

# Diabetes and sleep disorders

Many older people experience a significant decline in sleep quality. Type 2 diabetes and obesity are linked in many ways to sleep problems. Nightly hypoglycaemia, neuropathic pain and nocturia may contribute to the development of sleep disorders among people living with type 2 diabetes. Sleep disorders may increase the risk of developing diabetes complications.

Healthy sleep is considered a key component of good diabetes management. Sleep health is an important and modifiable risk factor for improving glycaemic control in people living with type 2 diabetes.

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Managing and treating sleep disorders may play an important role in the prevention of type 2 diabetes. People with insomnia have a 16% higher risk of developing type 2 diabetes than people without insomnia. Disturbance in the quantity, quality and timing of sleep are associated with an increased risk of obesity and impairments in daytime functioning and glucose metabolism.

Depression, low socioeconomic status, low levels of physical activity, and sleep disorders (including obstructive sleep apnoea and restless legs syndrome) are all associated with excessive sleep and are also risk factors for type 2 diabetes.

Both excessively short (less than 6 hours per night) and excessively long (more than 8 hours) sleep durations have

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The prevalence of RLS in people with type 2 diabetes ranges from 8% to 45%. RLS is also associated with a higher prevalence of diabetes retinopathy, neuropathy and nephropathy, as well as macrovascular complications of diabetes – coronary heart disease and stroke.

Periodic leg movement disorder (PLMD) is repetitive cramping or jerking of the legs during sleep. It is often linked with RLS. PLMD is associated with a higher prevalence of daytime somnolence in type 2 diabetes.

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