

Assess the Effectiveness of Chair Based Exercises on Level of Sleep among Senior Citizens

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ABSTRACT

Sleep problems are highly prevalent in elderly population and insomnia being the most common sleep disorder among the geriatrics. According to International Classification of sleep disorders, third edition, Insomnia is defined a acute or chronic sleep disorder characterized by difficulty in initiating or maintaining sleep, early morning awakening that occur at a minimum of three nights per week, for three months and are associated with significant daytime consequences. The aim of the study to assess the effectiveness of chair based exercise on level of sleep among senior citizens. Quantitative research approach and experimental research design was adopted for the present study.30 samples were selected by using non-probability purposive sampling technique. A structured questionnaires' was used to collect demographic variable. IN clinical variable Pittsburgh sleep quality index was used to assess sleep quality among senior citizen.

KEYWORDS: Chair based exercise, sleep quality, senior citizen

INTRODUCTION

Sleep problems are highly prevalent in elderly population and insomnia being the most common sleep disorder among the geriatrics. According to International Classification of sleep disorders, third edition, Insomnia is defined a acute or chronic sleep disorder characterized by difficulty in initiating or maintaining sleep, early morning awakening that occur at a minimum of three nights per week, for three months and are associated with significant daytime consequences. Prevalence of Insomnia increases with age and prevalence of insomnia found to be higher among older adults which is thought to be consequence of physical and mental co morbidity rather than consequences of ageing itself. Decreased quality of life, risks for falls, psychological and physical difficulties, economic and social costs, risks for nursing home placement and mortality were found to be negative consequences of Insomnia in late life. Prevalence of Insomnia increases with age and unfortunately less than fifteen percent of patients with Insomnia receive treatment or consult health care provider. When untreated Insomnia leads

psychological such as fatigue, depression, cognitive impairments, depression and increased risk of falls. Studies have shown that there is twenty three percent increased risk of depression in patients with untreated insomnia. The prevalence of sleep problems increases from the age of 65 years and approximately 50% of geriatrics suffer from sleep difficulties in which approximately 30% suffer from insomnia and 20% suffer from sleep apnea. Sleep problems in older adults can cause fatigue, daytime sleepiness and napping. Sleep problems also affect The general functioning such as activities of daily living were affected by sleep problems and are associated with poorer quality of life.

METHODS AND METHODOLOGY

A Quasi- experimental design with purposive sampling technique. The total sample size was 60 patients, out of which 30 patients were in control group and 30 in experimental group. A quasi experimental pre-test and post-test design with control group was chosen for analysis. To assess the

How to cite this paper: Sheela | David. F. J. "Assess the Effectiveness of Chair Based Exercises on Level of Sleep among Senior Citizens" Published in International

Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470,

Volume-7 | Issue-5, October 2023, pp.770-774,

URL: www.ijtsrd.com/papers/ijtsrd60037.pdf



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effectiveness of chair based exercise on level of sleep among senior citizens at SMCH. Those who wish to participate and can use it while collecting data. Individuals who did not wish to participate in the study were excluded. Information on research and informed consent was obtained. Data were collected by structured questionnaires. Confidentiality was

maintained throughout the study. The pre-test was conducted and exercise was given by using chair and the post-test was conducted. Collected data were analyzed by using descriptive and inferential statistics. The project has been approved by the Ethics Committee of the Institution.

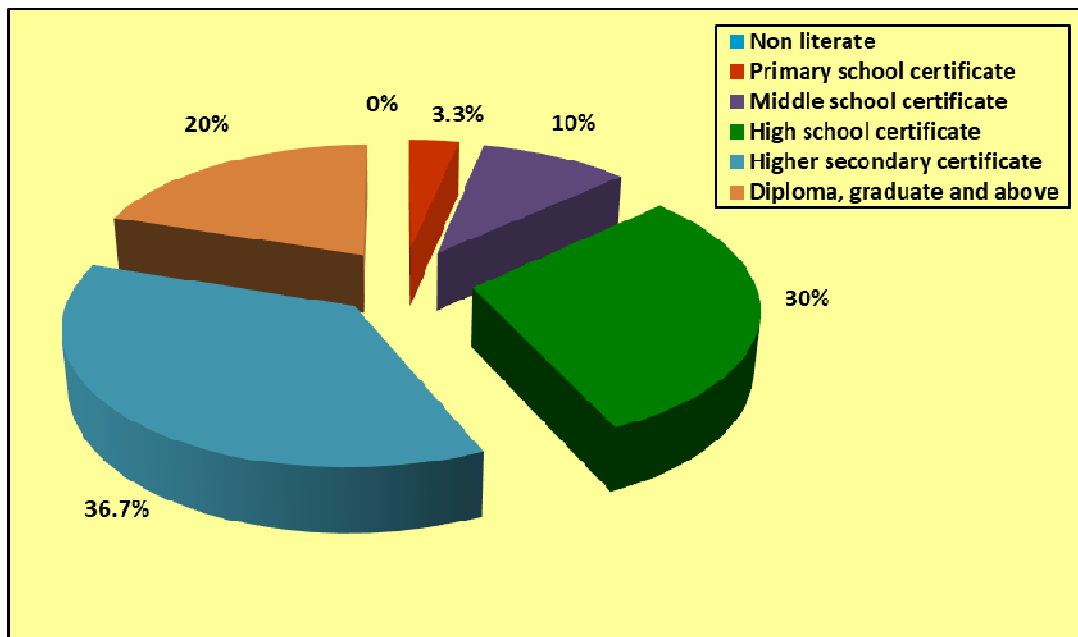
SECTION A: DESCRIPTION OF THE DEMOGRAPHIC OF SENIOR CITIZEN.

