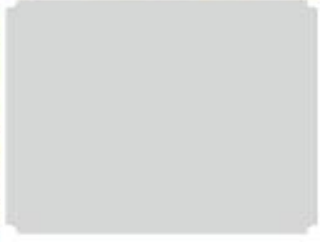
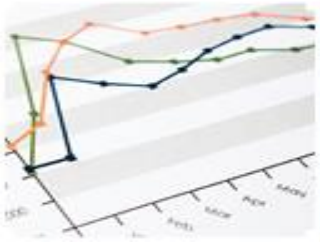
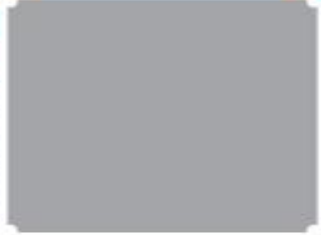
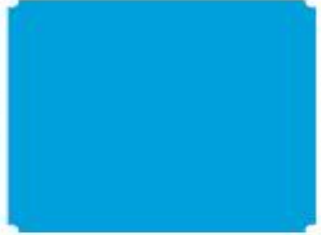
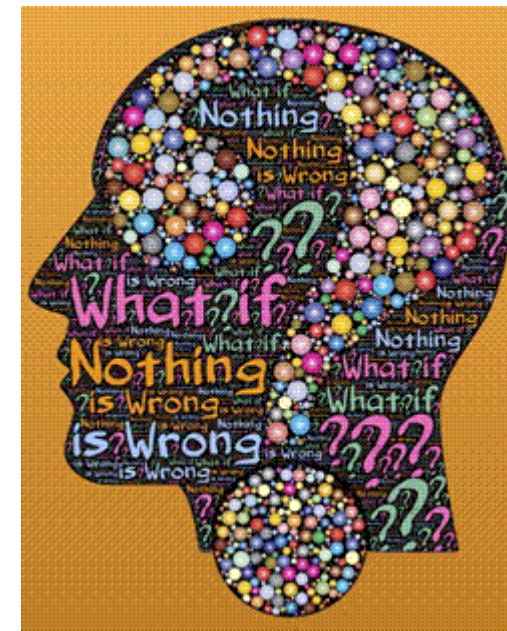
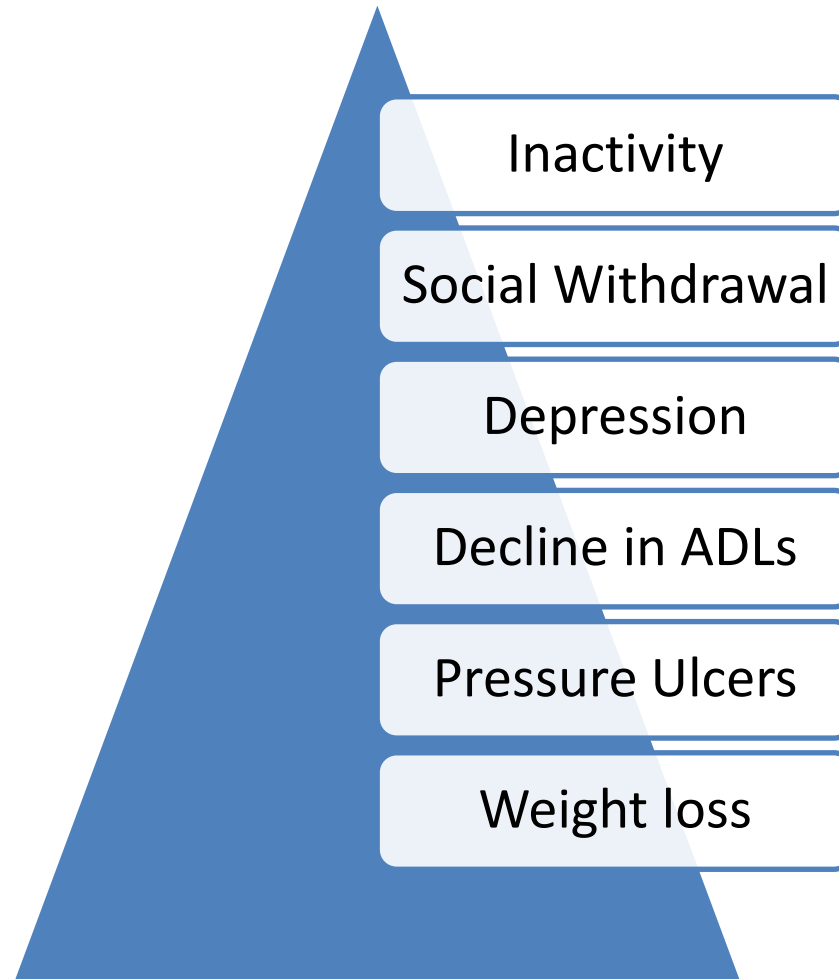
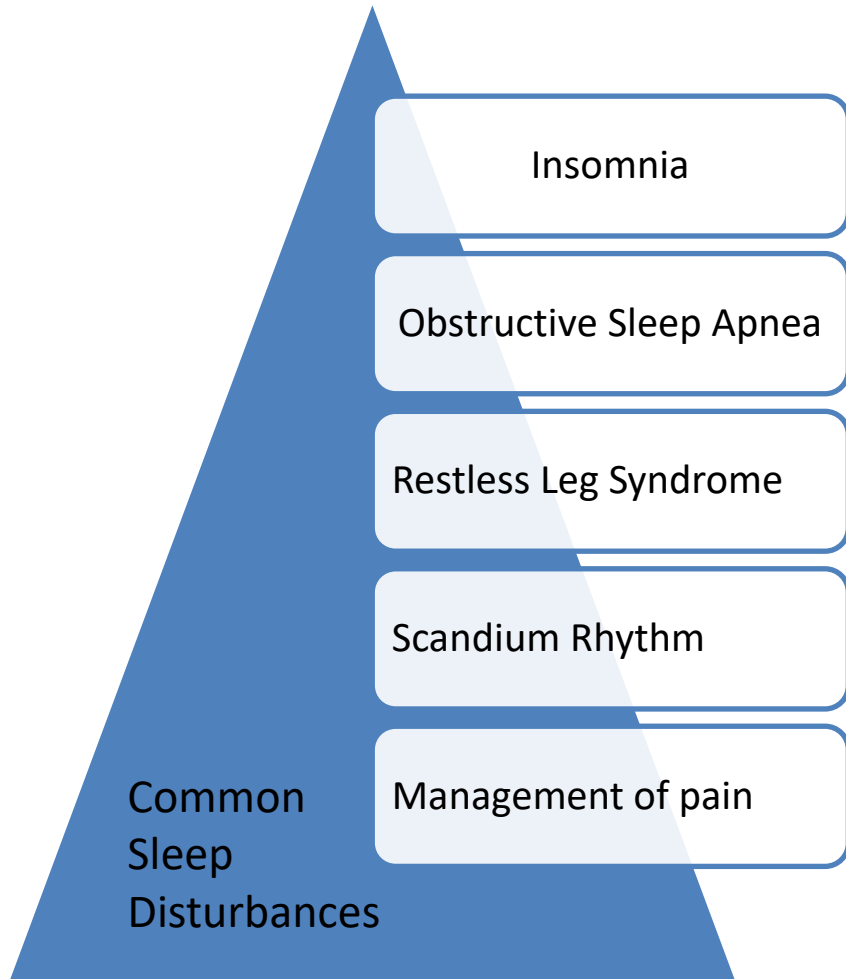


