

Maintaining regular daily routines is associated with better sleep quality in older adults

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A study in the April 1 issue of the journal *Sleep* found that the maintenance of daily routines was associated with a reduced rate of insomnia and improved quality of sleep in older adults living in a retirement community.

Results of regression analyses indicate that increased stability in daily routine predicted a shorter time to fall asleep, higher sleep efficiency and improved [sleep quality](#). Stability in basic activities such as bathing, dressing and eating was more strongly associated with sleep quality than stability of instrumental activities such as shopping, public transportation use and medical appointments.

According to the authors, routine lifestyle rhythms may be characterized by stability in the timing, frequency and duration of daily activities such as watching TV or reading a book. It is also possible to identify weekly patterns of regularity in activities such as cleaning, exercise and social engagements.

Lead author Anna Zisberg, R.N., M.A., Ph.D., assistant professor at the University of Haifa in Mt. Carmel, Israel, said that the findings highlight the importance of developing lifestyle regularity as a means for maintaining good sleep quality.

"We predicted that there would be a relationship between routine

activity patterns and sleep quality, since theoretically [sleep patterns](#) and other everyday life activities are related and potentially synchronized," said Zisberg. "However, given the widely accepted view that light is the major synchronizer of the human sleep-wake cycle, we were surprised that our findings were so robust."

The study was conducted in the northern part of Israel between August 2007 and September 2008. It involved 96 Russian-speaking [older adults](#) in two retirement communities where each apartment was fully equipped as an independent functional unit including a kitchenette. They had a mean age of about 75 years, with a range from 58 to 89 years. Seventy-two percent were female, 82 percent lived alone and 75 percent reported fair or good health. Sleep medication was used less than once a week by five percent of the sample, from once to twice a week by seven percent of participants and three times or more per week by 23 percent of the sample.

Participants' routines were assessed by a trained interviewer three times at two-week intervals using a modified version of the Scale of Older Adults' Routine (SOAR). Eighty-nine of the 96 participants completed interviews at all three time points and were included in the final analyses. Sleep quality was evaluated using the Pittsburg Sleep Quality Index (PSQI). Daily functional status was assessed with the modified Lawton Scale of Instrumental Activities of Daily Living (IADL). A subsample of 33 members completed the Social Rhythm Metric (SRM) two-week diary.

Mean total sleep time was six hours, mean sleep efficiency was 77.9 percent and mean sleep latency was 37.53 minutes. Higher sleep efficiency was associated with a more stable duration of basic and instrumental activities and with more stable lifestyle regularity. Shorter sleep latency was associated with a more stable duration of basic and instrumental activities and with more stable lifestyle regularity. Poorer

sleep quality was associated with less lifestyle regularity and more comorbidities.

The authors noted that changes in the circadian system are considered a natural part of aging and are implicated as an underlying factor of reduced sleep quality in the elderly. Routine lifestyle rhythms may serve as a protective factor contributing to the maintenance of high-quality sleep. However, more research is needed to examine the maintenance of daily routines in broader populations with varying cultural backgrounds and living arrangements. Future longitudinal studies may assess whether lifestyle regularity constitutes a cause or a consequence of quality [sleep](#) patterns.

Provided by American Academy of Sleep Medicine

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