Sleep Problems & Effects of Medication in Older Adults

Diana Sturdevant Ph.D., GCNS-BC, APRN, NEA-BC Assistant Professor Program Director, Nursing Home Quality Improvement Projects Fran and Earl Ziegler College of Nursing The University of Oklahoma Health Sciences Center 1100 N. Stonewall | Oklahoma City, OK 73117 405-271-1491, Ext. 49201 | diana-sturdevant@ouhsc.edu



FRAN AND EARL ZIEGLER COLLEGE OF NURSING The UNIVERSITY of OKLAHOMA HEALTH SCIENCES CENTER

Benefits of Sleep





Sleep Deprivation

- Irritability
- Mood changes
- Cognitive Impairment
- Memory lapses or loss
- Difficulty concentrating

(-

- Hallucinations
- Paranoia
- Aches and Pain

FRAN AND EARL ZIEGLER



Sleep Problems in Older Adults

- Decrease in slow wave or deep sleep
- Daytime sleepiness
- Fragmented sleep
- Disrupted sleep rhythms



Why Not Sleep Meds?

- Confusion/memory loss
- Dizziness
- Sedation/daytime drowsiness
- Falls
- Hangover effect
- Depression

"The risk for hip fracture is elevated among nursing home residents using a nonbenzodiazepine hypnotic drug. New users and residents having mild to moderate cognitive impairment or requiring limited assistance with transfers may be most vulnerable to the use of these drugs. Caution should be exercised when prescribing sleep medications to nursing home residents." JAMA Intern Med. 2013;173(9):754-761. Published online March 4, 2013. doi:10.1001/jamainternmed.2013.3795





What about environmental factors???



LIGHTING NOISE FACILITY ROUTINES

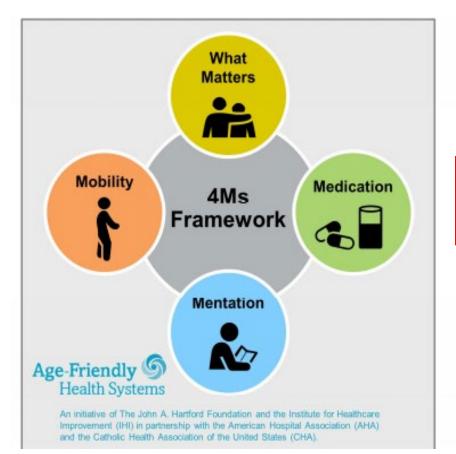


Medications that contribute to sleep problems in older adults



FRAN AND EARL ZIEGLER COLLEGE OF NURSING The UNIVERSITY of OKLAHOMA HEALTH SCIENCES CENTER Alpha-blockers **Beta-blockers** Corticosteroids SSRI antidepressants **ACE** inhibitors Glucocorticoids Nonsteroidal anti-inflammatory drugs Decongestants Antiandrogens

Age-Friendly Health Systems & the 4Ms



FRAN AND EARL ZIEGLER

OLLEGE OF NURSING

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

MEDICATIONS—What can we do?

- Review Medications for use of high-risk medications (BEERS Criteria)
- Identify the indication to adjust dose, or deprescribe high-risk medications (document and communicate potential changes)
- Involve Provider and/or Pharmacist to make necessary changes
- Collaborate with Medical Director and Consultant Pharmacist to prioritize reducing high-risk medications
- Evaluate effectiveness of the intervention

- Increase exposure to daylight/sunlight
- Bright light in evening
- Increase daytime activities and engagement
- Educate staff about sleep hygiene practices
- Assess environment—lighting, noise, temperature
- Decrease nighttime awakening
- Individualize wake/sleep times/past routines
- Conduct routine medication reviews



Do the best you can until you know better. Then when you know better, do better. Maya Angelou veganposters.com

FRAN AND EARL ZIEGLER COLLEGE OF NURSING The UNIVERSITY of OKLAHOMA HEALTH SCIENCES CENTI

Thank You!

Diana Sturdevant diana-sturdevant@ouhsc.edu





