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Older People in Assisted-Living Facilities Sleep Poorly, Study Finds

In a study of residents of Assisted Living Facilities (ALFs) in Los Angeles showed that 65% had clinically significant sleeping problems and that poor sleep was associated with declining quality of life and increased depression over a six month follow-up period.

The study is published in the Journal of the American Geriatrics Society.

Older people increasingly reside in ALFs, when they are unable to live independently, but do not require nursing home level care. The specific services offered vary, but typically include congregate meals, housekeeping, and personal care assistance. Compared to nursing home residents, ALF residents typically function more independently and have greater autonomy in their daily living. Estimates of the number of ALFs vary based on how facilities are defined, ranging from 11,500 to 50,000 facilities in the USA with residents in the region of 611,000 to over one million. Evidence suggests that ALF residents are at a very vulnerable period in their lives, with a high risk for further functional decline and subsequent nursing home placement.

This study looked at the sleep habits of 121 older people living in ALFs in the Los Angeles area and found that on average they slept about six hours per night and for about one and a half hours during the day. 74% had resided in an ALF for two years or less. 65% of participants were suffering significant sleep disturbance as measured on the Pittsburgh Sleep Quality Index. The most commonly reported factors contributing to "trouble sleeping" included waking up in the middle of the night or early morning (60.3%) and the inability to fall asleep within 30 minutes (59.5%).

At the initial study visit, sleeping poorly was associated with lower health-related quality of life, needing more help with activities of daily living (e.g., bathing, dressing, grooming), and more symptoms of depression. Participants were visited again three and six months later, and the researchers discovered that sleeping poorly at the initial visit predicted a worsening of quality of life, needing even more help with activities of daily living and even worse symptoms of depression.

"We cannot conclude that poor sleep truly causes these negative changes; however, future studies should evaluate ways to improve sleep in ALFs to see if sleeping better might improve quality of life, delay functional decline and reduce risk of depression," said Lead Author Jennifer Martin, PhD, of the University of California, Los Angeles and VA Greater Los Angeles Healthcare System.

"Our study has shown that sleep disturbance may result in negative consequences among this vulnerable group of older people. Unlike some predictors of functional decline and depression, there are established, effective treatments to improve sleep," said Martin. "These treatments have not been formally assessed within the population of older adults residing in ALFs, and future research should adapt behavioural strategies used with older adults in the community, environmental interventions used in nursing homes (like bright light therapy) and other treatments for use in the ALF setting."