ABSTRACT

Normal aging is associated with reduced sleep duration and quality. In both epidemiologic and laboratory studies, decreased sleep duration and quality are associated with adverse health outcomes. Because of this adverse impact of impaired sleep on mental and physical health which have already been weakened by aging, it is important to improve older adults sleep practice to obtain best sleep. Sleep impairment among older adults may be most severe when they are hospitalized. To recommend systematic interventions to improve sleep duration and quality, it is necessary to understand the predictors of sleep loss in hospitalized older patients. A random (mixed) effects model was used on a longitudinal data set obtained from a prospective cohort study of cognitively intact community-dwelling ambulatory patients aged 50 or above, hospitalized at the University of Chicago inpatient general medicine service. The parameter estimates show that patients with higher level of perceived control over their ability to sleep tend to have longer sleep duration. People without high blood pressure and with better baseline sleep characteristics (measured by Pittsburgh Sleep Quality Index) within a month before admission tend to have stronger perceived control over their ability to sleep. Therefore, measures to empower more perceived control over ability to sleep should be considered to improve older patients sleep duration and quality.