Sleep disorders have a variable spectrum and are present in all forms of dementia, especially in Alzheimer's disease (AD). Elderly patients generally present with sleep disturbances, but this association is more frequent in patients with AD. The aim of this work was to perform a narrative review on the alterations in sleep that occur in patients with AD. A literature review was conducted using MEDLINE, LILACS, Web of Science, Scopus, Science Direct as databases and Alzheimer disease, sleep wake disorders, dysonias as descriptors. It has been observed that sleep disorders are framed as one of the symptoms of AD, in addition to being related to physiological and genetic patterns. The main symptoms are getting up at night and waking up at night thinking it is day. The incidence of these symptoms was detected in patients with worse cognitive and functional status, lower socioeconomic status and depression. The relationship between insomnia, aggression, paranoid delusions and anxiety was observed. Recent studies have sought to clarify the etiology of sleep disorders, considering associations between absence of healthy sleep with greater deposition of amyloid load in brain regions such as angular gyration, frontal medial orbital cortex, cingulate gyrus and precuneus. Disorders of orexin levels in the cerebrospinal fluid in patients with AD were observed, promoting a change in the activation of the Wake-active monoaminergic system and the deactivation of the REM-on cholinergic groups, reducing sleep homeostasis. Lower body temperature at the end of the day causes disorders of the circadian rhythms in AD and a deficiency in the negative regulation of the proximal blood flow of the daytime skin has been found which may also affect the process. These studies initiated the development of new treatments, which will impact the patient's cognition and, consequently, their quality of life. We conclude, therefore, that the sleep disorders are one of the fundamental clinical aspects that must be evaluated in AD patients, specially due to its role as a prognostic changer for the disease.

In addition, one study had shown that disturbances in orexin-A levels in the cerebrospinal fluid are related to changes in REM-sleep and sleep fragmentation in this patients, reducing sleep homeostasis, and may result in insomnia, prolonged sleep latency and nocturnal waking. Elevated orexin-A levels were found in patients with AD with complaints of sleep disorders (11).

On the other hand, dysfunction of the suprachiasmatic nucleus in AD leads to the rupture of several circadian activities, besides the sleep-wake rhythm, such as changes in body temperature control, in which there are greater deviations of temperature in relation to outpatients of the same age, and the occurrence of Sunset Syndrome, in which there is an increase in motor activity and agitation during the afternoon and early evening. Observing these symptoms confirms the progression of circadian alterations associated with the evolution of the disease (3). There is an association between central body temperature (CBT) and sleep-wake rhythms, in which sleep has higher quality at low levels of CBT, as well as skin temperature levels, which seem to modulate quality and may be associated with these processes in AD(9).

We conclude that the sleep disorders are one of the fundamental clinical aspects that must be evaluated in AD patients, specially due to its role as a prognostic changer for the disease. New discoveries based on its etiology can bring new treatment and develop several changes in the health care of these patients, bringing them more life quality associated with improvement of their sleep conditions, affecting also their cognition and aging process.