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The Silent Epidemic: Understanding Insomnia Among India's Elderly

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Sleep is a fundamental pillar of physical, emotional, and cognitive well-being, yet insomnia has emerged as a widespread and under-recognized concern among the elderly, particularly in India's rapidly ageing population. Epidemiological evidence suggests that a substantial proportion of older adults experience persistent sleep disturbances, driven by a complex interaction of physiological ageing, chronic medical conditions, psychological stressors, and lifestyle transitions. The condition is further shaped by the interplay of predisposing vulnerabilities, precipitating life events, and perpetuating maladaptive sleep behaviors, making it both multifactorial and self-sustaining. Recent national data highlight significant prevalence rates, gender disparities, and a large treatment gap, underscoring the role of social determinants such as financial dependency, loneliness, and limited healthcare access. Insomnia in later life is strongly associated with adverse health outcomes, including cognitive decline, increased fall risk, cardiovascular and metabolic disorders, and coexisting mental health conditions like depression. Evidence-based management emphasizes non-pharmacological approaches such as sleep hygiene practices, cognitive behavioral therapy, and lifestyle regulation, complemented by cautious medical intervention when necessary.

Keywords: Cognitive decline, Elderly population, Insomnia, Sleep disturbances, Sleep hygiene.

Introduction

The primary biological necessity for mental, emotional, and physical health is sleep. And with advancing age, many individuals experience disturbances in sleep patterns, the most common being insomnia. Insomnia is not merely a minor inconvenience; it is a significant public health concern, particularly among the elderly population and it has emerged as a pervasive yet often overlooked "silent epidemic." The significance of sleep for the general health and well-being of elderly people has been extensively studied and is increasingly acknowledged. By 2050, there would be more than 227 million older adults in India, up from the present 60 million. As the number of older adults rises, it is anticipated that the burden of sleep-related health issues would also rise.

A large portion of the global population suffers from sleep difficulties. Insomnia, or difficulty falling and staying asleep, is a fundamental component of sleep disorders. Despite having access to suitable sleep opportunities, persistent insomnia is defined by the International Classification of Sleep Disorders as difficulty falling or staying asleep at least three times a week for three months. Insomnia is classified as episodic if it lasts less than a month and as persistent if it lasts more than three months, according to the Diagnostic and Statistical Manual of Mental Disorders-5. Research from around the world shows that 10–30% of people suffer from chronic insomnia, with some estimates going up to 50–60%. Older persons are frequently affected by either acute or persistent sleeplessness. Between 30 to 48% of older persons report having symptoms of sleeplessness.

Due to its association with declining overall health, a lower quality of life, and morbidities like falls, institutionalization, and cognitive impairment, insomnia is a major health issue for older persons. One explanation for why older persons is more likely to suffer from insomnia is age-related physiological changes that lead to less deep sleep, more fragmented sleep, and early morning awakenings. While social isolation, caregiving, and mourning are some of the perpetuating variables, retirement-related lifestyle changes, decreased physical function, polypharmacy, and a growing load of health concerns are some of the triggering factors. Suicidal thoughts are also more likely to occur in people who suffer from insomnia.

Furthermore, heart disease, hypertension, myocardial infarction, metabolic syndrome, and prostate cancer are all linked to insomnia. The risk of getting depression and hypertension is doubled by insomnia. Previous research has shown that insomnia is more common in women, the unemployed, widowed, separated, divorced, or single, people with poor socioeconomic position, people with low levels of education, and older folks. Smoking, drinking, watching television, and not exercising are additional factors linked to increased rates of insomnia.

