

SUNDOWNER'S SYNDROME

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INTRODUCTION

This is the time to remember the patients who doesn't remember

“**The nights are the hardest.**” It is quite common phrase verbalized from the patients who are suffering from Sundowner's Syndrome. The experience of extreme agitation and confusion during the early evening hours, often associated with the early stages of dementia and Alzheimer's disease. The exact cause of sundowner's syndrome remains a mystery. While the episodes are most commonly found in dementia patients, the symptoms can also appear in those suffering from other conditions, such as degenerating eye conditions.

For people in the early stages of Sundowner's Syndrome, Alzheimer's, and forms of dementia, nighttime can be so much more than a bit too dark and quiet. In fact, sundown may be a trigger for extreme agitation and confusion that lasts throughout the night, preventing sleep, exacerbating Sundowner's symptoms (in this case) and rendering it impossible to be alert the following day.

Common Sundowner's Triggers

1. **End-of-day activity (at a care facility).** Some researchers believe the flurry of activity toward the end of the day as the facility's staff changes shifts may lead to anxiety and confusion.
2. **Fatigue.** End-of-day exhaustion or suddenly the lack of activity after the dinner hour may also be a contributor. It can lead to an inability to cope with stress

3. **Low light.** As the sun goes down, the quality of available light may diminish and shadows may increase, making already challenged vision even more challenging. It creates confusion and hallucinations, especially with common objects that look different when it is darker.
4. **Internal imbalances.** Some researchers even think that hormone imbalances or possible disruptions in the internal biological clock that regulates cognition between waking and sleeping hours may also be a principle cause.
5. **Winter.** In some cases, the onset of winter's shorter days exacerbates sundowning, which indicates the syndrome may have something to do with Seasonal Affective Disorder, a common depression caused by less exposure to natural sunlight.
6. Disruption of the Circadian cycle (sleep/wake pattern) because of the dementia (the person cannot distinguish day from night)
7. Not as much or no activity in the afternoon compared to the morning (can lead to restlessness later in the day)

SYMPTOMS

1. Disorientation
2. Agitation
3. Anger
4. Depression
5. Restlessness
6. Paranoia and rapid mood changes
7. Some resultant behaviors to look out for are rocking, crying, pacing, hiding things, acting out violently and wandering

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8. The individual may even experience hallucinations

PRACTICAL ADVICE FOR DEALING WITH SUNDOWNER'S SYNDROME

The Alzheimer's Foundation of America suggests:

1. Allow for light exposure in the early morning to help set internal clock.
2. Discourage day-time napping to regulate sleep cycle.
3. Encourage exercise throughout the day to expend excess energy.
4. Limit caffeine intake, particularly in the evening to avoid potential Sundowner's symptoms.
5. Plan activities for the daytime so there is sufficient time to adjust to night.
6. Have a quiet nighttime activity ready and a private space for relaxing.
7. Consider purchasing a bedside commode. Leaving his or her bed to use the restroom can start the cycle all over again, making it hard to get back to sleep.
8. Schedule regular medical appointments to ensure he or she is not in any physical pain and to check for worsening Sundowner's symptoms.
9. Take precautions to provide a safe space for him or her at night so that you can get a solid night's rest, even if he or she needs to stay awake and wander.

SUCCESSFUL APPROACHES TO MANAGE SUNDOWNERS SYNDROME:

Establishing a routine: As Alzheimer's and dementia progresses, the patient's ability to reason and perform normal daily activities diminishes. Different functions and capabilities are lost, creating confusion and frustration.

Establishing a routine of behavior management strategies will not only help you monitor the patient's functioning, but it will also be extremely beneficial to the patient. Structure and routine create a feeling of safety and comfort, while being in familiar surroundings helps keep feelings of anxiety and confusion at bay. Schedule more vigorous activities in the morning hours. Don't schedule more than two major activities a day. As much as possible, discourage napping, especially if your loved one has problems sleeping.

Monitoring diet. Watch for patterns in behavior linked to certain foods. Avoid giving foods or drinks containing caffeine or large amounts of sugar, especially late in the day. Watch for behavior patterns that can be linked to the patient's diet. Limit sugary foods and caffeinated beverages, particularly after midday. If a full bladder causes nighttime incontinence or a continual need to rise during the night, restrict liquids for a few hours before bed.

Controlling noise. It may be helpful to reduce the noise from televisions, radios, and other household entertainment devices beginning in the late afternoon and early evening. Avoid having visitors come in the evening hours. Activities that generate noise should be done as far away from your loved one's bedroom as possible.