Table 1: Frequency and percentage distribution of demographic variables of senior citizen.

N = 30

Demographic Variables	Frequency	Percentage
Age in years		
61 – 65	12	40.0
66 – 70	11	36.7
71 – 75	7	23.3
Gender		
Male	16	53.3
Female	14	46.7
Transgender	-	-
Educational status		
Non literate	-	-
Primary school certificate	1	3.3
Middle school certificate	3	10.0
High school certificate	9	30.0
Higher secondary certificate	11	36.7
Diploma, graduate and above	6	20.0
Residence		
Urban	12	40.0
Semi urban	13	43.3
Rural	5	16.7
Family history		
Yes	6	20.0
No	24	80.0
Previous medical history		
Yes	13	43.3
No	17	56.7

The Table 1 shows that most of the senior citizen, 12(40%) were aged 61 – 65 years, 16(53.3%) were male, 11(36.7%) had higher secondary education, 13(43.3%) were residing in semi-urban area, 24(80%) had not family history and 17(56.7%) had no previous medical history.



Percentage distribution of educational status of Education status of the senior citizen

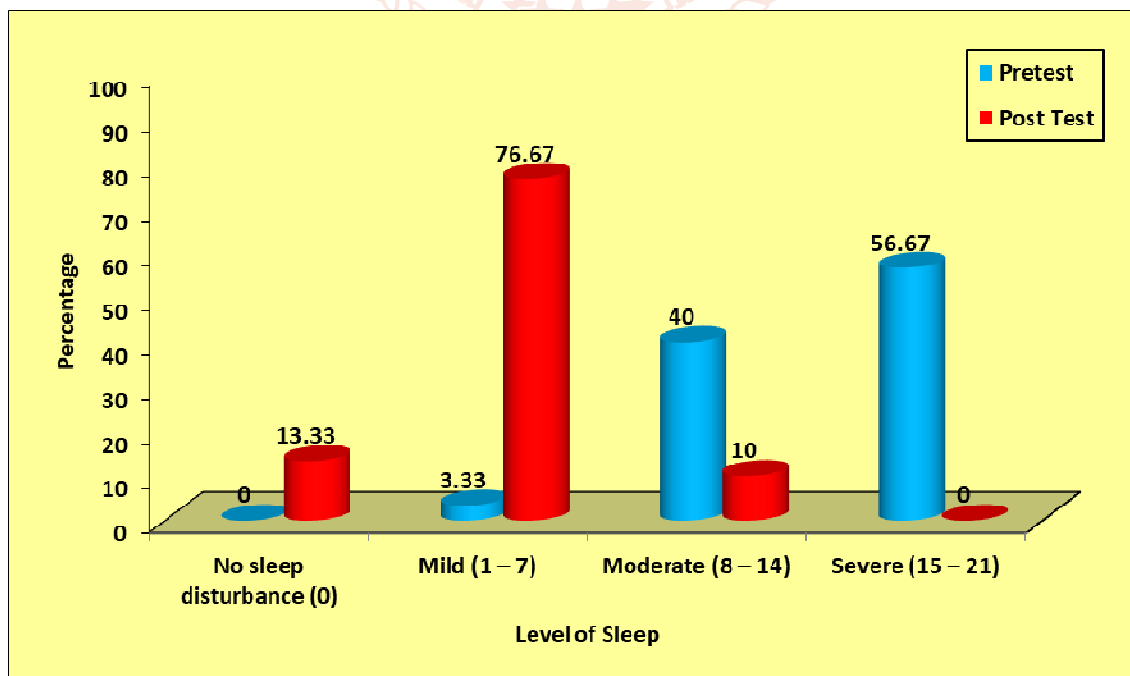
SECTION B: ASSESSMENT OF LEVEL OF SLEEP AMONG SENIOR CITIZEN.