According to a study, religious participation may enhance the quality of sleep by lowering the mental, chemical, and physical arousal caused by psychological distress, substance abuse, stress exposure, and allostatic load. This makes religious involvement a social predictor of sleep. The prevalence of insomnia rises with age. Insomnia is associated with a significant morbidity rate if it is not treated. In addition to preventing cardiovascular illnesses, psychological issues, and other chronic conditions, diagnosing and treating insomnia may help older persons perform better on an individual basis. (Pradhan and Saikia, 2024)

The Current Landscape: Official Data and Prevalence

Based on 2024–2025 reports and data analyses derived from the Longitudinal Ageing Study in India (LASI), a landmark study under the Ministry of Health and Family Welfare (MoHFW), the current data on insomnia among the elderly in India is as follows:

- **Overall Prevalence:** Approximately **37%** of older adults (aged 60+) in India experience insomnia.
- **Gender Gap:** Insomnia is more prevalent among elderly women (**41%**) compared to men (**32%**).
- **Key Drivers:** The high prevalence is strongly associated with chronic diseases (reported by 75% of elderly), financial dependency, and depression.
- **Urban vs. Rural:** While rural areas often report higher levels due to poor accessibility to healthcare, urban areas are increasingly affected due to lifestyle changes.
- **Treatment Gap:** Despite the high prevalence, only about **3%** of older adults in India seek formal treatment for insomnia, often due to lack of awareness or stigma

Key Data Trends as of 2025:

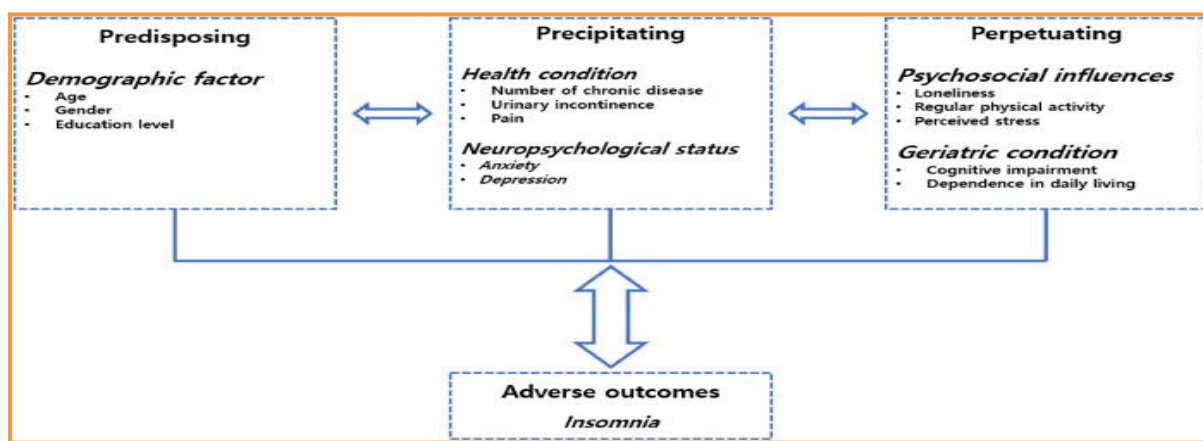
- **Population Growth:** India has an estimated 205 million+ people aged 60 and older, with this population projected to rise to 319 million by 2050.
- **Mental Health Link:** Geriatric depression is significantly associated with insomnia, with some studies indicating 37.6% of the elderly experiencing insomnia alongside depressive symptoms.
- **Health Infrastructure:** As reported by PIB on October 28, 2025, 696 Senior Citizen Homes are operating across India, with efforts to expand geriatric care services.

Causes: Why Sleep Eludes the Golden Years

Insomnia in the elderly is rarely a standalone condition. In the Indian context, it is frequently a secondary symptom of underlying medical or psychosocial issues:

1. **Medical Comorbidities:** Chronic conditions such as **arthritis, diabetes, hypertension, and chronic lung diseases** are major disruptors. Pain and the frequent need for nocturnal urination (nocturia) are the primary physical barriers to rest.