Quality Sleep



Sleep can impact a resident's functional status and quality of life.



Quality Sleep



Manifestations of poor sleep quality

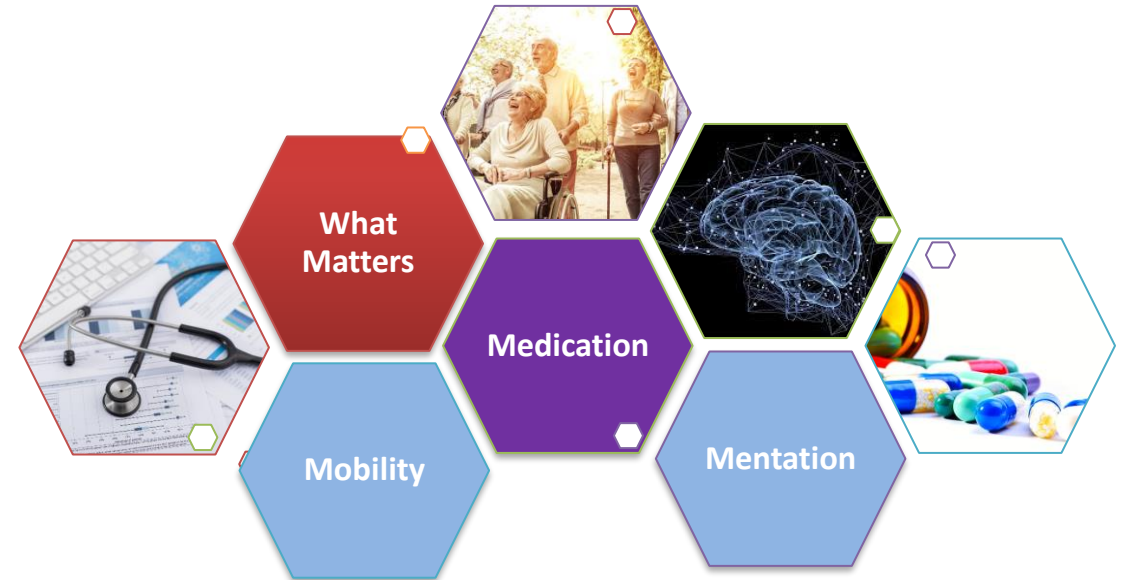
- Excessive Sleepiness during the day
- Comfort
- Life Event
- Increased Cognitive Decline (Confusion)
- Psychosocial issues

