

## Sleeping Disorder Older Patients with Diabetes

G Suresh Babu\*

R.V.R. & J.C. College of Engineering, Guntur, Andhra Pradesh, India

### EDITORIAL

Aging, which is more prevalent in wealthy countries, is also gaining relevance in developing countries, resulting in an ever-increasing elderly population in our country. As the world's population ages, the prevalence of chronic diseases rises in lockstep, and quality-of-life criteria such as good living and healthy ageing become more prominent. Sleep is one of mankind's most basic physiological needs, accounting for one-third of the human life cycle and maintaining health. Due to a decline in sleep quality, geriatric people feel excessive daytime sleepiness. Sleep has a good impact on cognitive functions (e.g. memory, concentration) and adds to physical and psychological restoration, in addition to productivity and efficiency. Sleep is regarded as a significant health determinant affecting an individual's quality of life and well-being because of these positive impacts.

Lack of focus, anxiety, sadness, increased sensitivity to pain, irritability, hallucinations, loss of appetite, difficulties in excretion, memory impairments, higher risk of falls, and decreased physical activity are all problems that occur when sleep routines are disrupted. Sleep-related issues result in a lower quality of life as well as higher incidence of morbidity and mortality. Sleep disruptions and metabolic disturbances, such as diabetes, are becoming more common in people around the world. Sleep deprivation and diabetes are both linked to cognitive decline and even dementia. It's still unclear whether sleep abnormalities in diabetic patients are just coexisting disorders or whether there's a bidirectional relationship between sleep disturbances and diabetes, and whether cognitive impairment in diabetic patients - at least in part - is linked to sleep disorders.

Type 2 diabetes mellitus (T2DM) is becoming more common

worldwide, including in India. For dementia, a similar trend and increase in burden has been documented. Over 46 million individuals worldwide suffer from dementia, with 58% of them residing in low- and middle-income nations (LMIC). By 2030, this number is expected to double, and by 2050, it will triple. Given these trends, an increase in the number of people with diabetes and cognitive dysfunction is projected in the not-too-distant future. However, it appears that this connection is not purely coincidental. People with T2DM have a higher risk of incident moderate cognitive impairment (up to 60%) and dementia (50-100%) than people without diabetes, according to epidemiological research. Furthermore, people with diabetes exhibit cognitive impairments (0.2-0.5 SD) that influence their memory, executive skills, and processing speed when compared to people without diabetes. These cognitive declines begin in the pre-diabetes stage and progress at a rate almost 50% faster than typical cognitive ageing over years. This cognitive impairment could have a significant impact on diabetic self-management as well as social and occupational performance.

The majority of studies on diabetes-related cognitive dysfunction has been conducted on persons over the age of 65 who live in high-income nations. In the South Asian region, where T2DM and metabolic syndrome are discovered at least a decade earlier, less is known about the cognitive condition of persons with T2DM. The negative environment is exacerbated by a higher cardiovascular burden and a poorer educational standing. Given that 20% of persons with diabetes live in South Asia, this lack of statistics is startling. As a result, determining the prevalence of cognitive impairment and related risk factors in this population is critical. The information could be useful in developing collaborative intervention studies and identifying vulnerable subgroups for better treatment and prevention.

**Correspondence to:** G Suresh Babu, R.V.R. & J.C. College of Engineering, Guntur, Andhra Pradesh, India, E-mail: gogineni1988@gmail.com

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