.0
5	I have any medical	4	4.7	12	14.1	16	18.8	25	29.4	28	32.9	85	100.0

Objectives of the study

- 1.To study the perception of old aged person about their problems related to sleeping disorder.
- 2.To analyses the socio-demographic factors of the respondents.
- 3.To offer suitable suggestions to improve the standard of living especially avoid sleeping disorder of elderly persons.

Material and Methods

The study is designed for descriptive and analytical by nature. Primary and secondary data were used for the research. Primary data were collected through scientifically designed and well formulated questionnaire. Secondary data were collected from various books, journals, periodicals, government records and websites etc.

Research design

The universe of the current study was the elderly person of the Tiruchirappalli city jurisdiction. The universe was found to be as infinite. So that researcher had used convenient sampling technique for the study.

	conditions that disrupt my sleep?												
6	I have lost interest in hobbies or activities?	8	9.4	15	17.6	15	17.6	24	28.2	23	27.1	85	100.0
7	I feel sad, irritable, or hopeless?	12	14.1	13	15.3	15	17.6	22	25.9	23	27.1	85	100.0
8	I feel nervous or worried?	14	16.5	15	17.6	13	15.3	21	24.7	22	25.9	85	100.0
9	I think something is went wrong with my body?	10	11.8	12	14.1	15	17.6	25	29.4	23	27.1	85	100.0
10	Is it a shift worker or is my sleep schedule irregular?	3	3.5	14	16.5	16	18.8	26	30.6	26	30.6	85	100.0
11	Is it my legs restless and/or uncomfortable before bed?	18	21.2	17	20.0	20	23.5	14	16.5	16	18.8	85	100.0
12	I feel that restless or that I kick my legs in sleep?	20	23.5	18	21.2	13	15.3	18	21.2	16	18.8	85	100.0
13	I have any unusual behaviour or movements during sleep?	16	18.8	13	15.3	16	18.8	21	24.7	19	22.4	85	100.0
14	I have snore?	15	17.6	13	15.3	17	20.0	19	22.4	21	24.7	85	100.0
15	Has anyone said that I stop breathing, gasp, snort,	13	15.3	15	17.6	17	20.0	18	21.2	22	25.9	85	100.0

	or choke in sleep?												
1 6	I have difficulty staying awake during the day?	4	4.7	8	9.4	15	17. 6	28	32. 9	30	35. 3	85	100. 0

Sources: Field Data

DIAGNOSTIC DOMAINS:

- 1) Insomnia: Q1-5
- 2) Psychiatric Disorders: Q6-9
- 3) Circadian Rhythm Disorder: Q10
- 4) Movement disorders: Q11-12
- 5) Parasomnias Q13

The researcher gave value to each option namely first option that means Never -1, Rarely - 2, occasionally - 3, Most nights - 4, Always - 5; it is perceived that the total of the question number one to five exceeds maximum value that means ($P \geq 17$), that respondents having insomnia. If the total value of question number six to nine exceeds ($P \geq 12$), that respondents was having sleeping disorder that is called as Psychiatric disorders. If the value of question ten exceeds ($P \geq 4$) that respondents having circadian rhythm disorder. If total value of question number eleven and twelve exceeds ($P \geq 8$) that respondent was having movement disorder. If value of question number thirteen exceeds ($P \geq 4$) that respondents was having parasomnia.

Here the researcher framed set of question to enquiry about sleeping disorder. Based on the results it was found that most of the elderly people were having sleeping disorder. The beginning stage of sleeping disorder did not impact aged people physically and mentally. But in due course of time, it leads to major health issues like cardiac disease, heavy breathing issues and psychological issues. The researcher also noticed through scientific investigation most of elderly people may face illusionary thoughts, fear, anxiety, depression etc.

Suggestions

Physical exercise: aged people must have at least of one-hour morning and evening physical exercises namely walking, small bedroom exercises etc. It helps to avoid many diseases especially physical and psychological issues.

Bedroom atmosphere: elderly people bedroom environment is an essential determinant to influence the sleeping hours. So, family members create bedroom environment away from noise, make it dark while at sleeping hours, and ensure that temperature of room is normal at different seasons and so on. Bedroom environment also influence to avoid sleeping disorder.

