

Curbside Consultation

Peer to peer consultations facilitated by dementia care experts



Seniors Health
Strategic Clinical Network

Residents Who Don't Sleep

Case study

An 86 yr. old woman has diagnoses of Alzheimer's disease, congestive heart failure, constipation, depression, hypertension and GERD. She paces all day and night and only sleeps about 2 hours every 24 hours (0830 to 1030). Approximately every 10 days she sleeps for 18 to 20 hours.

She frequently naps through breakfast. At lunch and supper she eats very little. Staff follow her around offering sips of fluids including high protein shakes. She loves hamburgers from MacDonald's and any type of cake. The care team thinks she has dental abscesses but family are not interested in getting dental care for her. Even during activities, she rarely sits for more than 10 minutes at a time. She is very active, and walks much of the day. The unit is very sunny and bright.

The unit she lives on has 46 residents who are either in a shared or single room. This lady is in a single room close to the nurse's station. Because she has frequently fallen when getting up from bed, her bed has a mattress alarm that seems to go off anytime she turns over. After her last fall 4 ½ months ago she suffered rib fractures and spent 2 weeks in hospital. Upon return to LTC we noted she had been put on a 2nd antipsychotic medication and a sleeping pill.

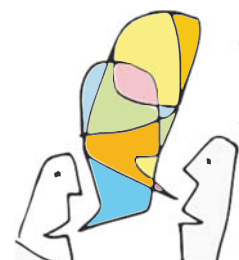
Attempted strategies

- Putting her to bed multiple times through the night
- Offering naps after lunch
- Sleep mapping, behaviour mapping
- Avoiding caffeinated beverages, offering warm milk at bedtime
- Tub bath moved to evening time, twice per week

What would the care team ask that the participants focus on?

- We would welcome any strategies to help this woman sleep

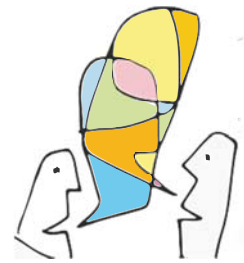
Residents Who Don't Sleep ... continued



Medications

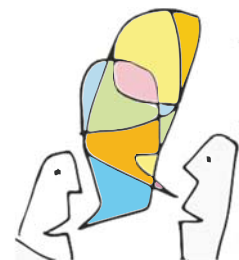
Medication	Class of medication and why prescribed	Possible side effects related to responsive behaviours	Anti-cholinergic
Acetaminophen 500mg tid	Analgesic used to treat mild to moderate pain	Dizziness, ringing in the ears. Bitter tasting when crushed	
Furosemide 40 mg po bid	Diuretic to reduce symptoms of swelling and shortness of breath	Frequency, dehydration - confusion; Thiamine (B1) deficiency (worsens CHF); B6 deficiency - necessary for serotonin & melatonin synthesis (insomnia, anxiety, depression)	yes
Laxative SF 3.4g/5.8g bid	Laxative used for constipation	Cramping, loose or urgent BMs	
Relaxa PEG 3350 Powder	Stool softener, retains water in the stool used for constipation	Cramping, loose or urgent BMs	
Donepezil 5 mg daily	For early stages of Alzheimer's disease	Loss of appetite, diarrhea, dizziness, drowsiness, weakness, fatigue, insomnia, tremor, muscle cramps, weight loss, anorexia	
Risperidone 0.25 mg bid	Antipsychotic medication used for responsive behaviours (pharmacologic restraint)	Drowsy, dizzy, light headedness, tiredness, drooling, nausea, muscle spasms, tremor, mood changes, anxiety, restlessness, elevated blood sugar	yes
Quetiapine 12.5mg bid @ 1000 & 1600 & 25 mg @ hs	Antipsychotic medication for responsive behaviour (pharmacologic restraint). HS dose is for sleep	Dizziness, drowsiness, fatigue, upset stomach, sore throat, muscle stiffness, tremors	yes
Trazodone 12.5mg tid	Antidepressant being used to manage responsive behaviours	Confusion, agitation, insomnia, vomiting, diarrhea or constipation, dizziness, drowsiness, blurred vision, headache, muscle pain, bad taste, dry mouth	yes
Sertraline 25 mg daily	Antidepressant being used to treat anxiety	GI upset, headache, dizziness, nausea, sweating, insomnia	yes

