

## Sleep Disturbances

### Why they occur and strategies to prevent them

It is estimated that as many as 40 - 70% of people with dementia have sleep disturbances. While older adults who do not have dementia may experience changes in their sleep patterns, sleep disturbances tend to be more severe in persons with Alzheimer's disease and other dementias. This can be exhausting for both the person with dementia and their caregiver.

#### Some behaviour changes that may occur:

- **Difficulty sleeping at night.** Many people with dementia wake up more often and stay awake longer during the night. Those who cannot sleep may wander, be unable to lie still, or yell or call out, disrupting the sleep of their caregivers.
- **Daytime napping and other shifts in the sleep-wake cycle.** Individuals may feel very drowsy during the day and then be unable to sleep at night. They may become restless or agitated in the late afternoon or early evening, an experience often called "sundowning". (Refer to **Late Day Restlessness Fact Sheet** at:

[www.alzheimerniagara.ca/resources](http://www.alzheimerniagara.ca/resources).

Experts estimate that in late stages of dementia, individuals spend about 40 percent of their time in bed at night awake and a significant part of their daytime sleeping. In extreme cases, people may have a complete reversal of the usual daytime wakefulness- nighttime sleep pattern.

#### Changes in sleep pattern can:

- Interfere with memory, cognition, problem solving and overall daily function.
- Increase the risk of falls and fractures
- Contribute to depression, irritability and aggression.

#### Possible Causes

Possible causes for sleep disturbances can be:

- **Physiological or medical** including brain damage

caused by the dementia which can affect the biological 'clock' in the brain; end-of-day exhaustion (both mental and physical); illness such as angina, congestive heart failure, diabetes or ulcers; pain caused by such things as arthritis; a urinary tract infection which causes a frequent need to urinate; restless legs' or leg cramps which can indicate a metabolic problem; depression which may cause early morning waking and an inability to go back to sleep; side effects of medication such as diuretics or antidepressants; sleep apnea and snoring.

- **Environmental** causes including temperature of the bedroom being too hot or too cold; poor lighting which may cause a person with dementia to become disoriented; not being able to find the bathroom; changes in the environment, such as moving to a new home or having to be hospitalised which can cause disorientation and confusion.
- **Other causes** such as going to bed too early; sleeping too much during the day; over-tiredness causing tenseness and an inability to fall asleep; insufficient exercise resulting in not feeling tired; too much caffeine or alcohol; feeling hungry.

#### Using the ABC problem solving approach

##### Antecedent:

First, try to identify the trigger or what is causing the behaviour. Look for the trigger under the following causes: physiological or medical causes; environmental causes; other causes.

##### Behaviour:

- Observe the behaviour: early morning waking; initial insomnia; disrupted sleep; daytime drowsiness. Remember that not all sleep disturbances need to be treated!
- Write down any special health care needs that someone would need to know right away about

### Consequence:

Investigate the behaviour pattern as to cause. For example: early morning waking may be depression or just going to bed too early; pattern may be a cycle in that persistent sleep deprivation may lead to fatigue, irritability, restlessness which leads to sleeplessness. How you handle the issue will determine whether the outcome will be a positive one. Try to remove the trigger and/or change your response to the behaviour.

### What to try

If the person is awake and upset during the night:

- Approach the person in a calm manner.
- Find out if there is something they need.
- Gently remind them of the time.
- Avoid arguing.
- Offer reassurance that everything is all right.
- Don't use physical restraint. If the person needs to pace, allow this to continue under your supervision
- Assess the environment for temperature, night lights, and so on.
- If unable to settle, move person to a recliner chair for a short time.

### How to prevent

Here are some strategies to try:

- **Arrange for a medical check-up:** identify and treat physical symptoms; treat pain with an analgesic at bedtime if the doctor agrees; discuss with the doctor whether sedatives may be contributing to the problem; ask the doctor whether an assessment for depression may be necessary; ask the doctor about possible side-effects of medication.
- **Assess environment for:** consistency with familiar objects in place; check whether the person is too hot or too cold on waking; look for shadows, glare or poor lighting which may contribute to agitation and hallucinations; use of night lights which might help cut down on confusion at night and may assist them to find the bathroom; avoid having day-time clothing in view at night as this may indicate that it is time to get up.
- **Food and drink:** cut down on caffeine (coffee, cola, tea, chocolate) during the day and eliminate after

5pm; cut down on alcohol and discuss with the doctor any possible interaction between alcohol and medication; if you think the person may be hungry at night, try a light snack just before bed or when they first wake up; herbal teas and warm milk before bedtime may be helpful.

- **Daily routines:** schedule exercise time into daily routine such as taking one or two walks each day; schedule short naps after lunch, eliminate excessive sleeping or napping during the day; try not to do any tasks that may be upsetting in the late afternoon; keep the home well lit as the sun goes down; if the person is refusing to go to bed, try offering alternatives such as sleeping on the recliner chair; try a back rub before bed or during wakeful periods; try a softly playing radio beside the bed; gently remind the person that it is night-time and time to sleep.

Sleep medications are rarely effective and may lead to other problems such as falls and increased confusion. It is important to try non-medication approaches first. The type of medication prescribed by a doctor is often influenced by behaviors that may accompany the sleep changes. Medications that may be prescribed to induce sleep are usually anti-depressants, anti-psychotics, or sleeping pills. The side effects of the medications need to be assessed against the benefit achieved by using the drug.

### Things to keep in mind

Sleep disturbances can be one of the most difficult aspects of caring for someone with dementia. Caregivers must be able to get adequate sleep themselves. Try to ensure that you have regular periods of rest and regular breaks for yourself. (Refer to ***Taking a Break: Why it's Essential Fact Sheet*** at [www.alzheimerniagara.ca/resources](http://www.alzheimerniagara.ca/resources))

### Resources

- Sleeping Fact Sheet: [www.alzheimers.org.au](http://www.alzheimers.org.au)
- Sleeplessness Fact Sheet: [www.alz.org](http://www.alz.org)

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