Exploring night time care issues of older people living with dementia in residential care homes

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Possible causes of sleep disturbances among PWD

• Sun-downing syndrome
  – a set of neuropsychiatric symptoms, e.g. confusion, disorientation, anxiety, and agitation, occurring in the late afternoon and evening, or as the sun goes down among people with dementia
  – Unknown cause, associated with physiological, psychological and environmental factors

• increase in Orexin (hypocretin) in the CSF
  – Orexin: a neurotransmitter that regulates the sleep-wake cycle
  – maintains wakefulness → more impaired nocturnal sleep
  – Persons with dementia AD had a higher mean orexin levels than others
Possible causes of sleep disturbances among PWD

- **Sleep apnoea**
  - 42% PWD have obstructive apnoea

- **Pain and symptoms**

- **Medications**
  - *Sedative antidepressants* (e.g. amitriptyline): anticholinergic effects may cause confusion
  - *Beta-blockers* (e.g. metoprolol, propranolol): cause difficulty falling asleep and an increased number of awakenings and vivid dreams
  - *Xanthines theophylline*: increases wakefulness
Study aim and objectives

• To identify care issues during night time among PWD in residential care homes
  – To identify the common behaviour problems at night time;
  – To explore the possible reasons in the care context that affect their sleep quality;
  – To identify appropriate care strategies for addressing the care issues so as to improve the quality night-time care.
Methods

- Participant observations over night shifts

- Individual face-to-face semi-structured interviews
  - 19 care home staff members
    - 5 home managers
    - 3 registered nurses
    - 2 health workers
    - 9 personal care workers
Setting and subjects

• Four residential care homes for the elderly
  – a subvented home,
  – a contract home,
  – two private homes
• No. of residents: 17 – 149 per home
• Staff : resident ratio at night time: 1: 8 – 30
• Proportion of residents with dementia: 31% – 100%
Results
Care issues at night time

Unfamiliar environment

‘Iatrogenic’ sleep disturbance

Challenges in understanding their needs

Challenges in managing their behaviours
Unfamiliar environment

• Unable to recognise the place
  – “get lost”, especially after going to the toilet

• Forgetting “here and now”
  – become confused about the time and place and felt determined to “do certain things”

• Missing family members
  – repeatedly asked about their family members and wanted to see and talk to them
‘Iatrogenic’ sleep disturbance

• Routine care
  – Napkin rounds
  – Tube feeding
  – Vital sign monitoring for some unwell residents.

• Lighting and Noise
  – Environment: Pipelines, alarms or pagers, radio/television
  – Care procedures: bedside rails, curtains, trolleys, plastic bags or other equipment, e.g. oxygen machine, BiPAP…etc
  – Conversation among staff or clients
Challenges in understanding residents’ needs

• Communication breakdown
  – PWD were not able to express themselves

• Not knowing the clients
  – Hiring agency nurse to relief manpower shortage at night time
Challenges in managing their behaviours

- Ineffective management
  - some interventions failed to engage the residents, such as playing music, TV…
  - compelling the clients to follow commands
  - using restraints

- Limited manpower
  - Staff had to complete a number of other tasks during the work shift, e.g. cleansing, cooking…etc.
Care issues at night time

Unfamiliar environment
- Unable to recognise the place
- Forgetting “here and now”
- Missing family members

‘Iatrogenic’ sleep disturbance
- Routine care
- Lighting and noise

Challenges in understanding their needs
- Communication breakdown
- Not knowing the clients

Challenges in managing their behaviours
- Ineffective management
- Limited manpower
Discussion of good practices

Person-centred care approach

• **Knowing the clients**
  - Understanding their needs (hungry, thirsty, need to toileting, pain or discomforts)

  → behavioural problems (*being interpreted as behaviour problems or disruptive behaviours*)

• **Engaging the client with specific tasks**
  - Active engagement eg. delegating specific (e.g. culturally-specific) tasks; doing things elders used to do/ love to do

A Nighttime Program for Alzheimer’s Care - NYTimes.com (2009)
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THANK YOU!