



**Philosophy of Care**

Passion and energy for **living**  
Creating genuine **choices**  
Staying **connected**  
Feeling **involved** and consulted  
Improving **physical and mental** agility  
Providing excellent **clinical and health care**  
Developing **spirituality**  
Encouraging and acting on **feedback**

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**Dementia Care Specialist**  
**Amana Living**

Role is very flexible focusing on:

- Practical problem solving
- Application of theory to practice
- Providing resources for service development



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**Disclaimer:**



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### Outcomes:

- Define "Sundowning" the term and its connotations
- Investigate how is "Sundowning" exacerbated by environment, and care practices
- Discuss how can "Sundowning" be alleviated by improving well being
- How the whole of service approach translates across both community and residential settings



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### How do you Feel at the End of the Day?



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### And How May Someone with Dementia Feel at the End of the Day?



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### Defining the Term: "Sundowning"



"Sundowning": a group of responsive behaviors occurring in some older patients with or without dementia at the time of nightfall or sunset.

**Behaviours:**

- Confusion
- Anxiety, agitation, or aggressiveness
- Psychomotor agitation (pacing, wandering)
- Disruptive, resistance to redirection
- Increased verbal activity

*Overlaps with dementia, delirium, and sleep disturbance.*

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### Epidemiology of "Sundowning" Syndrome



- Not uncommon phenomenon
- Exact prevalence unknown
- not much is known about the existence of gender or race prevalences.
- Reports have ranged between 2.4% and 25%
- In people with Alzheimer's disease or dementia, the range is widened up to 66%



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### What time of Day?



**Variable findings:** Differing opinions most likely reflect the variety of methods used to assess Sundowning behaviour, the different of populations studied, and the lack of a standard definition of "Sundowning".

- Evans observed that Sundowning behaviours occurred more often during 4:00-6:00 pm as compared to 10:00 am-12:00 pm



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Time of Day: contd.....



- Cohen-Mansfield et al found increased vocalizations and physically aggressive behaviours to occur 4:30-11:00 pm versus 4:30-7:00 pm.
  - The same study found vocalizations to occur at higher rates between 11:00 pm and 6:00 am.
  - Wandering was found to be more likely 7:00-10:00 pm.
- Twenty-four hour behaviour logs kept by caregivers found patients with Alzheimer's disease more likely to display agitated behaviours between 4:00 pm and 8:00 pm.



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Time of Day: contd.....



- However, other studies did not observe such temporal patterns of behaviour. Bliwise et al did not observe any convincing patterns of worsening agitation nocturnally or during sunset hours in nine nursing home residents with severe dementia, who were observed four times per hour for 12 hours.
- Rather, this study found a seasonal effect: Sundowning was more likely to occur in the winter or autumn (Northern Hemisphere study)



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Time of Day: contd.....



- In contrast, Martin et al found no component of seasonality to agitation in 85 institutionalized patients with Alzheimer's disease, yet the study found considerable variation in the timing of agitation, with the peak at 2:38 pm

Are you confused yet?



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### Contributing Factors for Sundowning: Physiologic



Circadian abnormalities in elderly and in people with Alzheimer's disease progress concomitantly with their behavioral and cognitive dysfunction.

- Sundowning is more common within Alzheimer's Disease.
  - Neurofibrillary tangles found in the hypothalamus of patients with Alzheimer's may lead to the behavioral changes of Sundowning through mechanical disruption of brain tissue.
  - Pathologic damage to the suprachiasmatic nucleus (SCN) is believed to result in disruptive behaviors associated with Sundowning.
  - Melatonin is found to be decreased in the cerebrospinal fluid levels of patients with Alzheimer's disease.



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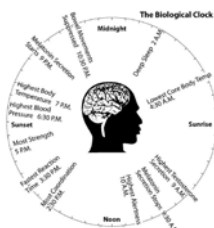
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### Physiologic Factors: contd.....



- Medications, such as aperients and diuretics
- Medical comorbidities, the most obvious being the presence of pain
- Discomfort with postural support
- Fatigue
- Difficulty distinguishing reality from dreams



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### Risk Factors for Sundowning: Environmental Factors



- Amount of daily light exposure
- Activity level during the day
- Noise level in environment
- Disruptions at night



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### In Residential Care:



People living in residential care who are said to "Sundown" are more likely to have

- Experienced recent admission
- Moved to a new room
- Experienced Staffing shift changes
- Be exposed to low levels of lighting during the day and bright hallway lighting during the night
- Increased naptime during daytime hours and reduced nighttime sleep




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### Personal Opinion to Tie it Together:

- Many things influence the presence of end of day confusion and people living in group settings often react to each other, thus contributing to developing an atmosphere where "confusion reigns"
- Different patterns may occur because everyone has different limits to the amount of sensory information we can comfortably process as well as differing sensory preferences.