Letting light in. Light boxes that contain full-spectrum lights (light therapy) have been found to minimize the effects of sundowning and depression. As the evening approaches, keep rooms well-lit so that your loved one can see while moving around and so that the surroundings do not seem to shift because of shadows and loss of color. Night lights often help reduce stress if he or she needs to get up in the night for any reason.

Medication. In some cases of sundowning, especially when associated with depression or sleep disorders, medication may be helpful. Consult a physician carefully, for some medications may actually disrupt sleep patterns and energy levels in a way that makes sundowning worse, not better.

Taking supplements. A few over-the-counter supplements may be of some benefit. (Remember to consult with your loved one's doctor before giving him or her any dietary supplement.) The herbs ginkgo biloba and St. John's Wort have assisted people with Alzheimer's and dementia in the past. Vitamin E has also been found to minimize sundowning in some cases. Melatonin is a hormone in supplement form that helps regulate sleep.

Use redirection techniques. A person with Sundowner's Syndrome may exhibit uncharacteristic behaviors, such as using foul language, acting out violently, or simply acting more emotional than the situation warrants. As a part of the behavior management strategies, ask specific questions to understand why the patient is agitated. Speak in soothing tones and try to calm the patient, diverting his or her attention from the cause of the stress to something more pleasant. The primary goal of redirection techniques is to reduce stress and tension. Use the opportunity to try and engage the patient in a new activity.

Schedule structured activities Planning activities early in the day will help maximize the chance of engaging the elder's interest, and reduce the incidence of agitation. Those who experience sundowning symptoms in the afternoon and evening are likely to have more energy and clarity to focus during morning hours, so rigorous activities, particularly exercise, is ideal early in the day. Exercise, one

of the more effective behavior management strategies, will also help the patient expend excess energy and aid in sleeping at night. Quiet nighttime activities can help the patient focus any nervous energy before bed.

Make sure basic needs are met It's important to ensure the patient's physical comfort, and we can start by making sure that basic needs are met. Is the patient eating enough? Is the patient in any pain? If the patient is incontinent, are those needs being looked after? A bedside commode may be helpful so the patient won't have to navigate the path to the bathroom at night.

Consult with the patient's doctor Schedule regular appointments with the patient's doctor to discuss pain management as well as options for treating the underlying conditions that may be causing the patient to sundown. Some cases of Sundowner's Syndrome have been successfully treated with antipsychotic medication. However, one major side effect is sedation, which can also make the situation worse, so discuss this possibility with the patient's doctor. Other drugs used to treat patients with Sundowner's Syndrome include cholinesterase inhibitors, psychotropic medications, mood stabilizers, anti-anxiety medications and antidepressants.

Make the home safe for the patient If we are caring for the patient at home, secure the house so that the patient will be safe if he or she wanders at night. We may need to take extra precautions to accommodate certain sundowning behaviors, ensuring that the entire home is a safe environment, including the bedrooms, bathroom, kitchen, living areas and any outdoor space. Sundowning behaviors can change and develop over time, so we will need to reevaluate the safety of the home periodically.

CONCLUSION:

There is currently no “cure” for Sundowner’s Syndrome, but it **can** be treated. The best way to treat a person with Sundowner’s Syndrome is through behavior management strategies. Finally, be creative in formulation of specific behavior management strategies for patients with Sundowner’s Syndrome. In attempting to find solutions, try more than one thing, and focus on the individual. Certain Specific behavior management strategies are more likely to work with one patient than another will help to achieve more headway .Success meant in serving hands those who are more willing to serve the patients with Sundowner’s syndrome.

BIBLIOGRAPHY:

1. Alzheimer’s Association, “Sleeplessness and Sundowning” alz.org, 2011. Web.14 May 2012.
2. Bliwise,D.L., “What is Sundowning?” Journal of the American Geriatrics Society 42, no.9(1994): 1009 -1011.
3. Evans, L. K. “Sundwown Syndrome in Institutionalized Elderly” Journal of the American Geriatrics Society 35, no.2(1987): 101-108.
4. Gallagher-ThompsonD, Brooks and Yesavage, “The Relations among Caregiver Stress, Sundowning”, Journal and American Geriatrics Society 40, no.8(1992):807-810
5. Keller S. “Sundowning” WebMD LLC, 2012 Web. 14 May 2012. www.webmd.com