

노인에서의 불면증 Insomnia in the Elderly

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ABSTRACT

The prevalence of insomnia and the degree of impairment due to insomnia is greater than in the of young. The cause for insomnia in the elderly are various factors among the elderly is known to be high including medical, psychiatric, drug issues, circadian rhythm changes, sleep disorders, and psychosocial. So the careful evaluation to find the cause of insomnia is needed for the elderly. Treatment options for insomnia include behavior modification and pharmacotherapy. Outcome data from previous studies indicate that behavioral approaches produce reliable and durable therapeutic benefits, as evidenced by improved sleep efficiency and continuity and enhanced satisfaction with sleep patterns. Treatment methods such as stimulus control and sleep restriction, which target maladaptive sleep habits, are especially beneficial for older insomniacs, whereas relaxation - based interventions aimed at decreasing arousal, produce more limited effects. Cognitive and educational interventions are instrumental in altering age - related dysfunctional beliefs and attitudes about sleep. The choice of hypnotics is based on matching the nature of the insomnia to the hypnotic agent. The ideal agent has rapid onset, duration of action that lasts through the night but no residual daytime effects, and no adverse effects. The key for the healthcare professional is finding the appropriate treatment or treatment combination, including behavioral modification and pharmacotherapy. When hypnotics are indicated, the most appropriate short - acting agent should be considered. *Sleep Medicine and Psychophysiology* 2001 ; 8(1) : 5-10

Key words: Insomnia · Elderly · Non - pharmacological management · Pharmacotherapy.

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본 론

1. 노인에서의 수면구조의 변화

70 80% , 14% .
 65 11% 1
 (1).
 가, (11,12). ,
 가 ,
 (2,3,4). 36.7%, 28.7%, 19.1%
 가 50% 75% 2
 가
 가 (13,14). 60
 가 29.5% (15), 70
 (5). 75% , ,
 가 가 (16).
 (17)
 (6,7) , (18) 65
 84 206 57.7%

가가

가
 가
 가
 Suprachiasmatic nucleus
 (8), 가 가 , 가 가 .
 가
 가
 (9). 가
 1/3
 (10). , , , , 가
 (14,19).
 , , , , , 가
 , 90 28%
 가 62% ,
 19.5% 60%

2. 연령에 따른 불면증 유병율증가와 그 원인

1/3 (20).
 가
 . 65 가
 23% 40% 가 가 ,
 12% 25%가 ,

가 65 , 가
45%

(21). 가

가

가

가

4. 노인불면증의 치료

가

40%

70%

가 (22).

, 6

1

(25).

, MAO

가

(26)가

가 가

85

DSM -

90%

가

?

(27).

(23),

가

가

(24),

Ford

(22)

가

1) 노인에서 비약물치료법의 실제

(1)

3. 노인 불면증의 진단과정에서 주의할 점

4~6

가

가

가

가

(28),

(29),

(33).

(2)

가

/

(4)

15~

20

가

가

가

(, TV)

가

가

가

(34)

가

가

가

(30).

가

가

(5)

,

가

가

,

가

가

가

가

가

가

(31),

(6)

(3)

가

(1

40

가 (35).

)

가

(7)

80~90%가

90%

15

20 가 가

5

가

(1500~2000 lux

75~85%

5%

)

(32).

가

가

(36).

가

2) 약물치료

8

가 Temazepam

가

결론

1

4

(37).

(37).

(38)

1.5

(39).

가

가

가

중심 단어 :

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가
1) 가
2) (2 4) 3)
(4) 4) 5)
가
, GABA 가
가
Zolpedem Zaleplon
BZ - 1
(40).
4 5
가
Zaleplon

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