*By understanding the individual in their setting we are more likely to influence both individual and group well being*

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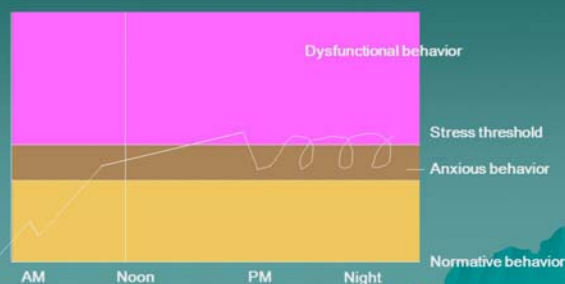
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### Effects of stress during a 24-hour day in the person with Dementia




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Although more sensitive to the end of day pressures than most people, it is perhaps necessary to relook at the term "Sundowning" from a well being perspective

..... *What is the person trying to communicate?*

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End of Day Confusion..... *The Message:*

- . "I need a drink"
- . "Home time!"
- . "Get me out of here"
- . "Time to go"
- . "I have had enough"

.....ETC



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Promote Wellbeing: Reduce "Sundowning"



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### Principles of a Well Being Approach:

- Know the person's story
- Know the person's sensory preferences
- Know the person's medical and psychological background
- Know your environment and be willing and able to modify it
- Work with both group and individual needs

*This must be a team approach!!!!*

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### Why Individual Story is so Important:



- Contribute to a holistic and comprehensive understanding of the individual as a person rather than through the biological processes of dementia.
- Assist in reducing challenging behaviour through their input to individualised care planning
- Therefore assist in a potential reduction in the use of anti psychotics.
- Promote positive therapeutic interventions
- Positive engagement 1 - 1 and with services
- Potential reduction in re-referrals to specialised services and even potentially to complaints

*Applies to the knowledge gained & life story tools used*

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### Life Story Tools that Reflect Individual Need:



Tool:	Adaptability:
Books	<i>Can be graded to suit many needs.</i>
Single topic or "Chat" books	<i>Often suit people with trauma in their lives.</i>
Talking photo albums	<i>When family voices are important for reducing anxiety.</i>
Digital photo frames	<i>A gentle palliative care option.</i>
Family Videos	<i>Can help anxiety and apathy.</i>
Rummage box and book combinations	<i>When sensory props are needed to promote engagement.</i>
DVD slide shows	<i>When extra visual cues are needed.</i>
Commercially printed photo books	<i>Good option for families.</i>

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### Importance of our Sensory Story as the World "Shrinks":



Our senses age but this is compounded by the impact of cognitive loss for people living with dementia. Being able to minimise the losses in sensory processing and sensory discrimination by reinforcing positive old patterns assists people to modulate their responses and is important to the long term maintenance of well being.



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### Sensory Experiences and Your Memories:



**Influenced By:**

1. Sensory Deprivation
2. Trauma
3. Nurturance
4. Therapeutic Environments

**Purpose of Sensory Approaches:**

- To facilitate a sense of safety and stability
- To foster relationships
- To support improvement of functional abilities where possible
- To provide a safe sense of containment when in distress
- To support health wellness & recovery of equilibrium.

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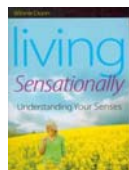
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### How Assessment Will Help:



- Helps identify possible triggers for responsive behaviours from a different perspective.
- Helps identify activities that can be used to positively enhance an individual mental health and well being.
- Identifies broad tendencies toward hyper or hypo sensitivity which influence the formulation of care plan strategies for things such as showering and dressing and settling at night.



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### Barriers to Assessment & How This May be Overcome:



Barriers	Possible Solutions:
<ul style="list-style-type: none"> <li>•Narrow nature of ACFI</li> <li>•Incompatibility between ACFI and "person centred" care</li> <li>•Staffing hours availability for assessment</li> <li>•Lack of Aged care specific assessment tools</li> </ul>	<ul style="list-style-type: none"> <li>•Paradigm shift as to method of collection in order to accommodate reduced availability of professional staff</li> <li>•Business analysis of the how this assessment may improve ACFI claims</li> <li>•Trial of available tools and if possible adapting and validate them to suit the needs of the aged care environment</li> </ul>

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### Possible Assessment Tools:



