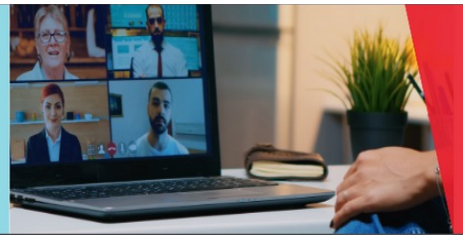


December 5-7 | 2022
Virtual Event + Asynchronous Course

73rd Annual Refresher Course for Family Physicians
Symposium annuel pour les omnipraticiens

Counting Heffalumps:
Insomnia in the elderly (a geriatrician's POV)

McGill Family Medicine Refresher Course 2022
Workshop E – Wed. Dec 7th 2022, 11h

Wendy Chiu, MD.CM, FRCPC
McGill/MUHC Division of Geriatric Medicine

McGill | Faculty of Medicine | Faculté de médecine

Learning objectives:

At the conclusion of this session, participants will be able to:

- Generate a differential diagnosis of insomnia when assessing patients with sleep concerns
- Instruct patients concretely on some strategies for non-pharmacologic sleep management
- Prescribe hypnotics judiciously and sparingly in the elderly population
- Understand causes of thus have an approach to creating management strategies for “insomnia” in patients with
  - Major neurocognitive disorders (dementia)
  - Restless leg syndrome (RLS)
  - Nocturia

Disclosure statement

- No conflicts of interest to declare.
- Off-label use of medications will be identified.
- Any brand names mentioned are purely for ease of recognition.

~

- Workshop – less talk, more discussion
  - Type questions/cases into chat
  - (Open mic at end)
  - Case discussions are for educational purposes only and do not constitute a formal clinical consultation.

But [Pooh] couldn't sleep. The more he tried to sleep, the more he couldn't.

He tried Counting Sheep, which is sometimes a good way of getting to sleep, and, as that was no good, he tried counting Heffalumps. And that was worse. Because every Heffalump that he counted was making straight for a pot of Pooh's honey, and eating it all.

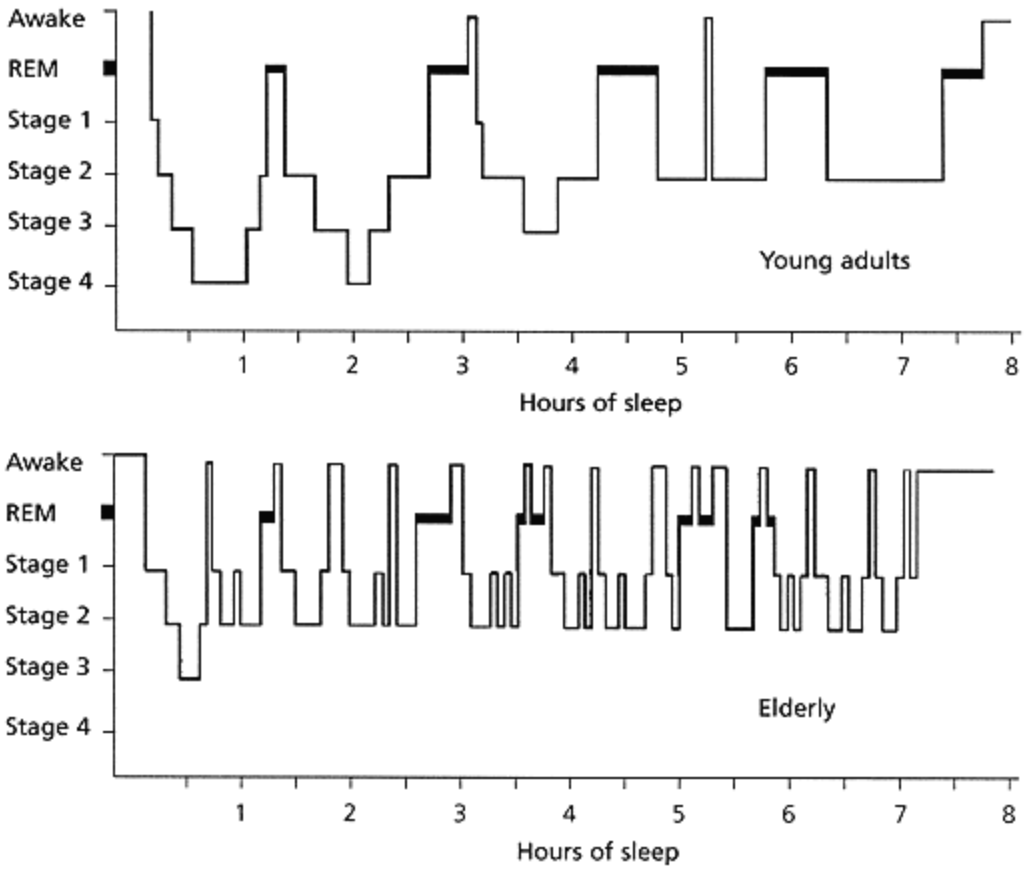
For some minutes he lay there miserably, but when the five hundred and eighty-seventh Heffalump was licking its jaws, and saying to itself, "Very good honey this, I don't know when I've tasted better," Pooh could bear it no longer.

