

Exploring the link between sleep disturbances and behavioural changes in aging individuals.

Oliveo Bruni*

Department of Social and Developmental Psychology, Sapienza University, Rome, Italy

Introduction

Sleep disturbances and behavioral changes are prevalent concerns in aging individuals, often leading to reduced quality of life and increased healthcare burden. This article delves into the intricate relationship between sleep disturbances and behavioral changes in older adults. It explores the bidirectional nature of this association, highlighting how sleep disruptions can contribute to behavioral alterations and vice versa. The mechanisms underlying this connection, including neurobiological, cognitive, and psychosocial factors, are examined. Aging is often accompanied by changes in sleep patterns and alterations in behavior. Sleep disturbances, ranging from insomnia to circadian rhythm disruptions, frequently coexist with behavioral changes such as agitation, irritability, and mood fluctuations [1]. This article aims to explore the intricate interplay between sleep disturbances and behavioral alterations in aging individuals. Moreover, the article discusses the impact of common age-related conditions, such as dementia and depression, on sleep and behavior. Effective assessment strategies for identifying both sleep disturbances and behavioral changes are explored, with an emphasis on the importance of multidisciplinary approaches.

Bidirectional relationship: Research suggests a bidirectional relationship between sleep and behavior. Sleep disruptions can lead to behavioral changes due to impaired cognitive function, emotional dysregulation, and decreased coping abilities. On the other hand, behavioral alterations, such as increased stress and anxiety, can negatively impact sleep quality and quantity [2]. The article discusses these reciprocal influences and their potential mechanisms.

Underlying mechanisms: Neurobiological factors, including alterations in neurotransmitter systems and changes in brain structure, play a crucial role in the connection between sleep and behavior. Cognitive factors, such as impaired executive function and memory, can mediate this relationship. Psychosocial factors like social isolation and caregiving responsibilities also contribute [3]. The article delves into the underlying mechanisms at play.

Impact of age-related conditions: Common age-related conditions, particularly dementia and depression, often exacerbate both sleep disturbances and behavioral changes. The article explores how these conditions interact with the

sleep-behavior relationship, emphasizing the challenges they pose in diagnosis and management.

Assessment strategies: Accurate assessment is essential for identifying sleep disturbances and behavioral changes. The article highlights comprehensive assessment tools, including sleep diaries, actigraphy, and validated behavior assessment scales. It emphasizes the value of a multidisciplinary approach involving geriatric psychiatrists, neurologists, sleep specialists, and psychologists [4].

Interventions and management: Evidence-based interventions can effectively address sleep disturbances and behavioral changes. Cognitive-behavioral therapy for insomnia, light therapy, and pharmacological treatments are discussed in the context of sleep management. Behavioral interventions, psychoeducation, and psychosocial support are presented as strategies to manage behavioral alterations.

Promoting healthy aging: Understanding the intricate link between sleep disturbances and behavioral changes is crucial for promoting healthy aging [5]. By addressing these issues holistically and tailoring interventions to individual needs, healthcare professionals can enhance the overall well-being of aging individuals.

Conclusion

The article concludes by highlighting the significance of recognizing and addressing the relationship between sleep disturbances and behavioral changes in aging individuals. By acknowledging the bidirectional nature of this connection and implementing multidisciplinary interventions, healthcare providers can contribute to improving the quality of life for older adults facing these challenges.

References

1. Malhotra A, White DP. Obstructive sleep apnoea. *Lancet*. 2002;360(9328):237-45.
2. Senaratna CV, Perret JL, Lodge CJ, et al. Prevalence of obstructive sleep apnea in the general population: a systematic review. *Sleep Med Rev*. 2017;34:70-81.
3. Yaffe K, Laffan AM, Harrison SL, et al. Sleep-disordered breathing, hypoxia, and risk of mild cognitive impairment and dementia in older women. *Jama*. 2011;306(6):613-9.

*Correspondence to: Oliveo Bruni, Department of Social and Developmental Psychology, Sapienza University, Rome, Italy, E mail: bruni_o@uniroma1.it

Received: 15-Aug-2023, Manuscript No. AAAGP-23-112024; Editor assigned: 18-Aug-2023, PreQC No. AAAGP-23-112024 (PQ); Reviewed: 31-Aug-2023, QC No. AAAGP-23-112024; Revised: 02-Sep-2023, Manuscript No. AAAGP-23-112024 (R); Published: 08-Sep-2023, DOI: 10.35841/aaagp-7.5.161

4. Huang X, Tang S, Lyu X, et al. Structural and functional brain alterations in obstructive sleep apnea: a multimodal meta-analysis. *Sleep Med.* 2019;54:195-204.
5. Innes CR, Kelly PT, Hlavac M, et al. Decreased regional cerebral perfusion in moderate-severe obstructive sleep apnoea during wakefulness. *Sleep.* 2015;38(5):699-706.