

INSOMNIA AND THE AGING PROCESS

CATHERINE FICHTEN

Catherine Fichten obtained a Bachelor's degree in Psychology from McGill University, a Master's degree in Experimental Psychology from Concordia University, and a Doctorate in Clinical Psychology from McGill. She joined Dawson's Psychology Department in 1969, and has since been a member of numerous College committees. She is a member of the Editorial Boards of several scholarly journals, and is a guest reviewer for many others; she also races a 22-foot sailboat. Catherine's recent research has focused primarily on insomnia and individuals with disabilities.



CLAUDE ARSENEAULT
Ni nid, ni lumière, 1990
Photo-engraving, aquatint, drypoint
Fine Arts Department
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Oh, to sleep...

Investigating Insomnia and the Aging Process

Sleep disruptions and complaints of insomnia are prevalent in older adults. While the common complaint in younger insomniacs is difficulty falling asleep, older poor sleepers usually have difficulty getting back to sleep after waking in the middle of the night or waking too early in the morning. Existing pharmacological as well as psychological treatments have limited effectiveness with long standing sleep problems associated with aging and there are serious social, human, and financial costs related to medical treatment for older insomniacs.

It is for these reasons that I and colleagues Eva Libman and Laura Creti (a part-time Dawson teacher and former Dawson student) have been investigating insomnia and the aging process. Our research program started in 1990 and continues to the present. It is made possible by funding from the Conseil québécois de la recherche sociale (CQRS), Health & Welfare Canada (NHRDP), and the Direction générale de l'enseignement collégial (PSCC). During the course of the project, many people have made substantial contributions to its realization, including current and former Dawson people Ann Gay, Darlene Judd, Harriet Lennox, and Vicki Tagalakis.

Consistent with the policy of prevention and the development of successful aging strategies, the goals of the research program are to: (1) identify specific characteristics and risk predictors in aging individuals who currently experience no problems, but who are developmentally vulnerable to sleep disorder, (2) develop and evaluate a model for insomnia which will permit a better understanding of the causative and maintaining factors of nonmedically based sleep disorders, (3) develop and evaluate a newly developed intervention technique for the management of insomnia, and (4) examine its comparative effectiveness in helping older insomniacs see themselves as people who can cope with their sleep disturbances rather than be the victims of it.



These experimental goals address the following critical questions. *What* are the parameters of nonmedically based insomnia in older individuals? At *which stage* should an intervention be implemented? For *whom* will a particular intervention strategy be effective? The results of our investigation will contribute to the overriding goal in all public health efforts, namely maintenance and improvement in quality of life by promoting the use of coping activities which will prevent or alleviate disability – in this case, the debilitating experience of insomnia.

Our data describing aspects of sleep and insomnia as well as the psychological and lifestyle characteristics of a large community sample of older individuals, both good and poor sleepers, contribute to the understanding of the *complaint* of insomnia as distinct from the phenomenon of sleep disruption. Our findings also indicate that polysomnographic (sleep laboratory) and self-report measures reflect complementary aspects of the sleep experience and that cognitive-behavioral insomnia management techniques can decrease the intensity of the insomnia experience.

Current work involves developing and testing an information-processing model for nonmedically based sleep disorders. Two hypotheses derive from this model. One revolves around the aversiveness of the awake time experience during the night; this is typically occupied by extraneous and intrusive cognitive activity such as concerns about the day's events and worry about miscellaneous matters, including the consequences of not getting enough sleep (which exacerbates the problem of actually falling asleep). The second hypothesis concerns common errors in information processing which result in overestimation of the time spent awake; this, we believe, both magnifies the sleep complaint as well as contributes to the negative cognitive experiences which interfere with falling asleep. We are also exploring the natural course of sleep complaints in a population seen as "at risk" in a longitudinal study. In this project we are examining the demographic, physical, personality and sleep characteristics of people who deteriorate from their initial designation as Good Sleepers as well as those who improve from their initial designation as Poor Sleepers.

In addition, we are currently completing a comparative study of two new brief non-drug psychological interventions in a sample of middle aged and older individuals and we are conducting studies to tease out the beneficial effects of different components of our intervention program. In this way we will determine what aspects of the program were beneficial to what "kinds" of individuals presenting with what problem characteristics.

Our research on sleep, insomnia and the aging process is still in progress. While we have been presenting our preliminary findings at scholarly conferences, we have only recently begun to publish our findings.

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