

Sleep Disorder Manifestations Vary by Patient

BY KERRI WACHTER
Senior Writer

SAN JUAN, P.R. — Treating the manifestations of sleep disorders requires a broad understanding of patients' circumstances, Donald Bliwise, Ph.D., said at the annual meeting of the American Association for Geriatric Psychiatry.

For example, both restless legs syndrome (RLS) and periodic limb movement disorder (PLMD) become more prevalent as patients age, said Dr. Bliwise, professor of neurology at Emory University in Atlanta. "RLS is really a symptom," he said. PLMD is a polysomnographic finding, and the two often overlap. However, neither is necessary nor sufficient to make the diagnosis of the other. In order for RLS to be diagnosed, communication between the patient and the physician is critical. A diagnosis of PLMD often must be preceded by a report from the patient's bed partner of excessive movement.

RLS is characterized by uncomfortable leg sensations. These sensations are worse in the evening and at night, and worse with inactivity. Leg movement relieves the discomfort. "If someone has constant pain and discomfort, it's probably less likely to

be RLS," said Dr. Bliwise, director of the program in sleep, aging, and chronobiology at Emory. RLS is associated more with motor hyperactivity.

PLMD is characterized by stereotypic, repetitive movements of the legs—and less often the arms—during sleep or inactivity; these movements are detected by EEG in the sleep laboratory. Movements occur every 20-40 seconds and usually occur in groups of four. These movements may be associated with arousals from sleep. Sometimes the movements occur in only one limb or may switch back and forth between limbs.

Dr. Bliwise also said RLS and PLMD are very dependent on ferritin levels. "So one of the first things we do, especially with our geriatric patients, is check ferritin-iron levels," Dr. Bliwise said. If the patient has low levels, he or she is put on iron supplementation.

RLS and PLMD are also associated with chronic renal failure, neuropathies, myelopathies, radiculopathies, pregnancy, and folate and vitamin B₁₂ deficiencies. Some medications can worsen RLS and PLMD; in particular, tricyclic antidepressants and selective serotonin reuptake inhibitors can aggravate these two condi-

tions. Dopamine agonists are often used off label for these two conditions. Ropinirole (Requip) is indicated for the treatment of RLS.

Sleep disorders are also common in synucleinopathies and Alzheimer's disease but have different clinical presentations. "With these two broad classes of neurodegenerative conditions, you really have two kinds of clinical pictures as far as sleep disturbance is concerned," Dr. Bliwise said.

Parkinson's disease (PD) and PD-like conditions (synucleinopathies) are often characterized by the suspension of normal REM atonia. "Often with these patients, you get a history of combativeness," Dr. Bliwise said. They awaken from sleep often with confusion and may believe that they are being attacked, which leads to combative behavior. These patients are also sleepy during the day. These signs may even predate PD-like conditions by as much as 20 years. In terms of treating both Parkinson's disease and PD-like conditions, clonazepam, dopamine agonists, and even melatonin have been used off label with some success.

In contrast, "in Alzheimer's disease, what we typically see is agitation in the late afternoon or early evening hours—the

so-called sundown syndrome," Dr. Bliwise said. Studies have shown that this phenomenon is associated with changes in circadian rhythms. Other studies have shown that there is a profound loss of cells in the suprachiasmatic nucleus in patients with Alzheimer's disease.

Keep in mind that cholinesterase inhibitors used in treating Alzheimer's are associated with disturbed sleep. Studies suggest that these drugs may increase both REM sleep and insomnia. Atypical antipsychotics, which are sometimes used off label to treat Alzheimer's disease, are associated with somnolence. "Basically, the adverse effect of somnolence is what we're banking on when we try to use these [atypical antipsychotics] to try to treat disturbed sleep in these patients," Dr. Bliwise said.

Finally, it is important not to overlook nocturia in patients with disordered sleep, Dr. Bliwise said. In fact, a direct association exists between the number of times a person wakes during the night to urinate, the person's age, and complaints of sleep. "It's amazing how often this is overlooked as a cause of disordered sleep," Dr. Bliwise said. Nocturia has been associated with sleep apnea, another factor in disordered sleep. ■

Anxiety, Sleep Problems Predict Late-Life Depression Recurrence

BY DAMIAN McNAMARA
Miami Bureau

BOCA RATON, FLA. — Residual anxiety symptoms and sleep disturbances predicted recurrence of late-life depression in a study presented as a poster at a meeting of the New Clinical Drug Evaluation Unit sponsored by the National Institute of Mental Health.