Table 2: Frequency and percentage distribution of pretest and post test level of sleep quality among senior citizen.

n = 30

Level of Sleep Quality	Pretest		Post Test	
	Frequency	Percentage	Frequency	Percentage
No sleep disturbance (0)	0	0	4	13.33
Mild (1 – 7)	1	3.33	23	76.67
Moderate (8 – 14)	12	40.0	3	10.0
Severe (15 – 21)	17	56.67	0	0

The table 2 shows that in the pretest, 17(56.67%) had severe sleep disturbance, 12(40%) had moderate sleep disturbance and 1(3.33%) had mild sleep disturbance whereas in the post test, 23(76.67%) had mild sleep disturbance, 4(13.33%) had no sleep disturbance and 3(10%) had moderate sleep disturbance.



SECTION C: EFFECTIVENESS OF CHAIR BASED EXERCISE ON SLEEP AMONG SENIOR CITIZEN.**Table 3: Effectiveness of chair based exercise on sleep among senior citizen.**

Test	Mean	S.D	Mean Difference Score	Paired 't' test value
Pretest	13.63	2.92	9.16	t=14.247 p=0.0001, S***
Post Test	4.47	2.46		

n = 30

***p<0.001, S – Significant

The table 3 depicts that the pretest mean score of sleep among senior citizen was 13.63±2.92 and the post test mean score was 4.47±2.46. The calculated mean difference score was 9.16. The calculated paired 't' test value of t = 14.247 was found to be statistically significant at p<0.001 level which clearly infers that administration of chair based exercise on sleep among senior citizen was found to be effective in improving the level of sleep in the post test.

CONCLUSION

The findings of the study conclude that chair based exercise administered to senior citizen improves their sleep quality. The exercises can be used to reduce sleep disturbances in senior citizen who suffer from sleep and not willing to use sleep medication. One way to the monitoring, development, and improvement of quality takes place within the organization is internal evaluation

ACKNOWLEDGEMENT

We would like to extend our gratitude to the authorities of Saveetha College of Nursing and Saveetha Medical College Hospital for this study.

AUTHORS CONTRIBUTION

All the authors actively participate in the work of study. All the authors read and approved the final manuscript.

CONFLICT OF INTEREST

The authors declare no conflict of interest

REFERENCE

- [1] Bloom H G et al. (2009). Evidence based recommendations for the assessment and management of sleep disorders in older person. *J Am Geriatr Soc.* 57(5):761-789.
- [2] Brabbins CJ, Dewey ME, Copeland JR, Davidson IA, McWilliam C, Sunders P, Sharma VK, Sullivan C. (1993). Insomnia in the elderly: prevalence, gender differences and relationships with morbidity and mortality. *Int J Geriatr Psychiatry.* 8(6):473–80.
- [3] Choombuathong A, Chalopatham W, Dhongyooyen P, Chokchaiworrarat S, Thamwattana K, Changsap B, et al. (2017). Sleep quality and factors related to sleep and self-esteem in the elderly. *J Health Sci;* 24:833-843.
- [4] Christie AD, Seery E, Kent JA. (2016). Physical activity, sleep quality, and self reported fatigue across the adult lifespan. *Exp Gerontol.* 77:7–11.
- [5] Diagnostic Classification Steering Committee TMJC. International classification of sleep disorders. 3rd edition. Rochester (NY); American Academy of Sleep Medicine:2014.
- [6] Foley DJ, Monjan AA, Brown SL, Simonsick EM, Wallace RB, Blazer DG. (1995). Sleep complaints among elderly persons: an epidemiologic study of three communities. *Sleep.* 18(6):425–32.
- [7] Gooneratne NS, Vitiello MV. (2014). Sleep in older adults: normative changes, sleep disorders, and treatment options: normative changes, sleep disorders, and treatment options. *Clin Geriatr Med.* 30(3):591–627.
- [8] Gouthaman R, Devi .R (2019). Descriptive study on sleep quality and its associated factors among elderly in urban population: Chidambaram. *Int J Community Med Public Health;* 6(5):1999-2003.
- [9] Juan Carlos Rodriguez, M D Joseph M. Dzierzewski, Cathy A. Alessi (2015). Sleep problems in the Elderly Medical Clinics of North America. 99(2):431-439.
- [10] Katie R Robinson, et al., (2014). Developing the principles of chair based exercise for older people: a modified Delphi study. *BMC Geriatrics* volume 14, Article number: 65.
- [11] Kripke DF, Garfinkel L, Wingard DL, Klauber MR, Marler MR. (2002). Mortality associated with sleep duration and insomnia. *Arch Gen Psychiatry.* 59:131–6.
- [12] Min-Jung Choi, Kyeong-Yae Sohng (2018). The Effects of Floor-seated Exercise Program on Physical Fitness, Depression, and Sleep in Older Adults: A Cluster Randomized

