PRACTICAL SUGGESTIONS FOR UNDERSTANDING AND COPING WITH SLEEP DISTURBANCES

POSSIBLE CAUSES

PHYSIOLOGICAL OR MEDICAL CAUSES:

- Decreased levels of *melatonin* (a hormone produced in brain and supposingly secreted in darkness of night; preparing brain cells and rest of body for sleep) are responsible for sleeping on and off during day and awake at night. In Alzheimer Disease, this hormonal secretion becomes greatly decreased; resulting in sleep no longer associated to night time.
- diminishing eye sight + confusion causes misinterpretation of what he/she actually sees; causing him/her to think they're "somewhere else"
- has to go to the bathroom but doesn't know where it is
- pain (arthritis) or discomfort and person may have difficulty communicating same
- illnesses (ie. Angina, congested heart failure, diabetes, ulcers, alcoholism)
- urinary tract infection, causing constant pressure to urinate
- "restless legs" (twitching) or leg cramps often caused by metabolic problems
- depression
- side effects of medications (ie. Diuretics)
- disease caused delusions or hallucinations
- sleep apnea (breathing difficulties)

PLEASE NOTE : Lack of “deep sleep”, as seen in the early stage of ALZHEIMER DISEASE, provides a much LESS refreshed and restorative quality of sleep for the individual. MULTIPLE AWAKENINGS with difficulty returning to sleep in Alzheimer clients may total 12-15 times per night. “NORMAL” adults awaken 4-5 times per night. *As the ALZHEIMER DISEASE progresses, it is not unusal for many people ending up sleeping most of the time; day and night and having to be awakened for meals. This type of sleep is only a light “comalike” state caused by progressive cell damage within their brains.*

ENVIRONMENTAL CAUSES:

- too hot / too cold
- lighting poor
- cannot find bathroom
- change in environment (hospitalizations often result in changes in sleep patterns)

OTHER CAUSES:

- too much time spent in bed at night
- too much daytime napping
- too fatiqued to calm down and sleep
- not enough exercise
- too little activity during day
- use of stimulants (caffeine or alcohol), such as coffee, colas, chocolate beverages in late afternoon and evening
- stress / agitation from upsetting situation (ie bath or argument with caregiver)
- hunger
- napping too much during day
- has to go to bathroom
- disturbing dreams (unable to distinquish reality from dream state)

COPING STRATEGIES:

- bright, artificial light simulating daytime prior to retiring
- nightlights on in bedroom and bathroom
- arrows on walls or on floor leading to bathroom
- labeling bathroom door in big bold print
- consider commode chair at bedside (men may prefer urinal)With less emotional upset, patients may fall back to sleep more easily
- plan regular activity, (ie. long walk in late afternoon) Many people with ALZHEIMER have an extraordinary need to pace for hours. If possible pacing should not be restricted.
- car rides make some people sleepy
- enroll cognitively impaired person in a day program to keep person active during day
- assure person went to bathroom before going to bed
- hallway light left on (this provides a cue and security to some)
- reflector tape around bathroom door
- give reassurance while speaking clearly and softly to confused person who awakes during night
- use quilt (less likely to tangle than sheets and blankets)
- try gently reminding person it is still night time and guide them back to bed
- give cup of warm milk
- use room darkening shades and quietly remind disoriented person “it is dark, shades are drawn, therefore it is time to stay in bed
- arrange for medical check up to identify possible medical cause for sleep problems, including an evaluation for depression. *Depression is often associated with ALZHEIMER DISEASE and its treatment with an appropriate drug and other kinds of therapy may improve sleep. Many antidepressant medications tend to make patients drowsy and are given before bed to help a person sleep*