- **Winnie Dunn Adolescent/Adult Sensory Screen:**
  - Is a validated tool but only for "general" population.
  - Very comprehensive, lengthy to administer and interpret
  - Excellent for problem solving complex situations
  - Provides guidelines on strategies for people who are generalised to "Seekers" "Avoiders" "Bystanders" & "Sensors"
- **Tina Champagne sensory preferences assessment:**
  - not validated as yet but developed for adult "psych" population
  - Comes in context of whole book addressing the sensory modulation needs of individuals has lots of forms and ideas
  - Quicker to use with useful information elicited

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### Assessing the Environment:



To improve the wellbeing of the PLWD who experience end of day confusion, it is necessary to assess the environment from two perspectives:

- How well the environment is designed to suit the need of PLWD. This applies to people in community as well as those living in a residential setting
- What does the *individual* need within their environment to promote function and well being?




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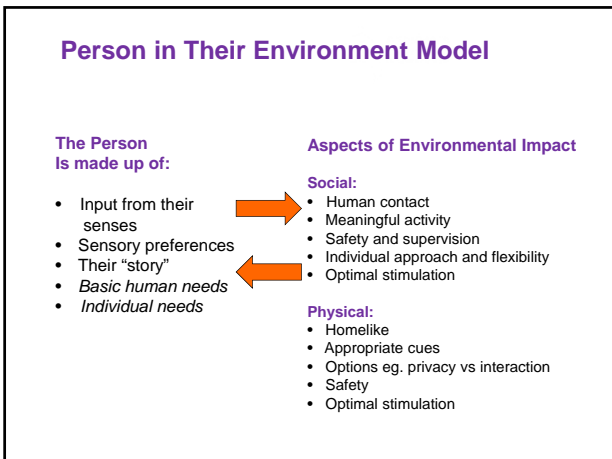
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### Dementia Design Audit Tool: *Background*

The [Design Audit Tool](#) contains a series of resources for carrying out self-assessment of environments that are used by people with dementia. It is suitable for refurbishment projects or new buildings, and is relevant across a range of settings including day centres, wards, care homes and medical centres. The design audit tool helps identify areas for improvement, and can be used to prepare for the formal design audit certificate process that is available through the Dementia Centre at Hammond Care

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### Dementia Design Audit Tool: *Areas Assessed*

*The Environment is broken down into 12 units and each unit is assessed against a number of standards.*

The units are:

<ol style="list-style-type: none"> <li>1. Entrance corridors, way-finding and lift</li> <li>2. Lounge area</li> <li>3. Dining room</li> <li>4. Meaningful Occupation</li> <li>5. Examination room</li> </ol>	<ol style="list-style-type: none"> <li>6. Hair dressing room</li> <li>7. Bedrooms</li> <li>8. En Suite provision</li> <li>9. Communal toilets/bathrooms</li> <li>10. External areas</li> <li>11. General principles</li> <li>12. Additional areas of best practice (Not Scored)</li> </ol>
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**Dementia Design Audit Tool:**  
*Example of Standards*



**Standards Scored in the Lounge:**  
Essential standards include:

- Colour of flooring/carpet contrasts with walls
- Toilets are visible or well sign posted from lounge
- The skirting contrasts with both floor and walls

Recommended standards include:

- Lighting can be controlled according to time of day
- Large pattern wallpaper is avoided
- The layout and fittings encourage resident interaction

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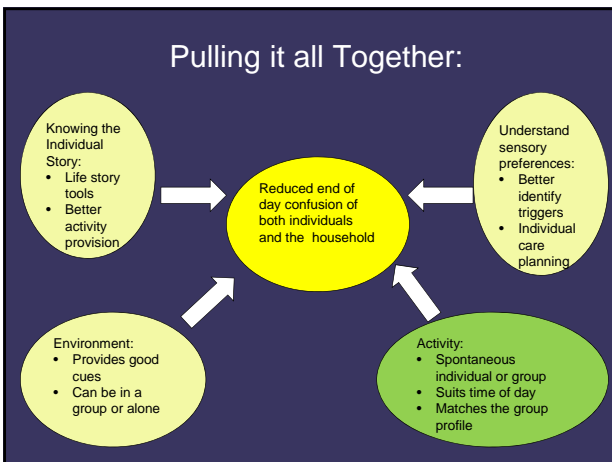
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**General Tips: Environmental**



- Provide consistent care givers
- Provide good visual cues within the environment
- Ensure lighting reflects time of day
- Consider night staff wearing dressing gowns on their rounds



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### General Tips: *Environmental*



- In a strange or unfamiliar setting, bring familiar items – such as photographs – to create a more relaxed, familiar setting.
- Play familiar gentle music in the evening or relaxing sounds of nature, such as the sound of waves.
- Ensure staff change shifts with as little a flurry of activity as possible in order to reduce cues to residents..



