As women age, their risk for neoplastic disorders such as breast cancer rises, with 66% of cases occurring in those aged 55 years or older (American Cancer Society, 2009). Estimated risk for developing breast cancer from age 60–69 years is 1 in 27 and continues to increase with age; about 126,964 of the estimated 192,370 new cases of breast cancer diagnosed in 2009 were anticipated in women aged 55 years or older (National Cancer Institute, 2009). With the increasing numbers of breast cancer cases in older women, an urgent need exists for a better understanding of their symptoms, including sleep impairment.

Women are at higher risk for developing sleep impairment because of increased age alone. Sleep changes including an increased number of nighttime awakenings, decreased sleep efficiency (percentage of time spent asleep when in bed), increased daytime naps, and decreased ability to phase shift (change the routine sleep time backward or forward) all are characteristic of normal aging (Bliwise, 2005). Among adults older than 65 years, sleep-phase advance such as lark tendencies or early awakening and sleep disorders such as insomnia, prolonged sleep-onset latency (time from going to bed to sleep onset), and sleep-maintenance (staying asleep) issues are common (Bliwise, 2005).

Sleep in women aged 50 years or older is complicated further by menopause, which occurs at about age 51 (National Institute on Aging, 2009), although it may occur earlier or as late as age 58 (Moe, 2005). Common complaints associated with menopause include difficulty falling asleep, increased awakenings, and daytime sleepiness. However, menopause has not been demonstrated to be a strong predictor of specific sleep disorder symptoms, although perimenopausal and postmenopausal women have described their sleep as less satisfactory than premenopausal women (Young, Rabago, Zgierska, Austin, & Laurel, 2003). Hot flashes may be severe enough to awaken women during menopause (National Institute on Aging, 2009) and are likely to be experienced by women with breast cancer as a side effect of chemotherapy-induced ovarian disruption or of hormonal therapy following chemotherapy.