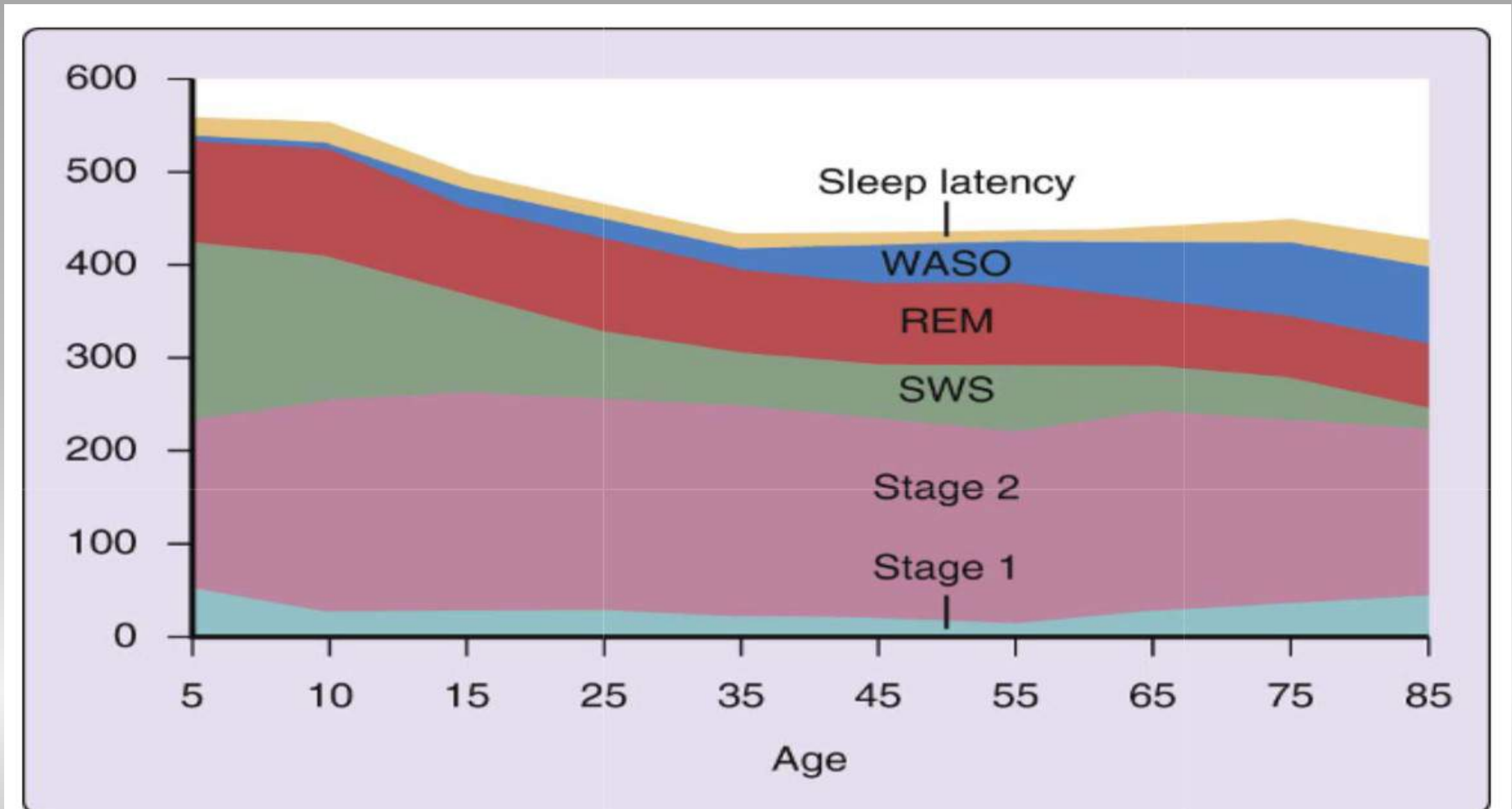
