

Elder Friendly Care (EFC) Project in Acute Care

Support of Sleep

As part of our unit's participation in the EFC Project, we will be looking at ways to improve the sleep of patients. People with dementia often have trouble sleeping. Getting a good night sleep in a facility can also be a challenge. Noise, light and staff routines interrupt sleep at night. In the day, natural sleep/wake cycles are disrupted by inactivity and dim lighting.

Poor sleep can result in foggy thinking and agitation, which can lead to use of antipsychotics and other medications.

Evening antipsychotics and sleeping pills are not usually helpful. Research does not support long term use of sleeping pills in the elderly. Sleeping pills interfere with important stages of sleep and cause daytime grogginess, falls and many other side effects.

“Widespread use of quetiapine as a sleep aid is occurring in the absence of evidence for effectiveness or safety.”

Therapeutics Initiative UBC¹

Over the next few months we will:

- Assess individual patients to discover what interferes with their sleep, including drug and medical causes of insomnia
- Work with families, staff, prescribers and pharmacists to improve sleep for patients
- Address unit routines, light and noise on all shifts to better support sleep
- Work with prescribers, pharmacists and patients to decrease evening antipsychotics/sedatives

Keep an eye on our QI board for updates and information, and don't hesitate to offer ideas and suggestions. For more information on sedatives and seniors, see:

- Choosing Wisely Canada: [Insomnia and Anxiety in older people: Sleeping pills are usually not the best solution](#)
- College of Physicians and Surgeons of Alberta: [Sedative hypnotics and risk for adverse events](#)
- Rx Files: [Sleep Disorders: Sedatives](#) and [Chronic Insomnia in Older Adults Q & A Summary](#)

1. Is use of Quetiapine for Sleep Evidence-based? Found at <http://www.ti.ubc.ca/2011/03/29/is-use-of-quetiapine-for-sleep-evidence-based/June 2017>