"We know residual symptoms are important. But no study has dissected which residual symptoms are predictive of who is still depressed," Dr. Alexandre Y. Dombrovski said.

Dr. Dombrovski and his associates assessed data for participants in a randomized, clinical trial. All patients had unipolar depression and were aged 70 years or older. A total of 116 participants were in remission, and remained stable during open pharmacotherapy and interpersonal psychotherapy. Those participants were studied further.

"We looked at core mood symptoms, sleep disturbances, and anxiety over 2 years for predictors of recurrence," said Dr. Dombrovski of the University of Pittsburgh Medical Center's Western Psychiatric Institute and Clinic.

Recurrence was defined as a score greater than 14 on the Hamilton Depression Rating Scale (HAM-D) and meeting DSM-IV criteria for a major depressive episode.

This was a secondary analysis of a depression maintenance study that compared clinical management with monthly maintenance interpersonal psychotherapy, and paroxetine

(Paxil) pharmacotherapy with placebo, he said.

Depressed mood, guilt, suicidality, energy/interests were the core mood symptoms rated with the HAM-D. Also, researchers used the HAM-D to assess early, middle, and/or late insomnia, as well as anxiety symptoms (agitation, psychic and somatic anxiety, hypochondriasis). The Pittsburgh Sleep Quality Index (PSQI) was used to gauge sleep quality.

"We found in these patients that persisting anxiety symptoms predicted early return of depression," Dr. Dombrovski said.

Total burden of residual anxiety symptoms was the strongest predictor of depression recurrence, nearly doubling the risk, compared with nonanxious participants. "This confirmed our hypothesis and our earlier study," he

said (Am. J. Geriatr. Psychiatry 2006;14:550-4).

Sleep disturbance also was predictive, but only on the PSQI and not the HAM-D measure, univariate analyses showed. In a multiple Cox regression model that controlled for patient assignment to either paroxetine or placebo, HAM-D residual anxiety and PSQI residual sleep disturbance remained significant predictors, Dr. Dombrovski said.

He said that for patients with late-life depression, physicians should identify the subgroup with enduring anxiety, because it is a marker for risk of recurrence. The study was funded by the National Institutes of Health and the John H. Hartford Foundation. The meeting was sponsored by the American Society for Clinical Psychopharmacology. ■

Nearly Half of Elderly May Have Prescription Errors

BY TIMOTHY F. KIRN
Sacramento Bureau

SEATTLE — Almost half of a sample of elderly persons in Los Angeles were taking medications that they probably should not have been, and the likelihood of such a problem rose sharply with the number of medications they were taking, Gretchen E. Alkema said at the annual research meeting of AcademyHealth.

In fact, of the elderly persons who were taking 12 or more medications, 70% had one or more medication problems, and of those taking 7-9 medications, 50% had one or more medication problems.

About one-half of the individuals in the study were taking nine or more medications.

The study shows how complicated caring for the elderly has become and how frequently they end up being given a medication they should not be using, said Ms. Alkema of the Davis School of Gerontology at the University of Southern California, Los Angeles, in a poster presentation.

The study looked at a cohort of 615 individuals in a Medicaid waiver program who were living at home but were at risk for institutionalization. Their average age was 80 years, about 40% were living alone, and 60% were English speaking.

A pharmacist reviewed their medications using a validated home-health screening tool, looking for four types of medication problems:

► Unnecessary therapeutic duplication.

► Inappropriate psychotropic medication use in a person with confusion or a fall in the past 3 months.

► Cardiovascular medication problems, such as poorly controlled hypertension based on dizziness, blood pressure, or pulse.

► Inappropriate NSAID use in a patient at risk for peptic ulcer complications (over age 80 years, on an anticoagulant, or on a corticosteroid).

Overall, 49% had one medication problem, 19% had two medication problems, and 5% had three or more problems.

The most common type of problem was therapeutic duplication, in 24% of the individuals, followed by inappropriate psychotropic use and cardiovascular medication problems, each in 14% of the individuals, and finally, inappropriate NSAID use, in 13% of the individuals.

Apart from simply the number of medications a person was using, the study found that an important risk factor associated with medication error was that the individual had been to a hospital, emergency department, or skilled nursing facility in the past year. Those contacts with the medical system doubled the risk of a problem. ■