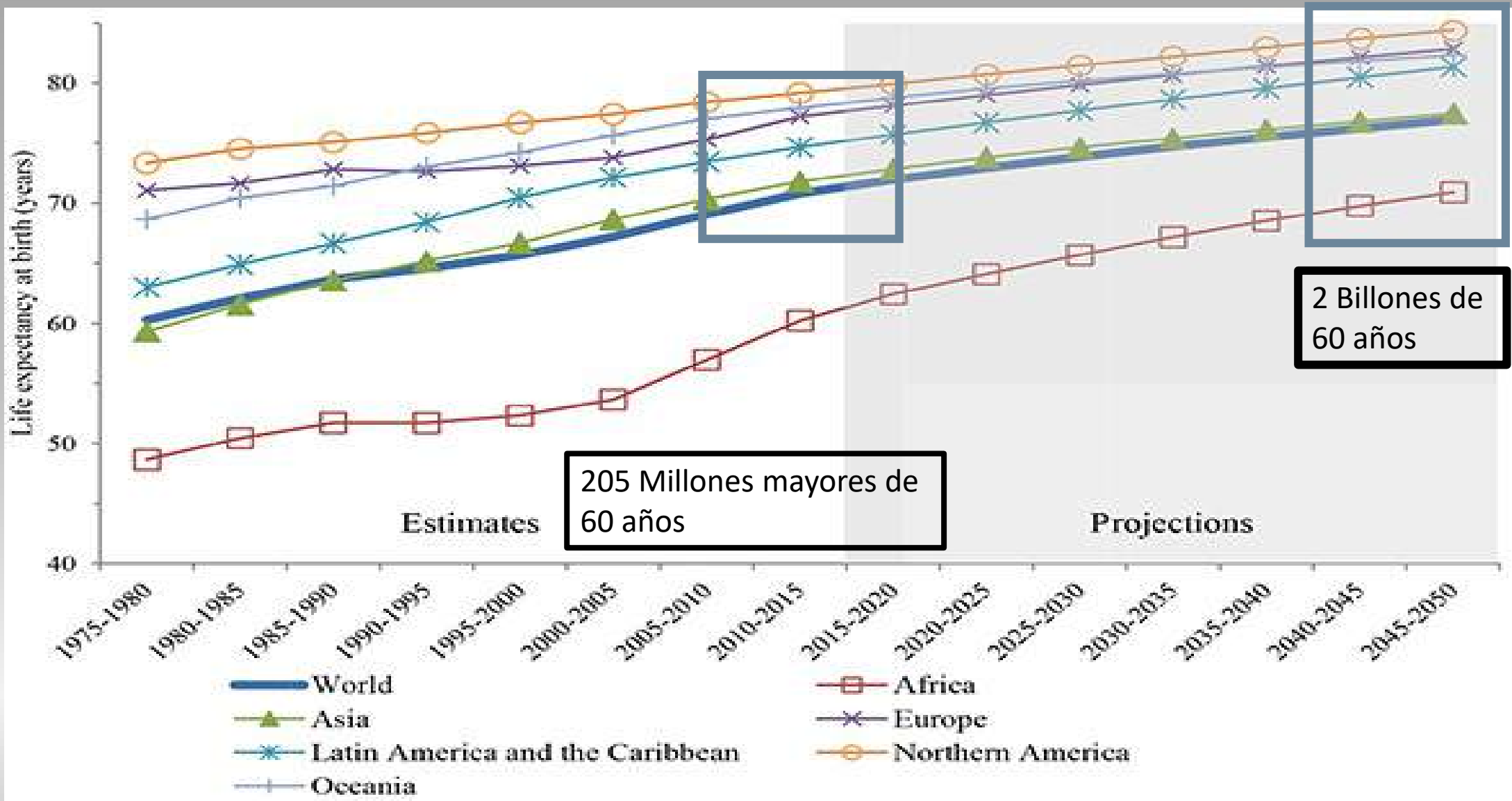


