

Wakefulness: Disturbed Sleep

Why does it happen?

Always consider first:

Does the person have an unmet need that they are trying to communicate to you?

How the person's health could contribute to wakefulness and/or disturbed sleeping

- Physical changes in the person's brain could result in the parts of their brain that should give them cues to sleep deteriorating or no longer functioning.
- Due to the person's dementia, they may become confused about daytime and nighttime, not recognising the different times of day and becoming disorientated. This could lead to the person wanting to get up during the night, get dressed and begin their day, which for them might include moving items around in their room or in their house or trying to go outside.
- The person may be experiencing dreams/nightmares or hallucinations – these are particularly common for a person living with Lewy Body dementia.

Why does it happen?

How the Person's Health Could Contribute to Wakefulness and/or Disturbed Sleeping Continued...

- The person may have another health condition (diagnosed or undiagnosed) that is leading to them becoming uncomfortable in bed – For example: difficulty in moving around, night sweats (common in menopausal women and anyone who is unwell with a fever), needing to get up to the toilet (if this is frequent it could indicate a bladder problem or, in men, a prostate problem) or incontinence that has resulted in their bed becoming soiled.
- The person may be feeling unwell with an infection or undiagnosed pain.
- The person may have a history of insomnia.
- The person may not be able to explain that they are experiencing the side-effect(s) of medicine(s).

How the Person's Feelings and Emotions Could Contribute to Wakefulness and/or Disturbed Sleeping

- The person may be feeling insecure, confused, or if they have been awake on their own for a while, the person may be bored – all of these feelings could prevent the person being able to get themselves back to sleep independently.
- The person may be feeling frightened or threatened, either in this present moment or because of something that they fear will happen to them imminently. This expression of being frightened or threatened may also come from hallucinations that the person is having, or from memories they are recalling of an earlier part of their life that was distressing for them.
- The combination of the person's learning disability and their dementia may be causing them additional stress, anxiety or uncontrollable emotions that is resulting in the person having disturbed sleep.



How the Person's Daily Life Could Contribute to Wakefulness and/or Disturbed Sleeping

- The person's environment, even if it was previously familiar to them, may now feel hostile due to the person's dementia – for example, the person may be fearful of the dark, of being alone in their bedroom, or may be misinterpreting shadows from items in their room as something more sinister.
- The person may want a drink or something to eat, particularly if they haven't eaten as much as usual during the day, perhaps because they didn't want to eat at mealtimes or struggled to eat enough.
- The person's routine may have recently changed, which might have resulted in the person having a more sedentary lifestyle and therefore feeling less tired at night.



Ways to Support the Person

Staff Approach

- Remain calm and don't focus on rushing the person back to bed - this is likely to be counterproductive.
- Reassure the person if they have experienced a bad dream/nightmare/hallucination - you may need to offer appropriate touch, kind and reassuring words or other communication, or gently focus the person onto something that makes them feel happy and secure. Remember that hallucinations can seem very real to the person and it may take some time before they have recovered from what they've 'seen'. Never dismiss these feelings. Instead offer security and ensure that the person knows you are there for them and understand how frightened they may be feeling.
- Consider how much sleep the person is getting in a 24 hour period - if they are napping a lot in the daytime, this may affect their sleep at night. Try to minimise napping by offering the person engaging activity – see the section 'Think about unmet needs' below.
- Think about how you are responding to the person. Are you making a big fuss about bedtime, turning it into an event or a battle rather than remaining relaxed and patient? Are you addressing any fears or concerns the person has in a way that makes sense to them and has a positive and relaxing effect?
- Also consider if the person's bedtime is the right time for them now – it may be the time they've always gone to bed, but keep this under constant review with the person to ensure it is meeting their needs as their dementia progresses.