Residents Who Don't Sleep ... *continued*



Pantoprazole 40 mg daily	Proton Pump inhibitor prescribed for GERD	Abdominal pain, nausea, headache, dizziness, itching, deficiencies of B12, potassium, calcium & magnesium	yes
Zocor 10 mg daily	Statin that reduces levels of bad cholesterol (LDL) & triglycerides	Muscle pain and weakness, confusion, memory problems, insomnia, mood disturbances, irritability, depression, congestive heart failure (blocks CoQ10)	
Captopril 25 mg BID	ACE inhibitor used to treat high blood pressure & congestive heart failure	Confusion, depression, orthostatic hypotension	yes
Metoprolol 100 mg BID	Beta-blocker used to treat angina and high blood pressure	Insomnia – interferes with melatonin synthesis. Congestive heart failure, confusion – blocks CoQ10	yes
Zopiclone 7.5mg daily at hs	Central nervous system depressant used to treat insomnia	Confusion, falls, agitation, dizziness, trembling, tingling/burning sensation, rapid heart rate, nausea, dry mouth, bitter taste in mouth, appetite changes	yes
PRN Lorazepam s/l, 4mg every 4 hours	Benzodiazepine used to treat anxiety	Drowsy, dizzy, loss of coordination & balance, blurred vision, changes in mood or behaviour, sleep problems, muscle weakness, restlessness.	yes

Residents Who Don't Sleep ... *continued*



Resident assessment/evaluation

- Medication review and de-prescribing – she is on 10 medications that block acetylcholine (anticholinergics) which is needed for sleep regulation. Some of these medications are probably being given for side-effects of other medications.
- Get her off antipsychotics - her restlessness and insomnia are likely akathisia, a side-effect.
- Is this a long standing issue or a new one? Could she be suffering from delirium? Five or more medications increases risk for delirium.
- Long-term use of proton pump inhibitors interferes with vitamin and mineral absorption – this could be contributing to her insomnia.
- Her Zocor could be causing muscle pain – no evidence of benefit for seniors (2016 Guidelines)
- Evaluate for potential orthostatic hypotension; evaluate risks/benefits of cardiac/blood pressure medications, including diuretics (risk for dehydration, kidney injury)
- Pain assessment and oral health assessment for potential abscess
- Update her lab work
- When was her last mini mental done? Donepezil may be causing agitation
- Hydration and nutrition evaluation. Four or more medications puts her at risk of malnutrition.
- Evaluate her elimination patterns, could she be constipated or have urinary retention?

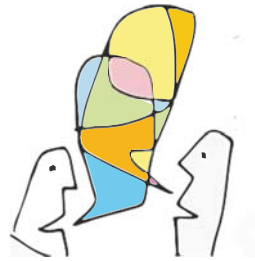
Person Centered strategies

- What was her former occupation and routines? Was she a night owl?
- What is her room like, does it feel homelike? Could it be more comfortable?
- How much time does she spend in bed, would she prefer to sleep in a recliner/day bed?
- Try to keep her awake through breakfast and the afternoon with outdoor time and fresh air and jobs/activities to keep her occupied during the day
- Low key evening routine including activities such as music therapy
- Try moving her bath as the evening bath may be too stimulating for her
- Build in a regular bed time routine including tucking in with warm or weighted blankets
- Offer her good food during the night (instant porridge, soup, etc.)
- Plan activities for during the night (e.g. bubble tubes and light strands – Snoezelen)

Site specific strategies

- Motion sensors in the resident's room, or a fall mat with sensors instead of a bed alarm
- Alter work and staff routine on nights to stay as quiet as possible
- Staff to use red filtered flashlight on rounds

Residents Who Don't Sleep ... continued



Staff education and resources

- [AUA Toolkit](#) QI Project: Support Sleep in Dementia
 - [Strategies to Support Sleep](#)
 - [Guidelines for a Good Night's Sleep](#)
- [University of Alberta Sleep and Dementia Resources](#) <http://www.sleep-dementia-resources.info/>
- [Choosing Wisely Canada](#) <http://www.choosingwiselycanada.org/>
 - [Insomnia and anxiety in older people: patient and family materials](#)
- [RxFiles](#) <http://www.rxfiles.ca/>
 - [Chronic Insomnia in Older Adults](#)
 - [Sleep Disorders: Sedatives](#)
- [Therapeutics Initiative: UBC](#) <http://www.ti.ubc.ca/>
 - [Is use of quetiapine for sleep evidence-based?](#)

Curbside Consultation info

The Appropriate Use of Antipsychotics (AUA) team hosts monthly peer to peer call-in meetings to discuss specific challenges related to care of persons with dementia. A case study is prepared in advance and sent out to care teams on our contact list. During a call on the third Wednesday of each month, care teams share their expertise. The case study and suggested strategies are summarized and shared or later used for staff education.

If you have a topic or resident case study you'd like help with, or would like to be on our e-mail list, contact:
AUA@ahs.ca