- Controlled Trial. *International Journal of Gerontology* 12 (2018) 116e121.
- [13] Miranda Varrase et al. (2015). *Curr Sleep Medicine Rep.* Exercise and sleep in community dwelling older adults. 1:232-240.
- [14] Monjan AA (2010). Perspective on sleep and aging. *Front Neurol.* 1:124.
- [15] Montgomery P, Dennis JA (2002). Physical exercise for sleep problems in adults aged 60+. *Cochrane Database Syst Rev.* 4:CD003404.
- [16] Neikrug AB, Ancoli-Israel A. (2010). Sleep disorders in the older adult - a mini review. *Gerontology.* 56(2):181-9.
- [17] Nogueira BOCL, Li L, Meng LR, Ungvari GS, Forester BP, Chiu HFK, Kuok KCF, Tran L, Liu ZM, Xiang YT (2018). Prevalence of sleep disturbances and their associations with demographic and clinical characteristics and quality of life in older adults in Macao. *Perspectives in Psychiatric Care.* 54(1):46-53.
- [18] Paterson DH, Warburton DE. (2012). Physical activity and functional limitations in older adults: a systematic review related to Canada's physical activity guidelines. *Int J Behav Nutr Phys Act.* 7:38.
- [19] Sagayadevan V, Abdin E, Binte Shafie S, Jeyagurunathan A, Sambasivam R, Zhang Y, et al. (2017). Prevalence and correlates of sleep problems among elderly Singaporeans. *Psychogeriatrics;* 17:43-51.
- [20] Samaneh Aliabadi, et al., (2017). Sleep Quality and Its Contributing Factors Among Elderly People: A Descriptive-Analytical Study. *Mod Care J.;* 14(1):e64493.
- [21] Sheetal Aurangabadkar , Medha Deo (2020). Efficacy of chair based exercises to improve self Reported sleep problems and depression among Institutionalised elderly. *Int J Physiother Res,* Vol 8(1):3359-65. ISSN 2321-1822.
- [22] Simon GE, VonKorff M. (1997). Prevalence, burden, and treatment of insomnia in primary care. *Am J Psychiatr.* 154:1417-23.
- [23] Sobha George, George Paul, Nimitha Paul (2018). Study on sleep quality and associated psychosocial factors among elderly in a rural population of Kerala, India. *Int J Community Med Public Health;* 5(2):526-531.
- [24] Suzuki K, Miyamoto M, Hirata K. (2017). Sleep disorders in the elderly: diagnosis and management. *J Gen Fam Med.* 18(2):61-71.
- [25] Vanderlinden J, Boen .F and van Uffelen J. G. Z. (2020). Effects of physical activity programs on sleep outcomes in older adults: a systematic review.
- [26] Vitiello M V, Moe K E, Prinz PN (2002). Sleep complaints co-segregate with illness in older adults; clinical research informed by and informing epidemiological studies of sleep. *J Psychosom Res;* 53:555-559.
- [27] Vitor P. O. Silva, et al., (2022). Effect of Physical Exercise on Sleep Quality in Elderly Adults: A Systematic Review with a Meta-Analysis of Controlled and Randomized Studies. *J. Ageing Longev.* 2, 85-97. <https://doi.org/10.3390/jal2020008>.
- [28] Weerakorn Thichumpa, et al.,(2018). Sleep quality and associated factors among the elderly living in rural Chiang Rai, northern Thailand. *Epidemiol Health;* 40:e2018018.
- [29] Yaffe K, Falvey CM, Hoang T. (2014). Connections between sleep and cognition in older adults. *Lancet Neurol.* 13(10):1017-28.
- [30] Yang PY, Ho KH, Chen HC, Chien MY (2012). Exercise training improves sleep quality in middle-aged and older adults with sleep problems: a systematic review. *J Phys.* 58(3):157-63.
- [31] Yu-Mei Wang, et al., (2016). Prevalence of insomnia and its risk factors in older individuals: a community-based study in four cities of Hebei Province, China. *Sleep Med;*19:116-22. doi:10.1016/j.sleep.2015.10.018. Epub 2015 Nov 23.
- [32] Saba Karimi, et al., (2016). Surveying the effects of an exercise program on the sleep quality of elderly males. *Clinical Interventions in Aging;*11 997-1002.