

INSOMNIA (Difficulty Sleeping)

Though many people in nursing homes *complain* of insomnia, *very few* actually have sleeping problems requiring medication. Here are some simple facts that may help explain the discrepancy, especially since using sleeping pills in this population is considered potentially dangerous and is highly regulated.

What is a “normal” sleep pattern? It is **not** 8 hours of sleep as a solid block and only at night! Any person who lives long enough...

- will take longer to fall asleep (*sleep latency*);
- will sleep 4-6 hours, then wake with trouble falling back asleep (after several hours, they are likely to sleep for another 1-3 hours);
- has less REM and DEEP sleep time (when most healing takes place); and
- will nap periodically throughout the day

Do sleeping pills help? The average sleeping pill...

- Decreases the time to fall asleep by about 30 seconds, and
- Increases the total amount of time slept by about 7 minutes a day

What steps can be taken to improve sleep?

- Avoid stimulants (e.g., tobacco, caffeine, soft drinks) for >2 hours before bedtime
- Adjust temperature and light to levels that will be conducive to sleep
- Reduce environmental noise
- Make sure pain and depression are being adequately addressed
- Make plans for middle of the night activities for those with normal sleep patterns of aging, such as reading, writing letters, folding linens, watching TV

What if the patient, family, night nurse and / or provider really want sleeping pills? Common sense and Federal Regulations in nursing homes have us *compulsively* track hours of sleep residents get (all day) for 3-4 days. Here's how it is done:

- Record how much sleep the patient gets *each hour* for 72-96 hours
- Make sure to include accurate estimates of naps, sleeping at the table, etc.
- If they get >7 hours sleep over 24 hours, they do **not** need sleeping pills!

Federal regulations require that everyone on sedating medications undergo dosage reductions and try to discontinue them frequently. Having noted that, they should **not** be abruptly stopped in persons who have been on them for an extended period of time. Providers should safely taper them.

The *psychologic dependence* on these agents (by patients and those caring for them) is significant. As a result, anxiety, agitation or insomnia for the first few weeks is *very common*, but can be overcome with comfort, reassurance and encouragement by providers, nurses, families and friends who accept that promoting the healthiest alternative for the patient (ie, no sleeping pills) is more important.

ALL sleep medications – prescription, homeopathic, natural and over-the-counter – are associated with an increase in falls, fractures and other unwanted side effects. **Education, recognition, and acceptance of normal changes in sleep patterns with aging coupled with an increase in physical activity during the day** is the healthiest way to get a good night's sleep, reduce fatigue, restore alertness and maintain health.