Insomnio en la 3a Edad

Dr. Luis Ernesto González Sánchez



(Ohayon M, Carskadon MA, Guilleminault C, et al. Meta-analysis of quantitative sleep parameters from childhood to old age in healthy individuals: developing normative sleep values across the human lifespan. *Sleep* 2004;27:1255-1273.)¹



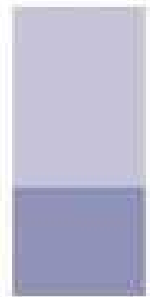
Ohayon MM. Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev.* 2002;6(2):97-111.

WOKE UP FEELING UNREFRESHED**



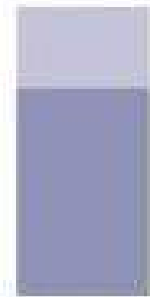
NATIONAL SLEEP FOUNDATION
general population*

38%



patientslikeme
survey respondents

72%



WOKE UP TOO EARLY AND COULD NOT GET BACK TO SLEEP**



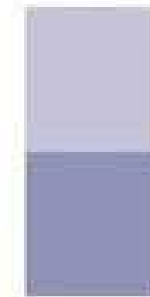
NATIONAL SLEEP FOUNDATION
general population*

22%



patientslikeme
survey respondents

50%



Ohayon MM. Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev.* 2002;6(2):97–111.

Incidencia de insomnio



6, 800 pacientes
> 65 años



5% incidencia por año
Y
7.97% el siguiente año

Foley, DJ, Monjan A, Simonsick EM, Wallace RB, Blazer DG. Incidence and remission of insomnia among elderly adults: an epidemiologic study of 6,800 persons over three years. *Sleep*. 1999;22(Suppl 2):S366–S372.

Incidencia de insomnio

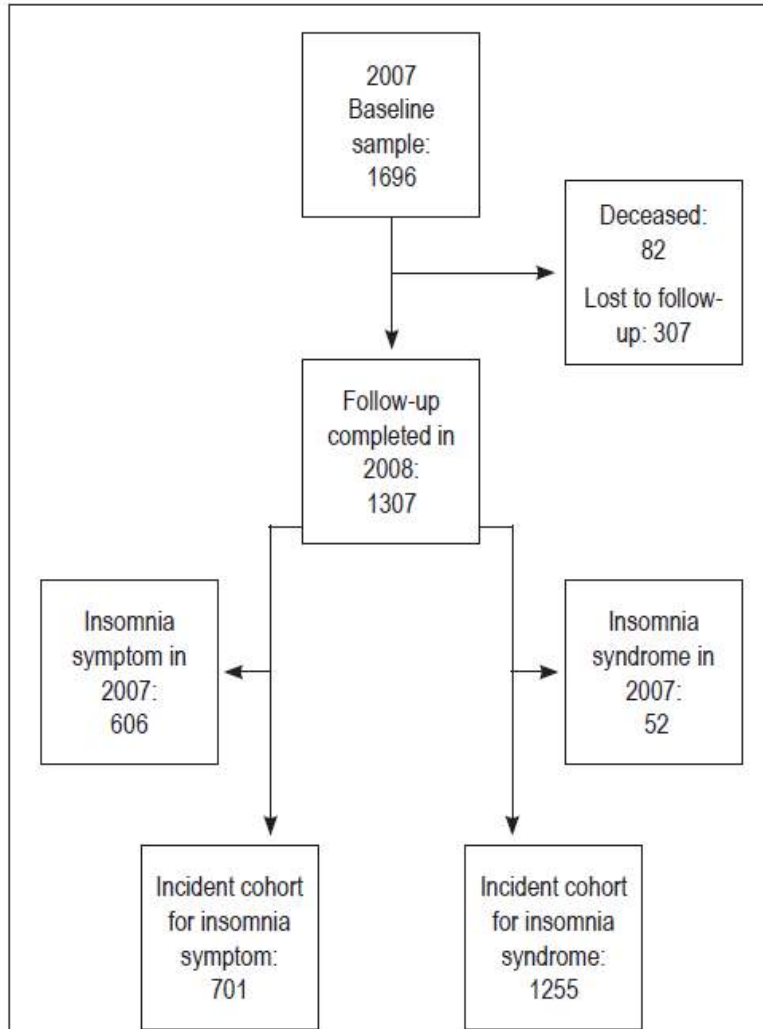


Figure 1—Study flowchart

Table 3—Profile of persistent insomnia

	Total, N	Insomnia, n	Persistence Insomnia % (95% CI)	Relative Risk (95% CI)	Relative Risk P-value
Total	606	287	47.36 (43.07-51.68)		
Male	253	114	45.06 (38.57-51.72)	1	-
Female	353	173	49.01 (43.77-54.27)	1.09 (0.92-1.30)	0.328
Age Group					
65-69	86	45	52.33 (40.67-63.74)	1	-
70-74	168	82	48.81 (43.04-54.61)	0.95 (0.73-1.22)	0.680
75-79	113	53	46.90 (38.96-55.01)	0.91 (0.69-1.21)	0.524
80+	239	107	44.77 (36.98-52.82)	0.86 (0.67-1.10)	0.226

12. Gureje O, Oladeji BD, Abiona T, Lebowitz MD. The natural history of insomnia in the Ibadan study of ageing. *Sleep*. 2011;34(7):965–973.