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### “Designed” Outside Environments that Promote Well Being



**Sensory Gardens:** One with rubberised path is now 7yrs old, the other is a country garden with activity stations along the paths.

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### “Designed” Outside Environments that Promote Well Being:



Examples of Outdoor Workstations

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“Designed” Inside Environments that Promote Well Being:



Multisensory Room: Fibre optics, bubble tube, mirror ball and projector

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General Tips: *Activities*



- Ensure staff are well trained in good communication skills and are able to validate residents who are expressing their end of day confusion by needs such as “I want to go home”
- Promote a daily schedule that makes sense but be ready to adjust to individual needs
- Include physical activity on a daily basis but not within 2/3 hours before bed
- Be aware of individual sensory tolerances
- Have activity staff rostered on during period of need to both run activity and set up the environment

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Individual Sensory Kits:



Identify theme or Purpose

- Motivation
  - Inspiration
  - Grounding
  - Relaxing
- Work with resident where possible to decorate/personalise the box
  - Select contents depending on whether you are aiming for a generally calming or alerting response
  - Work out where best to store it for easy access
  - Have guidelines in box of when and how to use it

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### Sensory Diet and Individual Care Plan:



#### Considerations when planning:

- What does the individual seek and avoid? When? Why?
- Identify daily rituals and routines.
- Identify sensory modulation strategies that can be incorporated.
- Be collaborative where possible.
- Create a "crisis intervention plan for when common strategies are not enough".
- Ensure environment is able to support the strategies.
- Support/educate care staff to understand the reasons for the strategies.
- Evaluate and modify the strategy as required.

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### Sensory Kits:




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### General Tips: *Health Care*



- Promote individual sleep routines
- Limit daytime napping. Nap time can help but generally: unless unwell for no longer than an hour and not after 3pm
- Limit caffeine and sugar to morning hours.
- Give diuretics, laxatives early in day
- Ensure person has their glasses and wearing aids wherever possible.
- PRN sedative hypnotics as only a final measure and regularly reviewed

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General Tips: *Health Care*



- Melatonin and light therapy can sometimes assist with circadian rhythm disturbance
- Keep a night light on to reduce agitation that occurs when surroundings are dark or unfamiliar.
- In the evening, try to reduce background noise and stimulating activities, including TV viewing, which can sometimes be upsetting.
- Talk with doctor if you suspect an underlying condition, such as a urinary tract infection or sleep apnoea, might be worsening end of day confusion.

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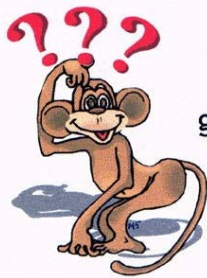
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Question Time



Questions are guaranteed in life; Answers aren't.

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Resources and References:



- <http://www.alz.org/care/alzheimers-dementia-sleep-issues-sundowning.asp#ixzz3lfdspRx>
- A Group Intervention to Reduce Burden and Symptoms of Depression in Informal Dementia Caregivers. Dr. Mark P. Tyrrell, School of Nursing & Midwifery, University College Cork <http://slideplayer.com/slide/232784/>
- <http://www.enablingsenvironments.com.au/>
- "Sundowning and other temporally associated agitation states in Dementia patients" Bachman and Rabins. Annu. Rev. Med. 2006. 57:499-511
- Tina Champagne, sensory modulation information: <http://www.ot-innovations.com/>
- <http://www.aplaceformom.com/senior-care-resources/articles/sundowners-syndrome>

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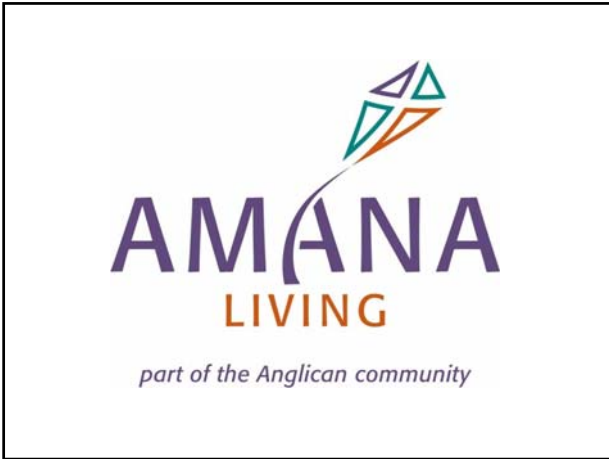
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