Interventions

- Cognitive Behavioral Therapy
- Newer Meds suppress wake drive
- Pain Management

Use of Tools

- Comprehensive Assessment Tool
- History
- Diagnostic Testing
- Staff and Family



Sleep encompasses all 4 M's of Age-Friendly care

- What Matters
- Medication
- Mentation (Mind & Mood)
- Mobility





Common Causes of Unhealthy Sleep in Older Adults

- Underlying Medical Issues
 - Heart and lung conditions
 - Gastro reflux (heartburn)
 - Painful conditions (osteoarthritis)
 - Urge to Urinate at night (enlarged prostate or overactive bladder)
 - Depression or Anxiety
 - Cognition (Dementia)
 - Medication Side-Effects
- Sleep Apnea -53%
- Restless Leg Syndrome- 15%
- Periodic Limb Movements – 45%
- Cramping
- Insomnia- 24%



Poor Sleep can lead to:



- Falls
- Depression
- Effect on Function- ADLs
- Behaviors effecting others

QUALITY SLEEP EQUATES TO GOOD
QUALITY MEASURES OVERALL

Interview:

- Bed-time Routine
- Noise
- Lighting
- Screen Stimulation
- Reduction of Anxiety methods
- Condition Evaluation





Interventions for your PIP

- Cognitive-behavioral therapy – on-line programs SHUTi or Somryst
- Brief behavioral treatment of insomnia (decrease urination)
- Mindfulness meditation
- Exercise
- Routine and Temperature
- Less Wake/Disturbance at night
- Less Risk Medications
 - Melatonin
 - Ramelteon
 - Trazodone
 - Magnesium


Story Board


SLEEP & AGING


WHAT'S NORMAL?

Aging itself doesn't seem to account for sleep complaints in older adults. If you're not happy with your sleep, talk with your doctor about possible causes and healthy ways to improve it, says Johns Hopkins sleep researcher Adam Spira, Ph.D.

NATURAL SLEEP CHANGES

 FALLING ASLEEP AND WAKING UP EARLIER

 MORE TIME IN LIGHTER SLEEP

 MORE AWAKENINGS—3-4X/NIGHT


WHY
CHANGES IN PART OF BRAIN THAT CONTROLS SLEEP + NATURALLY LOWER LEVELS OF GROWTH HORMONE AND MELATONIN

IS YOUR SLEEP HEALTHY?


1:3
HAS TROUBLE FALLING ASLEEP


1:4
HAS OBSTRUCTIVE SLEEP APNEA


1:8
HAS RESTLESS LEGS SYNDROME



7-9
HOURS OF SLEEP: WHAT A HEALTHY, OLDER ADULT NEEDS


KNOW THE SLEEP STEALERS


 LONG OR LATE NAPS


 CAFFEINE IN THE AFTERNOON OR EVENING

 LACK OF EXERCISE

 "SCREEN TIME" CLOSE TO BEDTIME

 CERTAIN HEALTH CONDITIONS

 NIGHTTIME BATHROOM TRIPS
Eighty percent of adults age 80 and older are awakened by the need for night-time bathroom trips. Underlying causes may include diabetes, enlarged prostate, infections and kidney disease.

 MEDICATIONS
Alpha-blockers and beta-blockers (for high blood pressure and heart disease), selective serotonin reuptake inhibitors (for depression), steroids, cold medicines, diuretics, nicotine gum and patches, and more can interfere with sound sleep.

THE SLEEP DIFFERENCE

POOR SLEEP IS LINKED TO HIGHER RISK FOR FALLS, DEPRESSION AND DEMENTIA + MORE DIFFICULTY MANAGING CONDITIONS LIKE CHRONIC PAIN, DIABETES AND HEART DISEASE

- Can Quality Sleep be improved for your residents?

Dawn Jelinek

Age-Friendly Clinics and LTC

OFMQ- GWEP- OkDCN
Senior Clinical Consultant
djelinek@ofmq.com
405-651-4796