Del insomnio transitorio al Sx de insomnio

Table 4—Baseline risk factors for incident insomnia

	Insomnia Symptom				Insomnia Syndrome			
	n (%)	OR*	95% CI	P-value	n (%)	OR*	95% CI	P-value
Marital status								
Married	407 (67.0)	1	-	-	704 (65.3)	1	-	-
Widowed or divorced	294 (33.0)	1.2	0.8-1.7	0.464	551 (34.7)	1.2	0.7-2.2	0.471
Residence								
Urban	241 (34.8)	1	-	-	448 (35.7)	1	-	-
Semi Urban	241 (33.79)	1.4	0.5-4.3	0.501	432 (34.0)	1.4	0.9-2.3	0.119
Rural	219 (31.43)	1.2	0.4-3.8	0.642	375 (30.3)	1.5	0.9-2.4	0.099
Economic status								
High	72 (12.4)	1	-	-	109 (10.9)	1	-	-
High average	226 (35.8)	1.4	0.6-3.0	0.432	398 (35.2)	2.9	0.8-10.2	0.087
Low average	279 (36.5)	1.4	0.6-3.5	0.406	495 (36.7)	4.5	1.2-16.6	0.026*
Low	124 (15.3)	1.4	0.5-3.8	0.464	253 (17.3)	4.9	1.0-24.1	0.049*
Self-reported health								
Poor or fair	5 (0.6)	1	-	-	25 (2.2)	1	-	-
Excellent or Good	690 (99.4)	0.8	0.1-6.7	0.869	1214 (97.8)	0.2	0.1-1.1	0.058
Body mass index								
< 18.5	110 (16.7)	1	-	-	185 (16.5)	1	-	-
18.5-24.9	361 (59.1)	1.5	0.8-2.6	0.179	648 (59.8)	1.6	0.7-3.8	0.288
25.0-29.9	104 (17.8)	0.9	0.3-2.7	0.807	192 (17.6)	1.4	0.5-4.1	0.525
≥ 30	37 (6.4)	1.7	0.5-6.0	0.432	67 (6.1)	1.8	0.5-6.8	0.348
Chronic medical condition								
Absent	228 (34.4)	1	-	-	319 (26.4)	1	-	-
Present	473 (65.6)	2.6	1.6-4.2	0.001*	936 (73.6)	2.9	1.4-6.2	0.007*
Functional disability								
Absent	596 (87.9)	1	-	-	989 (82.1)	1	-	-
Present	105 (12.1)	1.2	0.8-1.8	0.427	266 (17.9)	1.5	0.7-3.2	0.284
Lifetime major depression								
Absent	477 (70.2)	1	-	-	826 (67.6)	1	-	-
Present	224 (29.8)	1.5	0.9-2.5	0.096	429 (32.4)	1.5	0.9-2.4	0.101
Probable dementia								
Absent	636 (94.0)	1	-	-	1131 (93.2)	1	-	-
Present	48 (6.0)	0.9	0.4-2.1	0.793	101 (6.8)	1.0	0.3-2.8	0.952

Factores precipitantes



1.7 veces mas que el hombre

Ohayon MM. Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev.* 2002;6(2):97-111



Divorciados



Pobre educación



VIUDOS



Dificultades económicas

Factores precipitantes



1.7 veces mas que el hombre

Ohayon MM. Epidemiology of insomnia: what we know and what we still need to learn. *Sleep Med Rev.* 2002;6(2):97-111



