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Taking a Fresher Look at Sundowning

by Luciana Cramer, Educator and Care Specialist

After a day's work Jamie arrived home finding Joanne, her mom, inconsolable. Crying and pacing through the home, somehow disoriented, seemingly looking for something that just wasn't there, Joanne could not tell what was wrong. She simply kept crying and repeating the same thing, "I got nothing to feed them," which to Jamie made no sense. Jamie could not talk her down and did not know what else to do to alleviate her mom's distress. She felt completely helpless.

Joanne has Alzheimer's dementia and was experiencing a sundowner.

Sundowning is a syndrome characterized by cycles of increased confusion, anxiety, agitation, pacing and disorientation that affects people in moderate to late stages of dementia. Although it most frequently happens at the end of the day or in the evening, hence the name sundowning, it does not appear to be at all related to the sun going down, as previously believed. Some dementia patients will experience sundowning as early as 1 p.m. or as late as 11 p.m. Studies indicate that the number of people with Alzheimer's who experience sundowning can be as high as 66 percent.

The causes for sundowning are not fully understood. Dementia causes a disruption on the circadian rhythm (the "internal Clock") which may be associated with sundowning, and researchers have concluded that sundowning is unrelated to sleep disturbances. Family and professional caregivers' accounts indicate that sundowning is more closely related to brain fatigue.

A brain depleted by dementia is constantly working extra hard to navigate the environment and maintain functioning levels throughout the day. Caregivers notice that dementia patients are at their best in the morning, when the brain is most rested, after hours of sleep. As the day progresses there is a noticeable decline in tolerance to stimuli, with the brain struggling to cope with the stresses of conducting everyday activities. At some point, the brain simply can't cope anymore and appears to have a "melt down." When that happens, there is an increased inability to differentiate reality from



dreams and past memories, sometimes accompanied by uncontrollable emotional outbursts and agitation, ranging from mild to severe.

The absence of an established routine, lack of sleep, variances in diet or liquid intake, the presence of a stressed caregiver and physical fatigue may all contribute to worsen sundowning symptoms. Sundowning may occur more frequently when a person is away from familiar settings, for example, during a trip over the holidays. Patients who have a history of alcohol and substance abuse are also reported to have more severe cases of sundowning.

Sundowning symptoms can be lessened by adopting certain routines:

Taking a regular nap in the early afternoon.

A nice, everyday nap after lunch may be sufficient to recharge the brain and reset it, so it can function better for the remaining hours of the day.

Maintain a schedule.

As much as possible, engage the person with dementia into a regular routine of meals, waking up and going to bed. This will allow for more restful sleep at night.

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Tips

Approach him or her in a calm manner. A gentle, supportive, simple approach will almost always be more successful than commands or rationalizing.

Avoid explaining.

Avoid arguing.

Offer reassurance that everything is all right.

Don't use physical restraint. If the person needs to pace, allow this to continue under your supervision.

Make sure the person is protected from hurting him/herself. Remove sharp utensils, tools, and other such objects from environment.

Try music, massage, quiet readings as way to calm the person.

Offer a favorite treat.



Tools

1-800-272-3900 - This is the Alzheimer's Association 24/7 helpline. A trained dementia care specialist will be available to help you day or night.

Assistivetechnology services.com - Great site to find technology to promote safety in the home.

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Plan more active days.

A person who rests most of the day is likely to be restless at night. Keep more challenging activities such as doctor appointments, outings and bathing for the mornings. Encourage regular daily exercise, but no later than four hours before bedtime.

Avoid stimulants and big dinners.

Avoid caffeine, nicotine and alcohol. Have a large meal at lunch and keep the evening meal simple.

Keep the home well lit in the evening.

Adequate lighting may help reduce the agitation that occurs when surroundings feel dark or unfamiliar.

Try soothing therapies.

Therapy utilizing music, aromas, pets, massage and art can be very soothing and reduce stress.

Try to reduce stimuli.

Limit environmental distractions particularly during the evening hours, such as TV, children arriving, lawn mowers, chores, loud music, etc.

Be mindful of your own mental and physical exhaustion.

If you are feeling stressed by the late afternoon, the person may pick up on it and become agitated or confused. Try to get plenty of rest at night so you have more energy during the day.

Allow opportunity for pacing.

If the person needs to pace back and forth, allow this to continue under your supervision. Take a walk outdoors if the weather permits — this may reduce restlessness.

Keep a journal.

Try writing down everything that happened each time the person becomes agitated. What time of day was it? Who was present? What immediately preceded the outburst? Often a pattern emerges which can help doctors and caregivers identify sundowning triggers and better control the situation.

Talk to the physician about best times of day for taking medication.

When behavioral interventions and environmental changes do not work, some dementia patients may need medications including antipsychotics and antidepressants to take the edge off their agitation. Medication should be administered under the direct supervision of a physician and sundowning symptoms should be taken in consideration when selecting the timing for medication intake.

Ice cream.

Ice cream evokes good memories and brings a sense of nurturing and well being to the present. It can be a powerful tool in soothing a restless brain and promoting good feelings. In many cases, it allows the caregiver to divert the attention of their loved ones into more positive thoughts.

Never run out of ice cream.

And finally, only because a person is agitated in the evening, do not automatically assume it is a sundowner. Sundowning usually follows a pattern and repeats itself at the same time of the day. If the behavior is new and appeared suddenly, have the doctor check for infections (especially urinary tract infections) and dehydration. Many dementia patients are unable to report pain, so caregivers need to check for pain related to arthritis, constipation, heartburn, or sitting for long periods in an uncomfortable position. Delirium caused by flare-ups of chronic diseases such as diabetes or heart, liver, or kidney disease can also cause agitation. Additionally, the doctor should check for medication interactions that could also cause agitation.

