Vol. 4, Issue 11 November 2026 ISSN: 2584-0142



Sleep Health and Quality of Life Among Older Adults in Bangalore: A Narrative Review

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Abstract: Sleep is an essential part of health across the life course, but its importance can become especially visible in later life, when physical health, emotional well-being and everyday independence may be affected by changes in sleep. Older adults may experience lighter sleep, earlier waking and more frequent night-time awakenings. These changes do not automatically indicate a sleep disorder; however, persistent difficulty falling asleep, staying asleep or feeling rested deserves attention. This narrative review examines the relationship between sleep health and quality of life among older adults, with particular relevance to the urban context of Bangalore. It discusses age-related sleep changes, common sleep problems, physical and psychological influences, lifestyle and social conditions, and the ways in which sleep may be connected with mobility, cognition, emotional well-being and participation in daily life. Indian evidence indicates that sleep problems are associated with chronic illness, pain, physical inactivity, nutritional status and socioeconomic circumstances. National studies have also reported links between poor sleep, insomnia, depressive symptoms, life satisfaction and physical frailty. The review highlights the need to understand sleep as more than the number of hours spent in bed. Sleep quality, continuity, daytime functioning and the social circumstances of older people are also important. It concludes that routine enquiry, timely assessment, supportive family relationships, healthy daily routines and accessible geriatric services can contribute to better

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sleep and quality of life. More locally focused research is needed to understand the experiences of older adults living in Bangalore.

Keywords: *Sleep Health; Sleep Quality; Older Adults; Ageing; Quality Of Life; Insomnia; Bangalore; Geriatric Care*

ARTICLE INFORMATION

Article type: Narrative review

Study setting of interest: Bangalore, Karnataka, India

Note: This manuscript is a literature-based review draft. It does not report primary data collected from older adults in Bangalore.

1. Introduction

Population ageing is changing the health and social care needs of communities. As people live longer, attention needs to extend beyond the treatment of illness to the conditions that allow older adults to remain comfortable, active and socially connected. Later life can bring changes in physical strength, sensory abilities, memory, family roles and patterns of daily activity. Many older people also live with one or more chronic health conditions and may use several medicines. These experiences are not the same for everyone, and ageing should not be treated as a single or uniform process.

Sleep is one of the everyday functions that supports health and functioning. Adequate and restorative sleep contributes to physical recovery, energy regulation, attention, memory and emotional balance. When sleep is repeatedly interrupted or does not feel refreshing, an older person may experience tiredness, reduced concentration, irritability and difficulty completing routine activities. Sleep concerns can therefore affect not only health but also the person's confidence, independence and involvement in family and community life.

Sleep and quality of life are closely connected. Quality of life is a broad concept that includes physical health, psychological state, level of independence, social relationships and the environment in which a person lives. Poor sleep may influence several of these areas at the same time. For example, pain may interrupt sleep, while insufficient rest may make pain and fatigue harder to manage during the day. Similarly, loneliness or anxiety may disturb sleep, and ongoing sleep difficulties may further reduce a person's motivation to take part in social activities. These relationships are likely to be complex and may operate in both directions.

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The Indian context makes this issue important. Research using national ageing datasets has identified associations between sleep quality, sleep duration, chronic conditions, pain, frailty and life satisfaction among older people (Banerjee & Boro, 2022; Muhammad et al., 2024a, 2024b; Pradhan & Saikia, 2024). Bangalore is a rapidly urbanising city with older residents living in varied circumstances, including multigenerational households, nuclear families, retirement communities and alone. Their experiences may differ according to health, income, housing, neighbourhood conditions, family support and access to health services. The present review brings together relevant literature to discuss sleep health and quality of life among older adults, while identifying the need for research that focuses specifically on older people in Bangalore.

2. Literature Review

2.1. *Understanding sleep health among older adults*

Sleep health refers to a pattern of sleep that is sufficient, reasonably regular, efficient and restorative, and that supports alertness and functioning during waking hours. It cannot be understood only by counting the hours a person sleeps. Sleep timing, the ability to fall asleep, continuity through the night, the experience of waking refreshed, and daytime sleepiness are also relevant. An older adult who spends many hours in bed but wakes repeatedly and feels exhausted may not be experiencing healthy sleep.

Ageing is commonly accompanied by changes in the timing and structure of sleep. Older adults may feel sleepy earlier in the evening and wake earlier in the morning. Sleep can become lighter, with less time in deeper stages and more awakenings during the night. These patterns are described in guidance from the National Institute on Aging (NIA, 2024). Such changes can occur as part of ageing, but persistent or distressing symptoms should not simply be dismissed as inevitable.