2. **Psychological Factors:** Anxiety regarding health, loneliness, and the loss of a spouse contribute significantly. Clinical depression affects about **3.5% to 6.9%** of this demographic, often manifesting as early morning wakefulness.
3. **Physiological Changes:** Age-related alterations in the **circadian rhythm** (the body's internal clock) cause a shift toward earlier sleep and wake times, often leading to fragmented sleep.
4. **Polypharmacy:** Many elderly Indians take multiple medications for blood pressure, asthma, or depression, some of which contain stimulants that interfere with the sleep cycle.
5. **3- P Factors:**
 - **Predisposing factors:** These are underlying characteristics or conditions that make a person more vulnerable to developing insomnia. They exist before the sleep problem starts (e.g., anxiety, genetics, personality traits).
 - **Precipitating factors:** These are specific events or triggers that cause the onset of insomnia. They are usually short-term stressors like illness, life changes, or emotional distress.
 - **Perpetuating factors:** These are behaviours or thoughts that maintain or worsen insomnia over time. They prevent recovery even after the original cause is gone (e.g., poor sleep habits, worry about sleep).



Source: <https://share.google/NvLAnEqke5qIEvgnC>

The Ripple Effect: Impact on Health

The consequences of chronic insomnia extend far beyond daytime sleepiness. In India, researchers have linked persistent sleep deprivation to:

- **Cognitive Decline:** Studies at institutions like **Banaras Hindu University (BHU)** have shown a significant decrease in **working memory** and coordination among elderly chronic insomnia patients.
- **Increased Fall Risk:** Fatigue and decreased alertness significantly increase the risk of falls a leading cause of hip fractures and disability in the elderly.
- **Metabolic Disruption:** Lack of sleep worsens glycaemic control in diabetics and exacerbates hypertension, creating a dangerous cycle of declining health.

Remedies and Management

The **National Programme for Health Care of the Elderly (NPHCE)** emphasizes a holistic approach to managing sleep disorders, prioritizing non-pharmacological interventions.

1. Sleep Hygiene and Lifestyle Changes

- **Consistency:** Maintaining a fixed wake-up and bedtime, even on weekends.
- **Environment:** Ensuring the bedroom is dark, quiet, and cool.
- **Stimulant Control:** Restricting caffeine (tea/coffee) and heavy meals at least 3-4 hours before bed.

- **Daytime Activity:** Increasing exposure to natural sunlight and engaging in light physical activity like walking.

2. Cognitive Behavioural Therapy for Insomnia (CBT-I)

Recognized as the "gold standard" for treatment, CBT-I involves techniques such as **stimulus control** (using the bed only for sleep) and **sleep restriction** (limiting time in bed to actual sleep time to increase efficiency).

3. Medical Interventions

When lifestyle changes are insufficient, healthcare providers may suggest:

- **Melatonin Supplements:** Particularly effective for circadian rhythm shifts.
- **Low-dose Medications:** Physicians increasingly avoid traditional benzodiazepines due to the risk of dependency and daytime grogginess, opting for safer alternatives.



Source: <https://share.google/GEiz4x1z7IGuXXM4H>

Conclusion

Insomnia among the elderly in India is not merely a sleep disorder but a multidimensional public health issue with far-reaching implications for overall health and well-being. As the ageing population continues to grow, the burden of insomnia and its associated complications is expected to rise significantly. Addressing this challenge requires a comprehensive and holistic approach that integrates lifestyle modifications, psychological interventions, and appropriate medical care. Promoting awareness, reducing stigma, and strengthening geriatric healthcare services are crucial steps toward bridging the existing treatment gap. As the nation ages, the NPHCE and other government frameworks continue to integrate geriatric mental health into primary care and interventions such as sleep hygiene practices, CBT-I, and supportive social environments can play a transformative role in improving sleep quality and enhancing functional independence among older adults. Ultimately, ensuring healthy sleep is essential for achieving healthy ageing, enabling India's elderly population to lead dignified, active, and fulfilling lives.

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