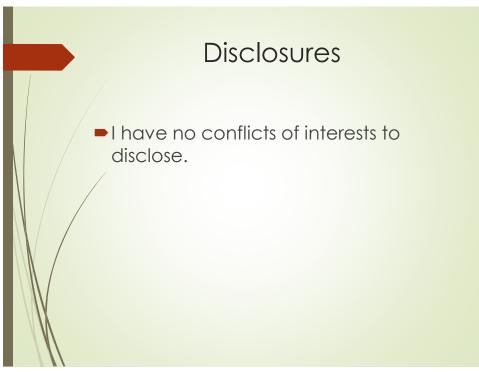
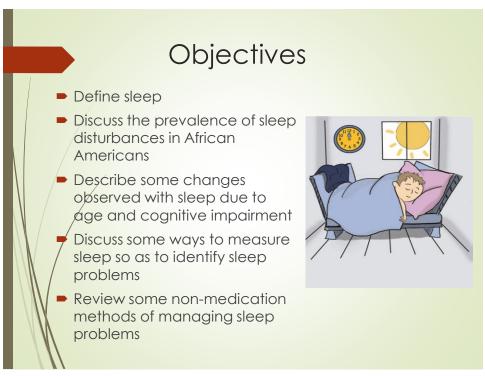
Sleep as Self-Care: What can caregivers do and how dyads can help each other get better sleep

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Robbins et al. (2021): Examining sleep deficiency and disturbance and their risk for incident dementia and all-cause mortality in older adults across 5 years in the United States

Taking 30 minutes or longer to fall asleep and sleeping 5 hours or fewer per night had higher risk for incident dementia

The risk of all-cause mortality was higher for those participants who reported difficulty maintaining alertness "some days" and "most/every day;" napping "some days" and "most/every day;" "poor/very poor" sleep quality, and sleeping 5 or fewer hours per night

What is Sleep?

 A period of inactivity and restoration of mental and physical function which includes alternations between non-rapid eye movement (non-REM) and rapid eye movement (REM) sleep

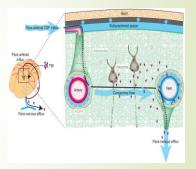
/Functions

- Integration of new memories and existing knowledge
- Restoration of brain chemistry to a normal balance



The Glymphatic System

- Facilitates clearance of soluble proteins, waste products, and excess extracellular fluid
 - Increased clearance during sleep



Age-Related Changes

- Adults 18-64 years: 7-9 hours each night
- More than 1/3 of adults do not get adequate sleep (at least 7 hours/night)
 - Adults ≥65 years
 - Earlier wake time
 - Typically go to bed and wake up earlier than younger adults
 - Earlier circadian rhythm
 - Reduced sleep consolidation and Stage 3 sleep
 - Difficulty falling and staying asleep



Cognitive Impairment-Related Changes

Reasons

- Neuronal pathways that initiate and maintain sleep are damaged
- Changes in the circadian "pacemaker" of the body
- Changes in the brainstem regions and pathways that regulate sleepwake cycles

<u>Manifestations</u>

- Day-night sleep pattern reversals
- Frequent nighttime awakenings
- Increases in daytime sleepiness and napping

(Rose, Fagin & Lorenz, 2010)



Impact of Alzheimer disease patients' sleep disturbances on their caregivers

CrossMark

Philip Gehrman, PhD^{ab}, Nalaka S. Gooneratne, MD, MSC^{bc}, Glenna S. Brewster, PhD, CRNP^{bd,*}, Kathy C. Richards, PhD^e, Jason Karlawish, MD^c

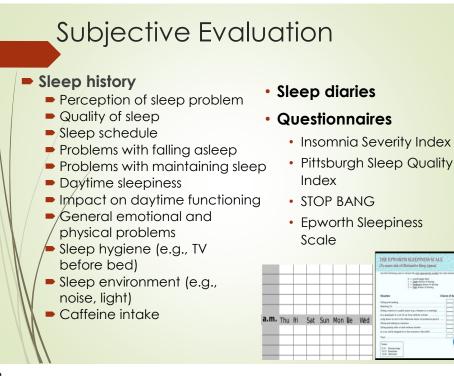
 60% of caregivers reported that the person living with dementia had a sleep disturbance symptom (taking 30 or more minutes to fall asleep; having two or more nocturnal awakenings, wandering at least one time weekly during the night, loud snoring more than two times weekly, or daytime sleepiness)

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A Multiple nightly awakenings
Shorter sleep duration
Longer time to fall asleep
Inconsistent sleep-wake times
Longer wake after sleep onset
Longer sleep onset latency
Up to 66% of caregivers

Baseline Comparison between Black and White Caregivers on Sleep Quality and Insomnia

	Measure	Race	Ν	Mean	SD	p- value
$\left \right $		White	62	6.28	5.91	
	Insomnia (ISI)	African American/ Black	30	10.50	7.79	.012
	Sleep Quality (PSQI)	White	63	5.41	4.15	.006
		African American/ Black	29	8.00	3.96	



