Sleep Related Problems

Sleep disturbances can be a symptom of physiological and/or psychological related problems. Excessive or lack of sleep is a common side effect of some medications. Physiological changes often associated with aging and diseases such as diabetes may result in frequent urination that can interrupt sleep. Certain dementias can make it difficult for sufferers to regulate their internal clocks. Some sleep disturbances may be the result of environmental issues that cause an individual’s sleep patterns to differ from those normally expected. Each of these may require a different approach and several may be impacting behavior at once requiring a combination of approaches.

Medication induced sleep disturbances

- Check with the doctor to see if the time of day the medication is given can be adjusted or the dosage spread out through the day.
- See if there is an alternate medication that does not produce the unwanted side effect.
- Determine if an over-the-counter medication could be producing the agitation or sedation.

Physical changes

- Reduce fluid intake after 6:00 P.M.
- Encourage a bed time snack – cheese and crackers and juice, a small glass of milk and toast.
- Consider adult incontinence aids to minimize sleep disruption.
- Consult with the physician to see if there are medical treatments available.

Environmental intrusions

- Adjust room temperature – add a fan or extra blanket.
- Minimize intrusive sounds – use a fan or white noise machine.
- Try warm milk before bedtime.
- Avoid coffee, tea, colas or other caffeinated beverages after 2:00 P.M.
- Determine routine times for going to bed and getting up. (Often elders living by themselves will go to bed at dark in the winter – which may be as early as 7:00 P.M. and then awake at 3:00 A.M. and complain they are unable to sleep.)
- Establish an exercise routine earlier in the day that will help promote sleep at night.
- Reduce stimulation prior to bedtime. Turn off the television and play some relaxing music or try a book on tape.
- Remember that someone who routinely got up at 5:00 A.M. all of his/her life may be responding to established sleep habits and he/she does not see it as a problem.
- Make sure sleepwear is comfortable and non-restricting.
- Adjust naptime to fit into the overall sleep requirement. A two-hour nap in the afternoon may mean that he/she needs only six hours at night.
Dementia/confusion

- Use a night-light to decrease confusion upon awaking in the dark.
- Establish routine bed and waking times.
- Use a large easy to read clock in room (if still able to tell time).
- Make sure the bathroom is easily accessible.
- Use adult incontinence aids as appropriate.
- Make sure adequate opportunity for exercise available during the day.
- Reduce stimulating activity in the evening – avoid visitors, television…
- Adjust room temperature and noise – night agitation may be a result of discomfort he/she is unable to communicate.
- Regulate naptime, including naps in determining the amount of sleep needed/received.

Remember that different individuals have different sleep needs. Consult with the doctor if you see significant changes in sleep or if the sleep patterns are interfering with the provision of care. Sleep medications may be useful in certain circumstances, but consult the doctor rather than trying over-the-counter medications that may have unwanted interactions with other medications or produce side effects.