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Title: Altered sleep patterns in Alzheimer's Disease

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There are many factors which contribute to sleep impairment in Alzheimer's disease (AD). These include age-related changes in sleep, changes in the internal biological clock, increased prevalence of primary sleep disorders, the high use of medications and the high prevalence of medical illness including dementia and other medical and psychiatric illnesses. In institutionalized patients with AD environmental factors also contribute to poor sleep. One of the more common sleep disorders in AD is obstructive sleep apnea (OSA). There is a significant association between OSA and cognitive function in AD. It is known that treating OSA in younger adults and in elderly without AD is associated with improvements in sleep architecture, daytime sleepiness, motor speed and nonverbal learning and memory and has a positive effect on nocturia, reducing the number of voids per night. In AD, treating the SDB results in a reduction in the amount of apnea, an improvement in nighttime sleep and in daytime sleepiness and improvements in some aspects of cognitive function. Data from long term use of CPAP suggests that treatment may slow the progression of dementia. In summary, the results of treating SDB in AD lend support to the hypotheses that SDB might be a reversible cause of cognitive loss and dementia and that treatment of SDB, especially in the early stages of dementia when patients are still largely independent, may slow dementia progression.

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