Divorciados



Pobre educación

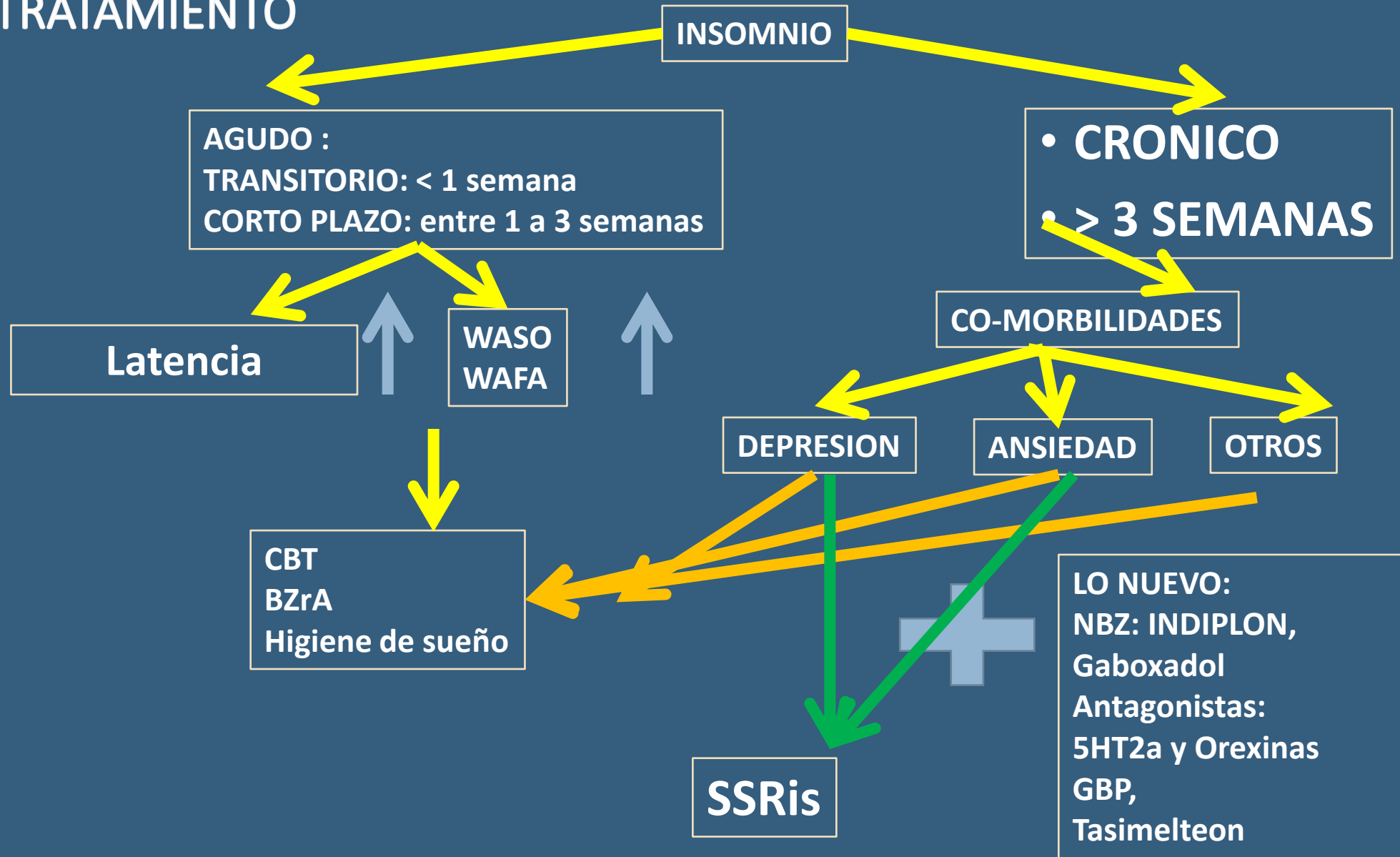


VIUDOS



Dificultades económicas

ABORDAJE DE TRATAMIENTO



Los 10 mandamientos

**•LUZ TENUE (como
la de la luna)
es decir trata de
poner su habitación
o su casa como la
luz exterior de
medio ambiente**

- Tomar la melatonina a la dosis indicada a las 7 pm, Valeriana a las 8 pm

Wade AG, Crawford G, Ford I, et al. Prolonged release melatonin in the treatment of primary insomnia: evaluation of the age cut-off for short- and long-term response. *Curr Med Res Opin.* 2011;7(1):87–98.

MMRM analysis (mixed model repeated measure).