Sleep duration is one useful indicator, although individual needs vary. The NIA notes that older adults generally require a similar amount of sleep to other adults, commonly around seven to nine hours each night (NIA, n.d.). The quality and continuity of sleep are equally important. A person may report a seemingly adequate duration while experiencing fragmented sleep, early morning waking or excessive daytime sleepiness. For this reason, assessment should consider both night-time sleep and daytime functioning.

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2.2. *Common sleep problems among older adults*

Insomnia involves difficulty falling asleep, difficulty remaining asleep, waking earlier than intended or experiencing sleep that is not restorative despite having an adequate opportunity to sleep. Short-term sleep difficulty may follow stress, illness, bereavement or a change in routine. When symptoms persist and affect daily functioning, professional assessment is important. An analysis of nationally representative LASI data reported insomnia among a substantial proportion of Indian adults aged 60 years and above, while only a small proportion reported seeking treatment (Pradhan & Saikia, 2024). This suggests that sleep difficulties may remain unrecognised or untreated.

Obstructive sleep apnoea is a condition in which breathing repeatedly becomes reduced or stops briefly during sleep. Loud snoring observed pauses in breathing, gasping and daytime sleepiness may be warning signs. It requires clinical assessment rather than being treated as ordinary ageing. Restless legs syndrome involves an uncomfortable urge to move the legs, often becoming more noticeable during rest or in the evening. The resulting movement and discomfort can delay sleep or interrupt it.

Frequent night-time awakenings are another concern. An older person may wake because of pain, the need to urinate, breathing difficulties, environmental noise, temperature, worry or medication effects. Some people find it difficult to return to sleep after waking. A careful account of the pattern and possible triggers is more useful than assuming that all night-time waking has the same cause.

Medication use and chronic illness deserve particular attention. Medicines prescribed for physical or mental health conditions may influence alertness, sleep timing or the ability to remain asleep. Pain, respiratory conditions, cardiovascular illness, diabetes and other long-term conditions may also disturb sleep. Medication should never be stopped or changed without consultation with the prescribing health professional.

2.3. *Factors influencing sleep health*

2.3.1. Physical health and chronic conditions

Physical health is closely linked with sleep in later life. Persistent pain, breathing problems, joint conditions, diabetes, cardiovascular disease and frequent urination can interrupt rest. Multimorbidity may increase the number of symptoms a person experiences at night and the number of medicines they take. Indian research has found associations between chronic

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conditions, body pain and poorer sleep quality or shorter sleep duration among older adults (Muhammad et al., 2024a). These findings support an approach that considers sleep alongside the person's overall health rather than treating it as an isolated complaint.

2.3.2. Psychological factors

Stress, anxiety, grief and depressive symptoms can influence the ability to fall asleep and remain asleep. Retirement, bereavement, changes in family roles, concerns about finances and worries about health may become sources of emotional strain. At the same time, repeated sleep disruption can contribute to low mood, irritability and reduced coping capacity. Banerjee and Boro (2022) found that depressive symptoms helped explain part of the relationship between sleep quality and life satisfaction among older adults in India. This highlights the importance of considering emotional well-being when sleep concerns are discussed.

2.3.3. Lifestyle, diet and physical activity

Daily routines can support or interfere with sleep. Regular physical activity, exposure to daylight, balanced meals and consistent sleep and wake times may help maintain a stable sleep-wake rhythm. Long or late daytime naps, heavy meals close to bedtime, caffeine late in the day and irregular routines may make sleep more difficult for some people. Nutritional concerns and low levels of physical activity may also occur alongside health conditions that affect sleep. These factors should be understood in the context of each person's health, mobility and preferences; advice should be realistic and safe.

2.3.4. Social relationships and living environment

Sleep does not take place separately from a person's social environment. Living alone, bereavement, limited family contact or a lack of meaningful social interaction may contribute to worry and loneliness. Conversely, supportive relationships can provide reassurance and practical help. Household routines, shared sleeping spaces, caregiving responsibilities, neighbourhood noise, lighting, room temperature and perceived safety may also affect rest. Indian evidence has linked neighbourhood safety and social cohesion with sleep quality and duration among older adults (Muhammad et al., 2024c).