- Winnie-the-Pooh, AA Milne

- Ill. EH Shepard

Sleep & aging

- Phases
  - Initiation (onset, latency)
  - Maintenance: Stages, REM
  - Awakenings
- Physiology
  - Circadian rhythm: ANS, hormonal (melatonin)
  - Supine: Natruresis/diuresis
- Normal aging
  - Blunting of circadian rhythm incl ↓melatonin, ↓ADH
  - Δ sleep cycle
  - ↓ total sleep time
- ↑Prevalence chronic disease
  - CHF, CVI, COPD, BPH, pain, etc.
- Chronic insomnia:
  ANS "activation" state



DN Neubauer. AAFP, 1999.

↑M&M: Dementia, depression, CV death

- Insomnia*: Dissatisfaction w/ sleep quantity &/or quality
  - Difficulty initiating &/or maintaining sleep
  - Daytime consequences; clinically significant, distress;
  - >3x/week, >1 month

- Rule out due to:
  - Environment: Noise, lighting, temperature
  - Bedtime habits/activities: Screens (TV, smart phone), exercise
  - Daytime inactivity: Naps, sedentary, retirement; impaired mobility, social isolation
  - Lack of opportunity: Caregivers, hospital routines, pets

- Rule out due to:
  - Medical symptoms: e.g. Pain, dyspnea (COPD, CHF), nocturia
  - Psychiatric disorder: Depression, anxiety, bipolar/mania
  - Medications: e.g. SNRI, AChEI "cognitive enhancer", Ɓ-agonist, diuretic
  - Substance use: Caffeine, nicotine; EtOH

- Rule out due to sleep-related disorders
  - Sleep-related movement disorders – RLS, RBD
  - Sleep disordered breathing – OSA
  - Parasomnias

*Combo DSM-5, ICD-10, ICSD-3

#1 Tx: Identify & address precipitating and perpetuating factors

- Sleep diary
- Behaviour log in more advanced MNCD (dementia)
- Directed history on sleep habits, physical & psychological symptoms
- Medication review incl OTC & substance use

Non-Rx

- More than just “sleep hygiene”
- CBT-I
- Natural products: Valerian, cannabis, lavender, ethanol
- OTC: Diphenhydramine, melatonin
- Light therapy?

Rx

- On-label: Trazodone, doxepine, benzos, Z-drugs, suvorexant, (ramelteon n/a Canada)
- Off-label: Antidepressants, antipsychotics, gabapentinoids, antihistamines

Daily Sleep Diary

Complete the diary each morning ("Day 1" will be your first morning). Don't worry too much about giving exact answers, an estimate will do.

Your Name_____ The date of Day 1_____

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Enter the Weekday (Mon, Tues, Wed, etc.)							
1	At what time did you go to bed last night?							
2	After settling down, how long did it take you to fall asleep?							
3	After falling asleep, about how many times did you wake up in the night?							
4	After falling asleep, for how long were you awake during the night in total?							
5	At what time did you finally wake up?							
6	At what time did you get up?							
7	How long did you spend in bed last night (from first getting in, to finally getting up)							
8	How would you rate the quality of your sleep last night? 1 2 3 4 5 V. Poor V. Good							

Loughborough Sleep Research Centre

https://www.nhs.uk/livewell/insomnia/documents/sleepdiary.pdf

Behavioral Log

Date	When?	Where?	Who?	Why?	Intervention	Outcome	Suggestion
_/_/_	Time	Location	Who was there?	Cause / Trigger	Describe intervention, if any	Describe outcome	Make a suggestion for future
What? Detailed description of the behavior and what happened (sequence of events) BEFORE and AFTER the behavior: _____ _____							

Persistent use of a behavioral log enables to identify patterns, causes, and triggers – the basis for individualized intervention

E Caspi, 2014.

shifting focus

a guide to understanding dementia behaviour

(full version)

Sundowning

When people with dementia become agitated, specifically in the late afternoon and evening, it is known as sundowning. They may become suspicious, upset or disorientated, see or hear things that are not there and believe things that are not true.

Possible triggers/causes:

- End of day exhaustion (mental and physical)
- Boredom, sleeping a lot during the day and lack of routine
- Wanting to go home
- Disorientation
- Mix up between the day and night
- Reduced lighting can cause shadows, often resulting in confusion, fear or anxiety

Strategies:

- Discourage napping or keep naps short.
- Ask recreation staff to schedule calming activities when agitation usually occurs.
- Work with staff to restrict sweets and avoid caffeine at night.
- Provide adequate lighting to help him identify objects and people.
- Provide items of comfort like a favourite pillow or blanket.
- Plan and encourage activities during the day.
- Provide reassurance and reminisce as a distraction.

Example: After a short visit, Hannah struggles to maintain a conversation with her daughter. She becomes upset, paces in her room and says, "I want to get out of here NOW." Her daughter notes that her mom experienced similar distress yesterday and the day before around 4:30pm, as she arrives for a visit after work.

Don't: Request that Hannah is prescribed a medication to calm her, which results in her sleeping much of the day.

Do: As late afternoon approaches, turn on bedroom lights and lamps. Close drapes to limit shadows. Request a morning exercise program to reduce restlessness in the afternoon. Consult with staff for strategies that provide a sense of purpose, like setting the dining room tables or putting vases out for that evening's meal. Visit in the morning.

https://brainxchange.ca/Public/Files/Behaviour/ShiftingFocusBooklet.aspx