

BP Blogger

Myth Busting: Sleep Care Issue

Myth 1: Sleep worsens with aging

You can't assume that poor sleep is a normal part-of-aging. Many things about sleep do change with aging, are normal but do not always result in fatigue or disrupted daytime functioning. The absolute need for sleep does not change with age. Aging can cause a deterioration of sleep quality and an increase in sleep disorders. The vast majority of older adults, 30-60% have 1 or more sleep complaints. The most common complaints are trouble falling asleep, waking up, awaking too early, needing to nap, and not feeling rested. Many factors contribute to sleep problems in LTC homes including medical conditions, medications, dementia, breathing problems, environmental conditions, behaviours, and routines. Predictors of good quality sleep include physical and psychological health, daytime activity, and naturalistic light.

What is normal sleep for older adults?

Normal Adult Sleep		Normal Sleep Changes in Older Adults	
		Increase	Decrease
Sleep	Good sleeper	Sleep fragmentation	
Total Sleep Time/ Duration <i>Sleep efficiency = ratio of time asleep to time in bed</i>	7-8 hours in bed; and asleep 85-90% and awake 5% of the time	10-12 hours in bed; and awake 25% of the time	In bed: sleep time reduced to 50-70%, Total sleep time reduced
Sleep Latency <i>Lights out to asleep</i>	<15 min to fall asleep	>15 min to fall asleep	Ability to initiate sleep declines
Nocturnal awakenings	Few and brief	Multiple nocturnal arousals/awakenings Wake after sleep onset increased	Ability to maintain sleep declines
Sleep Cycle		Tend to wake up earlier and go to bed earlier	
Naps	Few or none	20-80% will nap, normal nap length 1h more daytime sleepiness, little effect on nighttime sleeping	
Body movements	Movements during sleep		Significant decrease, any body movements during sleep are more disruptive causing awakening
Sleep deprivation	Delirious neurocognitive, performance, & attention impacts on the next day		Potential/no delirium, minimal/blunted impact on next day functioning

Myth 2: Sleep patterns never change

What's normal and abnormal? Normal aging is accompanied by changes in sleep quality, quantity, and composition. An increase in the number of sleep complaints, impaired ability to fall asleep and maintain adequate sleep; and decreased deeper sleep, restorative and REM sleep may be markers of poor physical and mental health. In older adults insufficient and inefficient sleep is associated with significant illness and death, decreased quality of life, increased risk for falls, and for those at home, increased need for LTC home placement. On the other hand, napping appears to have a beneficial effect on cognitive function in older adults.

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Check out this related back issue - SLEEP Feb 2007

- BPGs and Resources 2
- Contacts for Information 1 & 2

More information on This and Other Best Practices

- Contact your Regional LTC Best Practices Coordinator. They can help you with Best Practices Info for LTC. Find them at:
 - www.rnao.org Click on Nursing Best Practice Guidelines and select LTC BP Initiative
 - www.shrtn.on.ca Click on Seniors Health
 - Check out the Hamilton Long Term Care Resource Centre www.rgpc.ca
 - Surf the Web for BPGs, resources and sites are listed on pg 2.
 - Review back issues of the BP Blogger for related topics www.rgpc.ca



Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care

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Myth 4: Chronic disease and insomnia aren't related

Insomnia is defined as "difficulty in initiating or maintaining sleep or ... nonrestorative sleep" and as "causing clinically significant distress or impairment in social, occupation, or other important areas of functioning" (DSM-IV-TR). Insomnia is reported more frequently by older women than older men. A resident's "perception" of "inadequate sleep" may in fact be mistakenly affected by their culture, beliefs, societal norms, and misinformation about aging and chronic diseases. Sorting out which conditions contribute to, and those that result from poor sleep may be challenging. In reality, chronic diseases and insomnia are interrelated. Any physical illness that causes the resident discomfort can affect sleep, and the more severe the disease, the greater the impact on sleep. Conversely, poor sleep quality secondary to sleep disorders have been shown to have negative effects on various chronic disorders. Treating the chronic disease can significantly improve residents' sleep.

Chronic diseases that have been associated with sleep disorders

- ◆ chronic obstructive pulmonary disease (COPD)
- ◆ chronic kidney disease (end stage, nocturia)
- ◆ Parkinson's disease
- ◆ Congestive heart failure
- ◆ diabetes
- ◆ dementia
- ◆ chronic pain/arthritis
- ◆ depression
- ◆ cancer

Myth 3: Residents with dementia don't have insomnia

Insomnia in residents with dementia is a challenge for caregivers in LTC. Insomnia

Behavioural Strategies for Improving Sleep in Older Adults with Dementia: best used in combination

Sleep-wake practices

- Maintain a consistent bed and rising time
- Develop a relaxing and quiet bedtime routine
- Limit daytime napping to short period in the morning or early afternoon
- Implement nondisruptive nighttime care

Environmental practices

- Spend time outside during the daytime in natural light when possible (sunny/solarium rooms)
- Keep sleeping areas dark at night, turn off TVs in lounge areas if not being used
 - Use night lighting
 - Make sure lights in bathrooms, halls, streetlights do not shine into residents' rooms
- Reduce inside noise
- Keep pets away from sleeping areas at night
- May need to change roommate if disrupting sleep
- Temperature control (usually complain too cold)
- Promote time out of bed during day

Dietary and health practices

- Restrict the use of caffeine (including chocolate), alcohol and tobacco (if consumed) in the evening
- Avoid rich or heavy food late in the evening
- Avoid excessive fluid intake and empty bladder before going to bed
- Medications could be adversely affecting sleep: review
- Provide pain relief for musculoskeletal pain that is contributing to nighttime awakenings
- Promote daytime exercise, walking; avoid stimulating activity after dinnertime

Paniagua & Paniagua (2008); McCurry, Lodsdon, Vitello et al. (2004); Koch, Haesler, Tiziani & Wilson (2006)

Increases with Dementia Severity

- Disruptive sleep pattern
- Wakefulness after sleep onset
- Night time wanderings
- Daytime napping
- Sundowning
- Stage 1 and Stage 2 sleep phases

Decreases with Dementia Severity

- Total sleep time
- Sleep efficiency
- REM sleep time
- Stage 3 and Stage 4 Sleep

is not a normal part of aging nor an accepted consequence of dementia. About half of those with dementia suffer mild to severe sleep and/or nighttime behavioural abnormalities. LTC settings increase the risk of sleep disruption due the combination of various conditions such as incontinence; environmental features such as exposure to less bright light, more nighttime light, noise, wandering residents, staff care; less daytime activity; and medications used to treat behaviours and all negatively affect the residents' sleep-wake cycle.



The lack of sleep can have profound effects including declining physical, nutritional and cognitive health; delirium, falls, accidents, injuries, and increased daytime sleepiness.

Check out these Best Practices & Guidelines Answers to the Myths came from them. Find out more!

Canadian:

The Canadian Sleep Society <http://www.css.to/>
Better Sleep Council Canada <http://www.bettersleep.ca/>

Other:

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