HOW WELL WE SLEEP AFFECTS HOW WELL WE AGE
SYMPOSIUM OVERVIEW

- Katie Stone (California Pacific): Utilizing Actigraphy & Multi-Dimensional Sleep Domains
- Jane Cauley (U Pitt): Bone Health & Physical Function
- Susan Redline (Harvard): How We Breathe During Sleep Affects Health, Wellness & Longevity
- Laura Baker (Wake Forest): Sleep Affects How Well Brain Resists Cognitive Decline & Dementia
- All: Discussion
SLEEP AFFECTS HOW WELL BRAIN RESISTS COGNITIVE DECLINE & DEMENTIA
SLEEP: KEY MODIFIABLE RISK FACTOR IN SLOWING & PREVENTING COGNITIVE DECLINE & DEMENTIA

• Chronic sleep disturbances, particularly SDB, can have negative effects on cognitive function and increase risk of cognitive decline and impairment – including MCI and AD (Yaffe 2014, Blackwell 2011)
  o Performance on cognitive tests is lower for community-dwelling older adults with SDB than for those without the disorder – particularly for executive function (Ancoli-Israel 1991)
  o In older women (n=448; mean age=83y), SDB predicted low global cognitive function (MMSE) (Spira, Redline 2008)
  o Study of Osteoporotic Fractures (mean age=82y) with >4 years of follow-up after overnight polysomnography, hypoxemic events/hour and total hypoxemic sleep time predicted later onset of MCI or dementia (Yaffe 2011)
  o In a large population-based retrospective study, diagnosed sleep apnea was associated with increased risk of dementia within 5 years (Chang 2013)
SLEEP: KEY MODIFIABLE RISK FACTOR IN SLOWING & PREVENTING COGNITIVE DECLINE & DEMENTIA

- **Kungsholmen Study**: Self-reported short sleep duration or poor sleep quality predicted increased risk of dementia assessed 6-9 years later (Hahn 2014)

- **Rush Memory and Aging Project**: Sleep fragmentation predicted increased rate of cognitive decline and incident AD assessed up to 6 years later (Lim 2013)

- **WHI**: Similar findings in a small study (Chen et al. 2015)
SLEEP & COGNITIVE FUNCTION: UNDERLYING MECHANISMS

Cognitive Function

- Oxidative Stress
- Glucose Regulation
- Metabolic Syndrome
- Neuropathology (atrophy, plaques & tangles)
- Inflammation
- Hypertension
- Silent Strokes
- Endothelial Dysfunction
- WM Damage
SLEEP & AD PREVENTION: IMPACT ON NEUROPATHOLOGY

- Declines in sleep quality appear to precede cognitive impairment, and chronic sleep disturbance forecasts development of AD (Ju 2014)
  - Poorer sleep quality in non-demented older adults associated with lower Aβ concentration in cerebrospinal fluid, or increased Aβ binding in brain measured using PET imaging – signify increased deposition and increased AD risk (Ju 2013, Spira, Resnick 2013)
    - Unrestricted sleep → favorable effects on Aβ levels in CSF of middle aged adults, 1 night of sleep deprivation can neutralize this benefit (Ooms 2014)
  - Better sleep quality (less sleep fragmentation) protects against ApoE4 effects on AD-related cognitive decline and neuropathological changes (Lim 2013)
SLEEP & AD PREVENTION: IMPACT ON NEUROPATHOLOGY

- Midlife sleep quality by self-report (short or x-long sleep duration) predicted cognitive function 20+ years later (Virta et al. 2013)

- Sleep may be critical for Aβ clearance from the brain (Xie 2013)

Spira, Resnick, 2013; Baltimore Longitudinal Study of Aging;

4 axial slices showing more burden with less sleep by self-report in 70 older adults
• Scope of the problem in older women?
• Impact on women’s health over the long run?
• Implications for healthcare down the road?
  o Detection of abnormalities?
  o Therapeutics?
• Next steps in WHI?
  o Collaborations?
  o Indications?
  o Clinical trials?