

How to prevent and manage sundowning

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Nearly 70 percent of Alzheimer's elderly living at home, and up to 25 percent of those living in nursing facilities, suffer from sundowning, a delirious state characterized by increased agitation and confusion, which occurs in the late afternoon or early evening, sometimes causing enormous distress both to patients and their caregivers. Following is a description of recommended interventions, derived from the latest evidence-based research, that can help prevent and cope with the symptoms of sundowning.

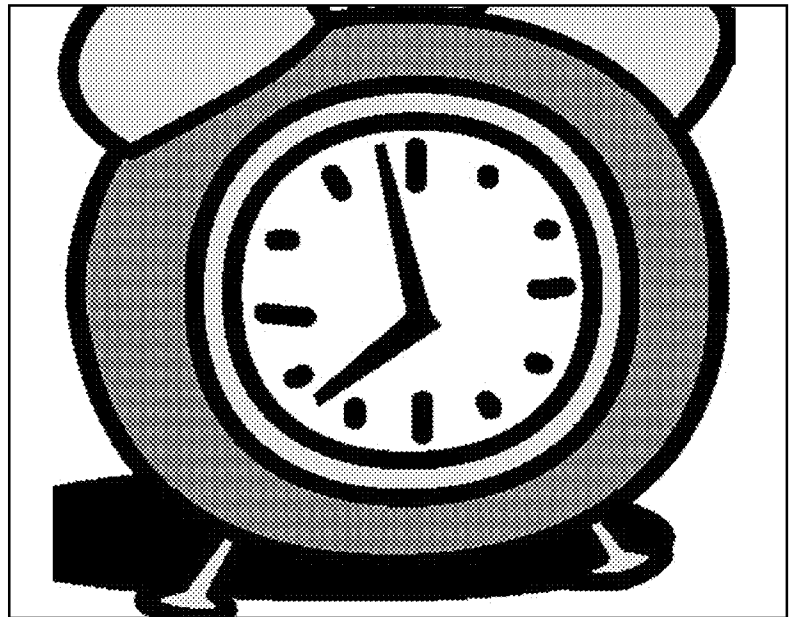
Sundowning, the late afternoon or early evening worsening of the behavioral and psychological symptoms of dementia, particularly of the Alzheimer's type, has been described in the scientific literature for more than six decades, and is currently being investigated by several research groups worldwide.

Nevertheless, this condition, which appears to be related to a change in the sleep-awake rhythms and to the inability to cope with the environment, remains one of the major problems in Alzheimer's disease, posing tremendous challenges both to patients and those who care for them.

"Sundowning is a composite of behaviors, including travel behavior, loud vocalizations, wandering, maladaptive behaviors, and physical aggression, clustering in the late afternoon or early evening," report Dr. David Bachman, of Medical University of South Carolina, South Carolina, and Dr. Peter Rabins, of Johns Hopkins School of Medicine, Maryland, in a recent review study.

Other common symptoms of sundowning include:

- Anxiety.
- Fear.
- Disorientation.
- Repetitive questioning.
- Verbally abusive behavior.
- Wanting to go home.



Risk factors

Although the precise causes responsible for the onset of this condition have not been defined yet, the following have been consistently observed in Alzheimer's elderly with sundowning and are, therefore, considered as potential risk factors.

- Fatigue, both mental and physical.
- Disruption of nighttime sleep
- Lack of companionship and emotional support.
- Hunger and thirst.
- Diminished light.
- Dementia-related language and sight problems (i.e., aphasia and agnosia, respectively).

"Another potential contributor to early evening agitation is the lower number of evening and night-shift staff in institutions, or lessened availability of home caregivers at that time of the day," report Bachman and Rabins.

"This could result in unmet care needs (e.g., less frequent toileting or changing of continence materials), which would increase agitation and restlessness.

"Low caregiver availability would also diminish the amount of structured stimulation for patients, which would lead to boredom and a consequent increase in random activity or agitation," say the researchers.

Any plan for the prevention of sundowning should ensure that the elder spends enough time in outdoor sunlight, exercises regularly, and has regular eating and sleeping habits

Use adequate lighting

The natural loss of light that occurs in the late afternoon is one of the potential causes of early evening agitation. Thus, one way to reduce the risk of sundowning is to ensure adequate lighting at dusk. However, as Bachman and Rabins point out, “if diminishing light is a risk factor... its effects are probably magnified by the high prevalence of visual and hearing impairments in older individuals.” It is, therefore, also very important to

- ✓ frequently check—and correct if needed—the elder’s eyesight and hearing;
- ✓ make sure that the person wears their glasses or hearing aids; and
- ✓ check that the hearing aids are working properly and the glasses are clean.