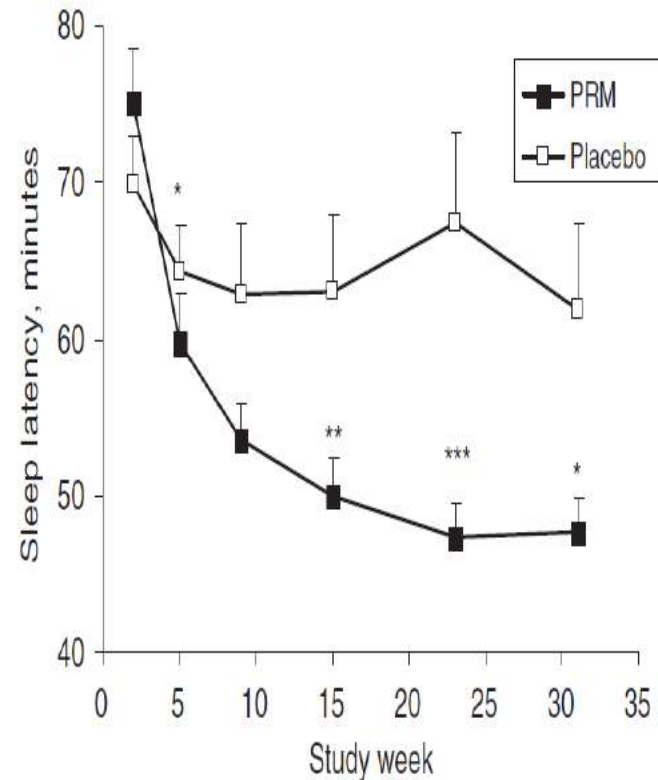


Figure 2. Model-predicted average values (mean \pm SEM) for sleep latency from the sleep diary at baseline and weeks 1–29 of the double-blind treatment periods, in the