2.4. *Sleep health and quality of life*

2.4.1. Physical functioning and energy

Restorative sleep supports the energy needed for walking, household tasks, personal care and other everyday activities. Poor sleep may be accompanied by fatigue, reduced stamina and

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lower motivation to remain physically active. This can create a cycle in which reduced activity affects physical health and daily routine, while health limitations make sleep more difficult. In a study of adults aged 50 years and above in India, poor sleep quality was associated with higher odds of physical frailty (Muhammad et al., 2024b). The finding indicates an important relationship, although an observational association does not by itself establish that poor sleep causes frailty.

2.4.2. Memory, concentration and cognitive functioning

Sleep contributes to attention, learning and memory processes. When sleep is repeatedly interrupted, older adults may find it harder to concentrate, remember information or remain alert during the day. These experiences can affect activities such as managing medicines, following conversations, using transport and making everyday decisions. Cognitive changes in later life can have several causes, so sleep-related complaints should be considered alongside medical, sensory, emotional and social factors rather than being attributed to sleep alone.

2.4.3. Emotional well-being and mental health

Sleep and emotional health influence one another. A person who has slept poorly may feel less patient, more worried or less able to manage ordinary difficulties. Persistent insomnia can coexist with anxiety and depressive symptoms. In their analysis of older adults in India, Banerjee and Boro (2022) reported a relationship between sleep quality and life satisfaction, with depressive symptoms playing a mediating role. This evidence reinforces the value of assessing emotional well-being as part of a broader conversation about sleep.

2.4.4. Independence, daily activities and social participation

Quality of life in later life includes the ability to carry out meaningful activities and maintain relationships. Daytime sleepiness, fatigue and poor concentration may make it harder to prepare meals, attend appointments, participate in religious or community activities, meet friends or engage in hobbies. When older adults withdraw from these activities, they may experience reduced confidence and a weaker sense of belonging. Sleep support should therefore consider the person's own priorities, routines and opportunities for participation, not only clinical symptoms.

2.5. *Promoting healthy sleep among older adults*

2.5.1. Sleep hygiene and routine

Sleep hygiene refers to everyday habits and environmental arrangements that support sleep. Helpful practices may include keeping a regular bedtime and waking time, creating a quiet

and comfortable sleeping space, reducing bright light and stimulating activities close to bedtime, and limiting caffeine later in the day. If a person is awake for a long period, a calm routine may be more helpful than repeatedly checking the time or becoming distressed about sleep. These measures are supportive practices, not substitutes for assessment when symptoms are persistent or severe.

2.5.2. Physical activity and healthy daily habits

Appropriate physical activity during the day can support general health and may help regulate the sleep-wake cycle. Walking, gentle stretching, chair-based exercise or other activities may be suitable depending on mobility and medical advice. Regular meal times, adequate nutrition, hydration during the day and planned management of daytime naps can also be considered. Exercise recommendations should be adapted for people with pain, balance difficulties, frailty or chronic illness.

2.5.3. Social support and family involvement

Family members and caregivers can help by noticing changes in sleep, listening without dismissing concerns and supporting regular daily routines. They may assist older adults in attending health appointments, maintaining safe activity and following treatment advice. However, family support should respect the older person's preferences and independence. Community groups, senior citizen associations and social activities may also reduce isolation and provide opportunities for meaningful engagement.

2.5.4. Healthcare professionals and geriatric services

Healthcare professionals can ask about sleep during routine consultations, particularly when an older person reports fatigue, falls, mood changes, memory concerns or difficulty managing daily activities. Assessment may include sleep history, medication review, screening for symptoms of sleep apnoea or restless legs syndrome, and evaluation of pain, chronic illness and mental health. Treatment depends on the cause. Behavioural approaches, management of underlying conditions and specialist referral may be appropriate. Sleep medicines require careful clinical judgement in older adults because of possible side effects and risks.

3. Review Approach

This manuscript uses a narrative review approach. Relevant material was identified through searches of PubMed/PMC and publisher platforms, together with guidance from the

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National Institute on Aging. Search concepts included older adults, ageing, sleep health, sleep quality, sleep duration, insomnia, quality of life, frailty and India. Priority was given to Indian population-based research and peer-reviewed studies that examined sleep in relation to health, functioning or well-being. International clinical guidance was used to explain age-related sleep changes and common sleep disorders.

The review is intended to synthesise key themes rather than provide a systematic estimate of prevalence. It does not claim to have followed a registered protocol, exhaustive database search or formal risk-of-bias assessment. The available Indian studies include national datasets and analyses of specific health outcomes, but they do not provide a direct description of all older adults living in Bangalore. Accordingly, national findings are used to establish context and are not presented as city-specific estimates.