- for some, bedside radio tuned softly to favorite music is helpful
- read to person with dementia from source which he/she is familiar and previously enjoyed
- check to make sure person is comfortable, not hot or cold, hungry or has to use the bathroom
- give a back rub
- allow person to sleep on couch or in armchair if he/she refuses to go to bed. It's better than arguing and not sleeping at all.
- offer bedtime snack
- avoid caffeine and other stimulants (tea, coffee, chocolate, cola drinks) in the late afternoon and evening
- cut down on alcohol intake. Discuss the effects of alcohol and medications being taken with Dr.
- have person spend less time in bed, getting up earlier in morning or cutting down on daytime naps
- set a reasonable bedtime (if person goes to bed at 8:00 PM it may not be unreasonable to wake up at 3:00 AM)
- maintain bedtime and waking routine while continuing any bedtime rituals from past (ie. Glass of milk before bed or music on radio at bedtime)
- Make sure the bed and bedroom are comfortable and familiar to the person. A favorite pillow or bed clothes may be helpful.
- avoid upsetting activities such as bathing in late afternoon or evening (unless part of person's past routine and offers comfort) This time of day should be used for "winding down"
- avoid laying out clothes for next day or talking about activities for following day. This may be confusing and provide a "wake up" signal
- medications may influence the sleep\wake cycle. It may be appropriate for Dr. to discontinue non-essential medications or change to an alternative medication which may not have as dramatic an effect on sleep.

- physical examination may identify some unexpected sources of pain. Dr. may suggest a mild pain medication in unclear cases.
- Discuss with Dr. the possibility of giving most of a tranquilizer in evening instead of spreading dose throughout the day

NIGHT TIME WANDERING STRATEGIES:

- Make the house, or an area of home, safe for person to wander in alone at night. “Safety proofing” a home might include:
    - gating off stairs
    - special locks (place locks out of sight or reach) or alarms on doors to outside
    - blocking off kitchen or locking up dangerous items, taking fuses out of stove, removing knobs on the stove or having electrician install a safety switch, remove kettle
    - making sure windows are locked
- Hire a nighttime companion or work out shifts so that primary caregiver can get sleep.
- Use sleeping medications only as A LAST RESORT. Be aware that their effectiveness is only short term, but may be helpful in establishing a more regular sleep cycle. However, sleeping medications may add to confusion on waking.

OTHER CONSIDERATIONS:

- Be very cautious with the use of any kinds of medications for inducing sleep. Sometimes they nay make symptoms of confusion and disorientation worse. Psychotropic or sleeping medications must be very carefully monitored by a physician familiar with dementia.

- Problems with sleeping or late evening agitation are often a stage in dementia that eventually passes. Many Alzheimer patients begin sleeping more during the later stages of the illness.

- It is important to try to recognize elements in the environment, the medical situation, or problems of communication that might be contributing to sleep problems, before deciding on particular strategies to try. Sometimes keeping a log or diary which tells what happened when, and what else was going on at the time, can help pinpoint a possible cause of problems.

- Sleep problems are one of the symptoms that are least tolerated by family caregivers. When the caregivers are unable to get adequate sleep themselves, night after night, they become high risk candidates for accidents or illness, and their relatives become likely candidates for nursing homes.

- It may be helpful for the caregiver to try meditation or relaxation techniques to help him / herself fall back asleep quickly.

REFERENCES

Gwyther, Lisa P. CARE OF ALZHEIMER'S PATIENTS: A MANUAL FOR NURSING HOME STAFF. American Health Care Association and Alzheimer's Disease and Related Disorders Association. 1985

Mace, Nancy and Peter Rabins. THE 36-HOUR DAY. THIRD EDITION; Baltimore: The John Hopkins Press, 1999

McCann-Beranger. A CAREGIVER'S GUIDE FOR ALZHEIMER DISEASE AND OTHER DEMENTIAS. Alzheimer Society of Canada. June 2000

Molloy, Dr. William and Dr. Paul Caldwell. ALZHEIMER'S DISEASE. Toronto: Key Porter Books Limited, 1998.

Robinson, Anne; Beth Spencer; and Laurie White. UNDERSTANDING DIFFICULT BEHAVIOURS. Michigan: Eastern Michigan University, 1999.