intent-to-treat 55–80-year population. Asterisks denote significant difference between PRM and placebo groups (* p < 0.05, ** p < 0.01).

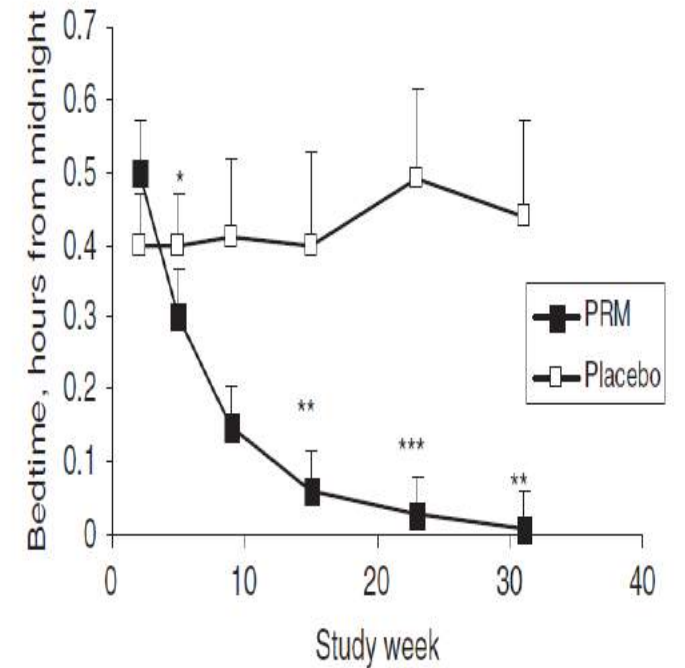
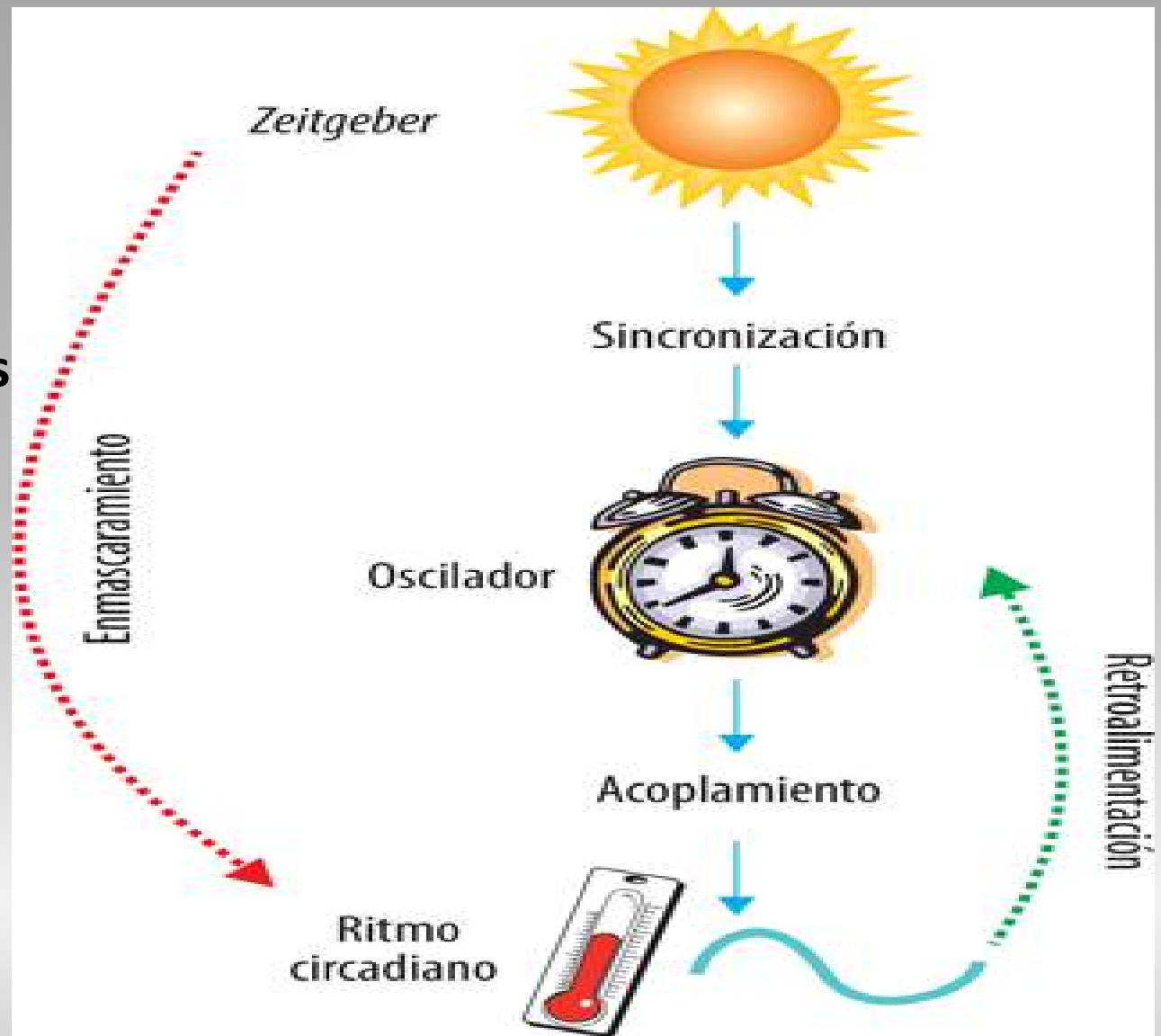


