3-23 Sleep disturbance and elderly

TIPS Question:

We have a gentleman who can be very aggressive. He is blind, wanders at night into rooms of other residents which frightens them; hits his wife (who is also a resident). Have tried Loxapine but there was no change in behaviour just made him drowsy. Risperdal increased his drowsiness and he was unable to walk or feed himself. Have also tried Haldol IM prn but this does very little. He is now on Seroquel 100 mg at supper. After taking it he just paces with his head bent forward and is very agitated. Any suggestions of different medications to help with his aggressiveness?

What are the significant factors you have learned as a result of working through the six-question template?

- This behaviour is affecting residents, staff & family
- Degree of risk is high
- No triggering factors can be determined and behaviour is increasing I frequency & severity and lasting longer.
- Score 10/26 on MMSE, are doing DOS 7 CMAI

Response:

I have a feeling medication is, unfortunately, not going to be the answer or at least, not the whole answer.

He is blind. The question that would arise is does he sleep during the day? Is there a way to reverse his behaviour, activity so that he is more active in the day and therefore, sleeps at night?

I wonder, does he go to sleep, then wake up? Have you ruled out sleep apnea, stimulant use at night, myoclonic jerks?

Is there a place he could be brought to safely wander at night?

A thorough assessment of his sleep problems, I think, would be warranted to rule out primary sleep problems, secondary due to medical and/or psychiatric causes such as depression and anxiety.

This may assist you in targeting the right medication; if depression/anxiety is present, an antidepressant may be useful. Trazodone has also been used, at times, with success for sleep disturbance in people with dementia.

There is a condition that is much more common in dementia called REM behavioural Sleep Disturbance. This is a condition where during REM sleep that you and I all have, the “motor paralysis” may not occur in the demented patient; therefore, he may get up, wander, hallucinate, and become aggressive. The treatment here is Clonazepam; however, Clonazepam itself can be very problematic if the reason for his getting up at night or wandering is due to sleep apnea which is very common in the nursing home sector.

Given the variety of reasons for him getting up and wandering in the night, I think a specialized referral for assessing his sleep, finding the specific diagnosis would be very useful in this situation.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*