Objective Measures

Polysomnography: involves use of

- Electroencephalography (EEG): measures electrical brain activity
- Electromyogram (EMG): records electrical activity from muscle movement
- Electrooculogram (EOG): records eye movements
- Electrocardiogram (ECG): measures heart rate and detects cardiac dysrhythmias
- Pulse oximetry: measures arterial oxygen saturation
- Breathing movements

ctigraphy

Device worn on wrist or ankle that measure muscle motion, sleep duration, and sleep efficiency



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Non-Medication Interventions



- General recommendation: 150 min/week of moderate-intensity activity or 75 min/week of vigorousintensity activity + 2 days/week of strength training including major muscle groups
- Listening to soothing music before bed and brisk walking for 30 min in the evening improved sleep quality in middle-age and older adults
- 12-months of moderate-intensity exercise: female caregivers reported significantly improved sleep quality, compared to a nutrition education control group (King et al., 2002)

Non-Medication Intervention

Light

- 2 weeks of bright or dim light: No independent improvement sleep; (Friedman et al., 2012)
- 4 weeks of blue-white light: increased circadian entrainment, and increased sleep efficiency and sleep time (Figueiro et al., 2015)
 - 6 weeks of blue-white light: improved sleep quality, sleep adequacy, and reduced sleep disturbances and problems (Sloane et al., 2015)

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Non-Medication Management

Sleep Hygiene

- Personal and environmental activities that can influence sleep
- Maintain a sleep schedule (including on weekends)
- Practice a relaxing bedtime ritual
- Sleep on a comfortable mattress and pillow
- furn off electronics before going to bed
- No vigorous exercise within a few hours of bedtime
- Limit caffeine and alcohol intake prior to bed

Evaluate bedroom for ideal temperature, sound, and lighting

Non-Medication Interventions

Cognitive-Behavioral Therapy for Insomnia

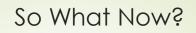
- Stimulus control therapy
- Sleep restriction/consolidation therapy
- Relaxation training
- Cognitive restructuring
- Sleep hygiene education
- Trend in improvement in sleep quality following 2 sessions including sleep hygiene, stimulus control, cognitive therapy, personal goal setting, and relaxation techniques (Simpson / and Carter, 2010)

Mindfulness-Based Stress Reduction techniques

- Breathing
- Body scan
- Hatha yoga
- Improved sleep quality following 8 weeks of meditation (Innes et al., 2012)
- Increased subjective sleep quality following 8 weeks of mindfulness training (Paller et al., 2015)

	No. of Caregivers	Intervention	Mean (SD)			
			Total Sleep Time, h		PSQI	
Source			Intervention	Control	Intervention	Control
McCurry et al, ⁵⁴ 1998	36	Behavioral intervention	6.4 (0.9)	6.1 (1.0)	7.8 (3.3)	10.6 (4.4)
King et al, ¹⁶ 2002	94	Moderate-intensity exercise	6.69 (1.16)	6.66 (1.12)	7.14 (3.40)	7.51 (3.67)
Ancoli-Israel et al. ¹⁸ 2005	63	Cholinesterase inhibitors (galantamine hydrobromide/ donepezil hydrochloride) for care recipients	NA	NA	-0.97 (2.96)*	NA
McCurry et al, ¹⁹ 2005	36	Sleep hygiene, daily walking, light exposure	NA	7.0 (1.0)	NA	8.6 (3.4)
Lee et al, ²⁶ 2007	39	Institutional respite care	6.88 (0.85)	6.72 (0.81)	NA	NA
Korn et al, ²⁸ 2009	42	Polarity therapy	NA	NA	-3.1 (3.9) ^b	-1.4 (3.2) ^b
Rose et al, ⁵⁵ 2009	38	Cranial electrical stimulation	NA	NA	7.8	8.2
Elliott et al, ²⁹ 2010	495	Resources for Enhancing Alzheimer's Caregiver Health (REACH) II trial	NA	NA	NA	NA
Simpson and Carter, ³⁰ 2010	10	Behavioral intervention	6.88 (1.43)	7.18 (1.19)	5.20 (3.91)	7.80 (4.98)
Hirano et al, ³² 2011	31	Moderate-intensity exercise	NA	NA	NA	NA
Figueiro et al. ³⁸ 2015	34	Tailored lighting	5.71 (0.94)	5.89 (1.21)	6.22 (2.93)	6.70 (2.13)
Sloane et al, ⁴¹ 2015	17	Blue-white light therapy	NA	NA	3.7	5.4
Gibson et al. ⁴⁵ 2017	15	Bright light therapy, exercise, sleep hygiene education	NA	7.38 (0.82)	NA	6.60 (2.80)

Gao C, Chapagain NY, Scullin MK. Sleep Duration and Sleep Quality in Caregivers of Patients With Dementia: A Systematic Review and Meta-analysis. *JAMA Netw Open.* 2019;2(8):e199891. doi:10.1001/jamanetworkopen.2019.9891



- Speak to family or healthcare provider if you have or are caring for someone and you notice changes in sleep habits
- Be prepared to describe what you observe or experience, when they started, if you did any to alleviate them and if it helped or didn't help
 - Establish a nightly routine
- Reduce lighting at night and increase during the day
- Stay active with safe exercises and fun games and activities to remain awake during the day