Figure 3. Model-predicted average values (mean \pm SEM) for time going to bed (hours relative to midnight) from the sleep diary at baseline and weeks 1–29 of the double-blind treatment periods, in the intent-to-treat 55–80-year population. Asterisks denote significant difference between PRM and placebo groups (* p < 0.05, ** p < 0.01).

• **PENSAR AL REVEZ**
“no me quiero
dormir”



- INVENTARSE 5 COSAS A LA HORA DE DORMIR 8 PM
- Desmaquillarse si es mujer o lavarse cara si es hombre
- Baño o ducha
- Lavarse los dientes
- Las oraciones o tomar el te: tilo, pasiflora, manzanilla, etc
- Ir a orinar



Fuente: Jesús A. Fernández-Tresguerres:
Fisiología humana, 4e: www.accessmedicina.com
Derechos © McGraw-Hill Education.
Derechos Reservados.

CONTROL DE ESTIMULO

Buen control de estimulo
Odds 1 en 2

Estímulos de discontrol
Odd 1 en 8



Sexo

Reposo en
cama

Reposo
En
cama

Comer en cama

Sexo

Ver TV en cama

Leer (ED) en cama

Sueño

Sueño

Trabajo en cama

Temor en cama

Hacer la cama

•USO DE LA CAMA

NO SIERVE PARA ver TV

Ver celulares

Orar

Preocuparse

Comer

Platicar

Oír música

Ver la tablet

SOLO SIRVE PARA 2 COSAS

DORMIR

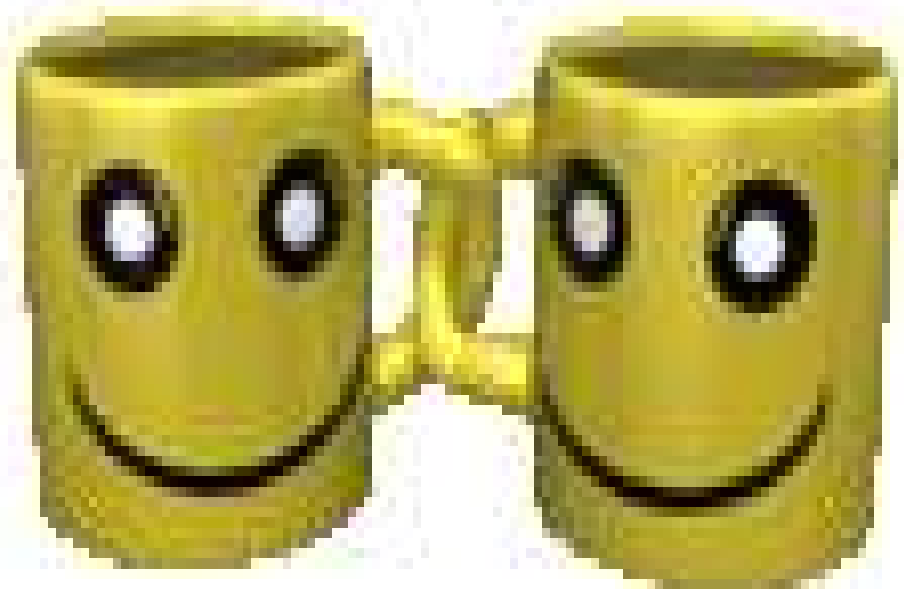
- Si en su cama no le viene el sueño en 15 minutos busque
- OTRA CAMA OTRO SITIO (esta es para meditar, oír música, relajarse, leer libros impresos (no laptops, no celulares, no tv), leer la biblia, y al comenzar a bostezar o con sueño regrese a su CAMA.



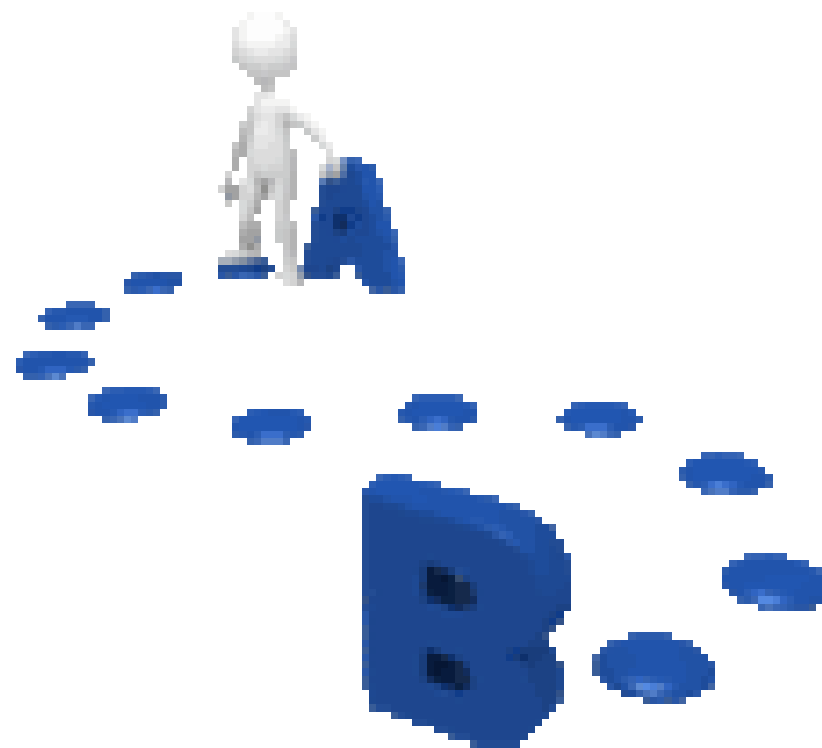
- **LEVANTARSE A LA MISMA HORA**



- **LIMITE BEBIDAS: CAFÉ, ETC**



- LEVANTARSE A
MISMA HORA Y
TRATE DE CAMI
30 MINUTOS CA
DIA



• **NO SE PREOCUPE**