Think about Unmet Needs

- How comfortable is the person? For example, are they hungry or thirsty, in need of their medicines, constipated or otherwise unwell?
- During the daytime, does the person have free access to occupation and activity – For example, is the person being supported to engage in their hobbies and interests when they want to, or access new meaningful activities that engage them physically and/or mentally to prevent boredom? Physical activity/exercise may be particularly important if the person is able to participate in this, as it may help the person to release their energy so that they can relax and sleep better at night. Be aware of over stimulation, particularly late in the day, as this may increase wakefulness or disturbed sleeping.
- Review how well you are supporting the person with their choice and control at bedtime – do they have every opportunity they could have to exercise their choice and control over the time they go to bed and how their evening/nighttime is organised, or are they feeling like this is being imposed upon them?
- Think about the emotional support that the person has, or might need - is there something missing that could lead the person to feel insecure and unable to relax at nighttime? Consider if the person needs an emotional prop, something like a favourite item, cushion or blanket - anything that the person responds positively to that they can cuddle, interact with and that soothes them.

Understanding the Person's Health Needs

- Rule out any undiagnosed physical or mental health conditions or undiagnosed pain.
- Ensure that the person's eyesight and hearing is checked regularly.
- Review medicines regularly.
- Review the *Treatments* module in the Wellbeing for Life toolkit for ideas of non-pharmacological interventions that may help to support the person.



Changing Daily Life

- Review the person's bedroom environment and whether it is meeting the person's needs. If you need to make changes, do this with the person, do it gradually and at a pace that the person can cope with and that they respond positively to. Think about:
 - Comfortable bed/mattress (check firmness and support – if the mattress is old it may need replacing)
 - Appropriate bedding (keeping the person the right temperature) and night clothes (nothing that could restrict the person's movement)
 - A nightlight or no light
 - Gentle music or relaxing sounds at bedtime or no sound at all
 - Curtains or blinds (is light from outside coming in and disturbing the person?)
 - Window open or closed (some people sleep better with some fresh air in their room, but outside noise may disturb them)
 - Temperature of the room (you may need to adjust heating, use fans etc)
 - The layout of the room (no items that could create frightening shadows)
 - Nothing that might distract the person from sleeping (like technology). The only exception here is a day/night clock, that clearly shows the person what the time of day is if they are frequently up at night and wanting to begin their day (be mindful that for some people this might only increase their wakefulness)

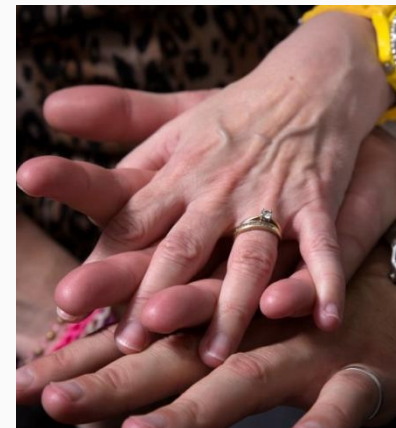
Changing Daily Life

Changing Daily Life Continued...

- If the person is getting up at night, ensure that their room is free from trip hazards, and if they are trying to find their way to the toilet that lights have been left on in the hallway so that the person can see where they are going. The person is likely to be more disorientated than normal if they have just woken from their sleep.
- Think about the person's bedtime routine - is it meeting the person's needs in terms of ensuring they have eating/drunk sufficiently, feel clean and comfortable (does the person want to bath/shower before bed?), are they relaxed and ready to go to sleep?
- Think about what the person eats/drinks in the evenings – eating too close to bedtime could result in indigestion (and if the person has dysphagia, could result in choking), and caffeinated drinks should be avoided.

Finding Patterns and Problem Solving

- Think about the circumstances that lead up to the person's wakefulness or disturbed sleep - is there something that you can change in the support you, or colleagues, are providing that could prevent future episodes of disturbed sleeping?
- Understand the person and their history – by researching their life story, you may find clues to explain and/or alleviate their wakefulness or disturbed sleeping.
- Think about every aspect of the person's 24 hours, not just the time they are having trouble sleeping - there may be hints as to any unmet needs that the person has from what happens at other times of the day.





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