Schedule food habits: family members take initiatives to regularize the food habits of elderly persons namely morning breakfast arranged between 7am to 8am, similarly lunch between 12.30pm to 1.30pm, obviously supper at 7 O clock in the evening. Avoid heavy meals at night. This kind of time schedule of food habits makes elderly people healthy.

(4) Limit fluid intake before bedtime Limit fluid intake before bedtime to reduce the frequency of urination during sleep. In cases of cerebral infarction or angina pectoris, follow the instructions of your primary physician.

(5) Avoid caffeine: Caffeine intake before bedtime may result in sleep-initiation and maintenance problems. Limit caffeinated foods and beverages (Green tea, tea, coffee, cola, and chocolate) to the equivalent of three cups of coffee and ingest them no later than 4 h before bedtime.

(6) Avoid alcohol: Limit alcoholic beverages, which may promote sleep initiation but cause fragmented and unrefreshing sleep.

(7) Avoid smoking: Avoid smoking in the evening. Nicotine acts as a stimulant, interfering with sleep.

(8) Periodical Medical checkup: most of the time elderly people behaves like child and their physical health affects frequently. If periodical medical checkups are way to find out their physical health position. It helps to take care of the elderly person of the family.

Conclusion

In recent days, due to covid-19, a greater number of people were suffered sleeping disorder. In view of this elderly people suffered 'Coronasomnia,' Pandemic-Influenced Insomnia, is not just a circumstantial issue. There are great number of symptoms that the pandemic had an effect on many people's sleeps cycle. Not only changes their environment but family members care and love makes changes into elderly people life style. Family members make sure that elderly person surrounded by positive environment namely festivals, family functions, social gatherings and so on. Elderly persons of the family were guiding their family members get successful and happiest life.

References:

- Suzuki, K., Miyamoto, M., & Hirata, K. (2017). Sleep disorders in the elderly: Diagnosis and management. *Journal of general and family medicine*, 18(2), 61–71. <https://doi.org/10.1002/jgf2.27>
- Avidan AY. Sleep in the geriatric patient population. *Semin Neurol*. Mar 2005. 25(1):52–63.
- Subramanian S, Surani S. Sleep disorders in the elderly. *Geriatrics*. Dec 2007. 62(12):10–32.
- Beersma DG, Gordijn MC. Circadian control of the sleep-wake cycle. *PhysiolBehav*. 2007;90:190–5
- Jean-Louis G, Brown CD, Zizi F, et al. cardiovascular disease risk reduction with sleep apnea treatment. *Expert Rev CardiovascTher*. 2010;8:995–1005
- Young T, Shahar E, Nieto FJ, et al. Predictors of sleep-disordered breathing in community-dwelling adults: the Sleep Heart Health Study. *Arch Intern Med*. 2002;162:893–900.
- Allen RP, Picchietti D, Hening WA, Trenkwalder C, Walters AS, Montplaisir J. Restless legs syndrome: diagnostic criteria, special considerations, and epidemiology. A report from the restless legs syndrome diagnosis and epidemiology workshop at the National Institutes of Health. *Sleep Med*. 2003;4:101–19
- Edinger JD, Means MK, Carney CE, Manber R. Psychological and behavioral treatments for insomnia II: implementation and specific

populations In: *Principles and practice of sleep medicine*, 5th edKryger M, Roth T, Dement W, editors. Philadelphia: Saunders, 2010; p. 884–904

Devi V, Shankar PK. Ramelteon: a melatonin receptor agonist for the treatment of insomnia. *Journal of Postgrad Med*. 2008; 54: 45–8.

Suri JC, Sen MK, Singh P, Kumar R, Aggarwal P. Sleep patterns and their impact on lifestyle, anxiety and depression in BPO workers. *Indian J Sleep Med*. 2007;2

Singh JN. Observations on sleep-paralysis. *Indian J Psychiatry*. 1961;3:160–9

Kant S, Dixit S, Dubey A, Tewari S. Obstructive sleep apnea syndrome: genetic and biochemical perspective. *Indian J Sleep Med*. 2008;3.