4. Discussion

The literature suggests that sleep health should be understood as a multidimensional aspect of healthy ageing. Age-related changes in sleep timing and continuity are common, but persistent insomnia, breathing-related sleep problems and severe daytime tiredness should not be accepted as unavoidable consequences of growing older. The distinction between expected changes and treatable conditions is important because older adults may normalise symptoms or may not know when to seek help.

Indian evidence also indicates that sleep is shaped by more than age. Chronic illness, pain, nutritional status, physical activity, socioeconomic position, marital circumstances and neighbourhood conditions have all been examined in relation to sleep outcomes. Pradhan and Saikia (2024) reported a high burden of insomnia among older adults in the LASI sample and low treatment-seeking. Muhammad et al. (2024a) identified demographic, socioeconomic and health correlates of sleep quality and duration. Together, these studies suggest that sleep assessment should be integrated with broader health and social assessment.

The relationship between sleep and quality of life appears to operate across several domains. Poor sleep quality has been associated with lower life satisfaction through pathways that include depressive symptoms (Banerjee & Boro, 2022). It has also been associated with physical frailty in Indian adults aged 50 years and above (Muhammad et al., 2024b). These findings are relevant to social work and geriatric practice because they connect an everyday

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health experience with independence, emotional well-being and participation. Nevertheless, cross-sectional and secondary analyses cannot fully establish the direction of causation. Longitudinal and intervention studies are needed to clarify how changes in sleep affect later-life outcomes.

For Bangalore, the evidence points to the value of studying older adults within their actual living conditions. Older residents may experience different combinations of family support, housing arrangements, neighbourhood noise, transport access, health-service availability and opportunities for social participation. These conditions should be investigated rather than assumed to affect everyone in the same way. Research that includes older people from different socioeconomic backgrounds and living arrangements would help identify which sleep-related concerns are most important locally.

5. Relevance for Social Work and Geriatric Care in Bangalore

Sleep health offers a useful point of connection between individual well-being, family relationships, community participation and health services. Social workers who engage with older adults can include simple questions about sleep in psychosocial assessments, while remaining attentive to the limits of non-clinical roles. Persistent insomnia, suspected sleep apnoea, severe daytime sleepiness, sudden changes in sleep or medication-related concerns should be referred to qualified health professionals.

At the family and community levels, awareness activities can explain that sleep problems are common but should not automatically be considered a normal part of ageing. Families can be encouraged to respond supportively, avoid blaming older people for disturbed sleep and help them access appropriate care. Community-based programmes may promote safe physical activity, social interaction and regular daily routines. Collaboration among social workers, primary-care providers, geriatric specialists, mental-health professionals and caregivers can support a more coordinated response.

Future Bangalore-based studies could examine sleep duration, sleep quality, insomnia symptoms, chronic illness, pain, medication use, physical activity, emotional well-being, living arrangements and quality of life together. A mixed-methods design may be especially useful: standardised measures can identify patterns, while interviews can explain how older adults understand sleep, what barriers they face and what forms of support they find acceptable. Local

research should include older adults living alone as well as those living with family or in residential care.

6. Limitations of the Review

This is a narrative review and not a systematic review or meta-analysis. The studies discussed use different age groups, definitions and measures of sleep, which limits direct comparison. Several Indian studies rely on self-reported information and secondary survey data. National findings cannot be assumed to represent the experiences of older adults in Bangalore specifically. The review also does not include new primary data, clinical assessments or unpublished local evidence. These limitations should be considered when interpreting the discussion and when preparing the manuscript for submission to a journal.

7. Conclusion

Sleep health is an important but sometimes overlooked part of healthy ageing. Changes in sleep patterns may occur with age, yet ongoing difficulty falling asleep, repeated awakenings, breathing-related symptoms and unrefreshing sleep deserve attention. Sleep is influenced by physical illness, pain, medication, emotional health, lifestyle, social relationships and the surrounding environment. Its effects may extend beyond tiredness to physical functioning, memory, mood, independence and participation in everyday life.

Indian research provides evidence of relationships between sleep problems and several dimensions of older adults' health and well-being. However, more research is needed to understand these relationships among older people living in Bangalore. Greater awareness, early identification, appropriate clinical assessment, supportive family involvement and accessible geriatric care can help address sleep-related concerns. Recognising sleep as an essential component of quality of life can contribute to a more complete and person-centred approach to ageing.

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