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POST MENOPAUSAL INSOMNIA

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ABSTRACT

Women are more likely to experience **sleep disturbances** in the menopausal period than at other times of life. Poor sleep quality in menopause may be real or perceived; studies have shown that women who perceive their sleep quality to be poor do not necessarily show objective differences. This article mainly emphasises on postmenopausal insomnia and its significance.

Keywords: Menopause, insomnia, hot flashes, mood swings, hormonal therapy

INTRODUCTION

INTRODUCTION TO MENOPAUSAL SLEEP DISTURBANCES

Women are more likely to experience **sleep disturbances** in the menopausal period than at other times of life. **Poor quality sleep** is a common complaint amongst **menopausal women**, of whom 25–50% report sleep difficulties, compared to some 15% of the general population. One study reported that menopausal women were 3.4 times more likely to experience sleep disturbances compared to pre-menopausal women.

Poor sleep quality in menopause may be real or perceived; studies have shown that women who perceive their sleep quality to be poor do not necessarily show objective differences (e.g. measured by brain activity during sleep) in the length of time for which they slept, or the depth of sleep that they achieved. Sleep patterns change with ageing, and compared to younger women, older women typically sleep for a shorter duration, do not sleep as deeply and report difficulty maintaining rather than achieving sleep.

DEFINITION

Post menopause. These are the years after menopause. During this stage, menopausal symptoms, such as hot flashes, can ease for most women. But, as a result of a lower level of oestrogen. Postmenopausal women are at increased risk for a number of health conditions, such as osteoporosis and heart disease. As these hormone levels fall, symptoms of menopause surge. One such symptom is insomnia. Insomnia is a disorder that prevents you from getting adequate sleep. This may mean that you have a difficult time falling asleep. It can also mean that once you do fall asleep, you have a hard time staying asleep.

INCIDENCE:

Insomnia occurs in 40–50% of women during the menopausal transition, and problems with sleep

may or may not be connected to mood disorders. Women with insomnia are more likely than others to report problems such as anxiety, stress, tension, and depressive symptoms.

Rates of a sleep apnoea increase with age, rising from 6.5% in women aged 30–39 years to 16% in women aged 50–60 years.

One recent survey indicated that 76 percent of women who experienced insomnia related to menopause reported a moderate to significant impact on their quality of life.

More than a third—34 percent—said their intimate lives were affected.

SIGNS AND SYMPTOMS:

Snoring, along with pauses or gasps in breathing are signs of a more serious sleep disorder, obstructive **sleep apnea** (OSA). Changing and decreasing levels of estrogen cause many menopausal symptoms including hot **flashes**, which are unexpected feelings of heat all over the body accompanied by **sweating**.

Changing and decreasing levels of estrogen cause many menopausal symptoms including hot flashes, which are unexpected feelings of heat all over the body accompanied by sweating. They usually begin around the face and spread to the chest affecting 75-85% of women around menopause. Prior to the hot flash, body temperature rises accompanied by an awakening. Hot flashes last on average three minutes leading to less sleep efficiency. Most women experience these for one year, but about 25% have hot flashes for five years. While total sleep time may not suffer, sleep quality does. Hot flashes may interrupt sleep and frequent awakenings cause next-day fatigue.

1. **Hormonal changes.** Progesterone and oestrogen, levels of which decrease with menopause, both impact on sleep. Progesterone has a sedative effect due to its stimulation of benzodiazepine receptors (receptors for benzodiazepines, which have either anti-anxiety or sedative effects). It also stimulates respiration, which may reduce the likelihood of *sleepapnoea* (breathing cessation during sleep). The effects of oestrogen are more complex, but it has been shown to increase the number of REM sleep cycles. Increased frequency of awakening from sleep is associated with low oestrogen levels. Oestrogen also affects thermoregulation (regulation of body temperature) and, by decreasing core body temperature, improves menopausal vasomotor symptoms, which are a primary determinant of sleep quality in menopausal women.

2. **Hot flashes.** A hot flash is a surge of adrenaline, awakening your brain from sleep. It often produces sweat and a change of temperature that can often be disruptive to sleep and comfort levels. Unfortunately it may take time for your adrenaline to recede and let you settle down into sleep again.

