

WHAT MIDLIFE WOMEN SHOULD KNOW ABOUT Menopause and Sleep

Although women in the menopause transition are more likely to report sleep disturbances, studies do not indicate that hot flashes are always the culprit. Primary sleep disorders such as sleep apnea and restless leg syndrome are common in midlife women and can be the real causes of sleepless nights.

Are my hot flashes keeping me awake at night?

Some studies suggest that hot flashes interrupt objectively measured sleep, but other studies find that even though midlife women think they are sleeping poorly, in fact hot flashes have little to do with it. Hot flashes, especially those that occur in the first half of the night, may make you feel as though you are not sleeping well, but underlying sleep disorders throughout the night may be interrupting your usual sleep patterns.

What kinds of sleep disorders?

The most common causes of sleep disturbances in midlife women are sleep-disordered breathing (sleep apnea) and restless leg syndrome (rhythmic limb movements). Sleep-disordered breathing is the periodic cessation of breathing associated with loud snoring, sleep arousals, and varying desaturated blood oxygen levels. Severe sleep apnea has been linked to cardiovascular disease, and episodes lead to fragmented sleep, waking up still tired, excessive daytime sleepiness, and hypertension. Heavy body weight and a crowded oropharynx contribute more to sleep apnea than do ovarian hormone factors.

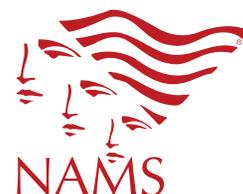
Are sleep disorders dangerous? Can they be treated?

Behavioral treatments such as sleep restriction therapy and various relaxation procedures are viable treatment options for insomnia.

- *Sleep restriction* means restricting the time spent in bed to actual sleeping. If you spend 9 hours in bed but report sleeping only 7 hours, you would be instructed to spend

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just 7 hours in bed. This time could increase by 20 minutes a week until full optimal sleep duration is attained.

- *Paced respiration* is a common relaxation technique your clinician can teach you whereby your respiration rate is reduced by 50% to increase abdominal chest excursions and reduce thoracic excursions. It can be practiced twice daily for 15 minutes each time and before going to bed.
- *Reducing temperature* in the bedroom in the first half of the night can reduce hot flash frequency, making you feel as though you are sleeping better. Avoid comforters, use a gentle fan, and sleep on sheets and pillow cases that will keep you cool. Avoid heavy evening meals, and adjust levels of light and noise so you can relax.
- *Losing weight* if you are overweight helps with sleep apnea.

Prescription sleeping pills may be used as a short-term solution. The effects of estrogens and progesterone on sleep are currently being studied. In cases of severe, obstructive sleep apnea, a CPAP (continuous positive airway pressure) machine will be prescribed to stop breathing interruptions. Always let your healthcare professional know if you believe you are not getting enough sleep so that you can be referred to a sleep disorders center, if appropriate, for evaluation.

Where can I learn more about sleep disorders?

See *Your Guide to Healthy Sleep* from the National Heart, Lung, and Blood Institute at www.nhlbi.nih.gov/health/public/sleep/healthysleepfs.pdf.

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