## **Sleep Disturbances**

<u>Id</u> entify the Problem	PROBLEM: Sleep Disturbances (waking you or other family members up at night)
	GOAL/EXPECTED OUTCOME: To reduce sleep problems through non-pharmacological approaches
<u>E</u> ducate	ASSESS FURTHER:
Yourself	Understand the possible triggers of the problem:
	<ul> <li>Is the person napping throughout the day?</li> </ul>
	<ul> <li>Does the person have too little physical activity during the day?</li> </ul>
	<ul> <li>Is the person in pain or discomfort that may lead to awakening?</li> </ul>
	Is the temperature of the room uncomfortable?
	<ul> <li>Is there alcohol consumption or a medication that could cause rebound awakening?</li> </ul>
	<ul><li>Is the person taking diuretics in the afternoon or evening?</li></ul>
	Is the person consuming caffeine?
	Is the person going to bed too early?
	Does the person need to go to the bathroom frequently?
	<ul> <li>Has the person always been more awake at night time? Did the person always work a night shift?</li> </ul>
	Understand the possible meaning of the problem to the person with Alzheimer's:
	<ul> <li>Does the person feel frightened when he/she wakes up?</li> </ul>
	Does it bother the person to be up and active at night?
	Understand the possible meaning of the problem to the caregiver:
	Does the caregiver feel frustrated?  Does the caregiver feel tired devices the devices?
	<ul> <li>Does the caregiver feel tired during the daytime?</li> <li>Does the caregiver feel the person is unsafe to be up and alone at night?</li> </ul>
<u>A</u> dapt	TEACH PROBLEM-SOLVING STRATEGIES TO CAREGIVER:
0.11	Follow sleep hygiene suggestions:
Problem solve with	<ul> <li>Limit daytime naps to 15 – 30 minutes and before 3 p.m.</li> </ul>
interventions	<ul> <li>Sleep in bed, not on couches</li> </ul>
and actions	Create a bedtime routine
	<ul> <li>Only wear pajamas at night</li> </ul>
	Create an appropriately active and structured daytime schedule, including
	exercise
	Consider enrollment in CBAS
	Check temperature of room
	Check to make sure noise is limited (such as from a TV or other appliances)
	Avoid stimulants and diuretics after 3 p.m. (unless provider prescribed
	otherwise)
	Leave a night light in the bathroom and in the bedroom if this is comforting
	Consider soft music
	Consider a comforting object such as a small stuffed animal

## **CLINICAL SUPPORT:** Refer to PCP to assess if medical or psychiatric conditions are present and interfering with sleep Speak to PCP about pain management if needed Speak to PCP/pharmacist about medications that may be interfering with sleep and to evaluate medication list and schedule (to minimize sleeplessness at night) **CAREGIVER SUPPORT AND COMMUNITY RESOURCES:** Listen empathically to caregiver and evaluate for level of distress Refer to CBAS for structured daytime activities Refer to respite services Refer to Alzheimer's Greater Los Angeles for support groups, disease education, and care consultation ALZ Direct Connect referral o Provide 24/7 Helpline #: 844.HELP.ALZ | 844.4357.259 Website: www.alzgla.org Send literature: Topic Sheet – "Sleep Issues" **FOLLOW UP:** Schedule a phone call with caregiver to discuss outcomes and provide additional support **NOTES:**