3. **Depression/Mood Swings.** About 20% of women will experience depression during this time frame and some cases have been linked to oestrogen loss. However, hormonal changes may not be the only cause. Precipitants such as life stress and a history of menopause are important causes as well.

4. **Coincidental Social Issues.** Aside from the hormonal changes you may be experiencing, this time in life can present many social changes. Whether your children and moving out of the house, retiring, moving to a smaller home or you are just feeling some of the "midlife crisis" stress of getting to a new phase in life, these issues can interfere with your ability to sleep.

RISK FACTORS

Risk factors for sleep-related disordered breathing, which is in turn associated with reduced sleep

quality, include:

- Obesity has been found to be the key predictor of sleep-related disordered breathing and a risk factor for apnoea, both of which are commonly associated with disturbed sleep;
- High blood pressure is associated with a three-fold higher risk of snoring, and increases with increasing sleep-related respiratory distress;
- Snoring, either frequent or occasional, and loud snoring commonly occur with disturbed breathing;
- Morning headaches;
- Excessive daytime sleepiness.
- Psychological complaints such as depression and stress have a higher risk of sleep impairment in menopause

IMPACT OF MENOPAUSAL SLEEP DISTURBANCE

Sleep disturbance can have a significant impact on daily living and health. Over time, insufficient sleep impairs alertness and mental acuity while increasing forgetfulness and carelessness, and may subsequently reduce productivity.

Family and social relationships may also be affected.

Sleep disturbance is implicated in menopausal mood changes, which can have a significant negative impact on quality of life. Improved sleep quality has been associated with improved mood in menopausal women.

Studies have shown that disturbed sleep can lead to a similar reduction in quality of life as other chronic health conditions such as hypertension and chronic obstructive pulmonary disorder.

TREATMENT:

HORMONE REPLACEMENT THERAPY.(For hot flushes, insomnia)

Hormone replacement therapy (HRT) works by supplementing estrogen hormone that is no longer being made by your body in the same way as it was before peri menopause. Estrogen reduces hot flashes, vaginal symptoms, and difficulty with urination. HRT is recommended for shortest possible term in the lowest possible dose.

DRUGS REDUCES MENOPAUSAL SYMPTOMS:

- Anti-seizure drug - Gabapentin
- Blood pressure medication –clonidine
- Antidepressant drugs-SSRIs
- Anti-anxiety drugs

EXERCISE

Especially early in the day. Physical activity is a mood booster for the rest of the day, and exercise in the morning, especially in sunlight, can help strengthen our circadian clocks, which weaken as we age.

MIND&BODY EXERCISE:

Mind-body exercise. Yoga, tai chi—these disciplines work to strengthen both the physical and the

mental self, and there are indications they provide benefits for sleep

LIMIT CAFFEINE:

Avoid all caffeine, not just at night but during the day as well. Use calming herbal teas such as camomile and lemon balm to relax your mind.

DIET AND NUTRITION:

Eat plenty of lean protein, green vegetables and complex carbohydrates. Eat early in the evening and ideally don't eat after 6pm. If your digestion is working properly, you will probably sleep

DEVELOP GOOD PRE- SLEEPING HABITS:

A regular sleeping ritual each evening helps set the tone for good sleep. Don't surf the web or read, watch, or listen to anything that might be disturbing or thought provoking before bedtime. Avoid stressful discussions or difficult phone calls near bedtime. Spend time relaxing before going to bed - this helps to stop the mind from buzzing and we are less likely to be kept awake by stressful thought patterns and their effect on our adrenal glands.

HERBAL TINCTURES

Herbal tinctures such as Avena Sativa, best taken in warm water before bedtime. Alternatives include Valerian and Passiflora, and they all help to re-establish a good sleeping pattern.

SLEEP ENVIRONMENT:

- Make your room dark quiet and safe.
- Keep your room as cool as you can.
- Skip alcohol and tobacco.
- Keep a cloth in a bucket of ice near your bed so you can cool yourself quickly

TALK TO YOUR DOCTOR:

This one is a must, for everyone. Make sleep a part of your regular Conversation with your doctor. Don't wait for the topic to come up on it's own—initiate the Conversation. And always consult your physician before adding a chemical sleep aid—even an herbal one—to your regimen.

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