Find a balance between activity and inactivity

Another major risk factor for sundowning—fatigue—is often the result of excessive stimulation due to high levels of activity during the day. So:

- ✓ Avoid engaging the person in too demanding, complex, and lengthy tasks; preferring familiar, well rehearsed activities the elderly find meaningful and, above all, enjoyable.
- ✓ Limit activities, trips, and visits from families to the morning, when the person with Alzheimer’s is generally more relaxed and ready to do things.

- ✓ Plan quiet, relaxing activities, such as reading or listening to gentle music, for the afternoon.
- ✓ Encourage the elderly to take a small nap (not more than 30 minutes) just before their sundowning time.

Importantly, according to a research report by Dr. Juergen Staedt of Vivantes Clinic, Berlin-Spandau, Germany, and Gabriela Stoppe, of Psychiatric University Hospital, Basel, Switzerland, any plan for the prevention of sundowning should also ensure that the Alzheimer’s elder spends enough time in the outdoor sunlight, exercises regularly, and has regular eating and sleeping habits.

Schedule normalization or calming tasks

“If there is a temporal pattern to agitation, then scheduling the activities at the usual times of agitation, or at the time prior its emergence, might well diminish it,” report Staedt and Stoppe. However, special attention must be given to ensure that the activities are “designed so that patients can engage in them despite their impairments.”

The elderly can be given a “job”... such as pushing fellow residents in their wheelchairs, or delivering books, snacks, and clean towels for the evening... that keeps them occupied, while making them feel important and needed.

Alternatively, Dr. Linda Gerdner, of the University of Arkansas for Medical Sciences, suggests engaging the person in an individualized

music therapy intervention—consisting of half an hour of listening to the person’s favorite songs, while singing—approximately 30 minutes before the time in which the episode of agitation usually reaches its peak level.

Other recommended therapeutic interventions include

- hand massage;
- aromatherapy; and
- daily exposure to bright light (i.e., bright light therapy).

Coping with an episode of sundowning: Non-drug strategies should be tried first

If an episode of early evening agitation occurs, current guidelines recommend that non-pharmacological approaches should be the first choice of treatment, while medications should be considered only if everything else fails.

Non-drug strategies should be tried first

In fact, as Staedt and Stoppe emphasize, the efficacy of sedative drugs for the treatment of episodes of sundowning, like benzodiazepines and neuroepileptics, for example, is highly questionable, as they have been shown to actually weaken the already weak sleep-awake rhythms responsible for early evening agitation.

What’s more, these medications may increase confusion, contribute to further cognitive deterioration, and lead to a state of excessive sedation, say the researchers.

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What caregivers should do, instead, is to assist the elderly, with compassion and understanding and loving manners, following these simple steps:

- ✓ **Distract.** Offer the person a favorite object or picture to hold and cherish to take their mind off the events that might have triggered the episode of agitation. These may vary from the sight of a reflection in the mirror mistaken for a stranger, or imaginary events of a TV program interpreted as real, to excessive noise or overcrowded rooms. If possible, eliminate such triggers: Turn off the TV, cover mirrors, ask visitors to leave, and invite staff to talk softly.
- ✓ **Reassure.** Make the Alzheimer's elder feel safe and secure, by reassuring them that you are there to help and that you are in control of the situation. Give them signs of your unconditional love and affection: Offer them a friendly smile and warm, caring touch.
- ✓ **Redirect.** Refocus their attention by engaging them in activities, such as looking together at the person's life story book, touching, searching and discovering sensory attractive items in a box or basket, or taking a walk.

Always check that the basic needs of the person (e.g. hunger, thirst, and need to go to the bathroom) are met, and report to medical personnel if the elder is experiencing the symptoms of sundowning for the first time.

Ensure safety

In any case, it is important to ensure the safety of both the Alzheimer's elder and the persons who are with them. So, promptly remove any dangerous object that may be within easy reach of the agitated person or that may cause them to fall.

Also, avoid the use of physical restraints, as they have been shown to be cause of severe injuries, like broken bones, bruises and ulcers.

Conclusion

Sundowning is a state of increased agitation and confusion that can be observed in elderly persons with Alzheimer's disease in the late afternoon or early evening.

Ensuring adequate lighting, avoiding fatigue, and scheduling normalization or calming activities for the time of the day when the agitation usually occurs, are the recommended strategies for the effective prevention of this condition.

In order to assist the Alzheimer's elderly during an episode of sundowning, current evidence-based guidelines recommend to distract the person, while providing reassurance, and to redirect their attention using appropriate refocusing interventions.

Importantly, physical restraints should never be used, while medications should only be considered as the last alternative.

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