Sleep power: Everyone needs their ‘zzzs’ to function at their best

Getting a good night’s sleep is an often-overlooked key to health and wellness

by Marilynn Larkin, MA

There’s no question that getting a good night’s sleep regularly is good for you, your staff and your constituents. “Sleep is a necessity, not a luxury,” said M. Safwan Badr, MD, a past president of the American Academy of Sleep Medicine (AASM), at the 2014 launch of “Sleep Well, Be Well,” a campaign of the National Healthy Sleep Awareness Project.1,2 Initiated in 2013, the Sleep Awareness Project is a joint effort of AASM and the United States Centers for Disease Control and Prevention.1,3

Conversely, consistently poor sleep is associated with a number of adverse health conditions, including obesity, diabetes, high blood pressure and heart problems.4

Yet many people—more than half in a recent AARP/University of Michigan national poll5—believe that poor sleep is a normal part of aging, and as a result, they don’t seek information on how to improve sleep. Instead, they turn to medication—to the tune of an estimated US$41 billion in the US alone in 2015.

Those medications can be harmful, especially for older adults,6 causing side effects such as blurred vision, dizziness, confusion or delirium. Notably, diphenhydramine—the active ingredient in many sleep medications (and cold medications)—has been linked to an increased risk of developing dementia.7

With this special section on sleep, the Journal on Active Aging® is taking a wellness approach. Of course, sometimes physician-prescribed medication might be needed to address a specific sleep disorder. But experts agree that many sleep problems—even chronic ones—can be helped by nondrug strategies and behavior changes.

To assist organizations in helping their constituents sleep better, and to promote awareness and education among staff, family members and caregivers as well, JAA spoke with two professionals with experience in this area.

Jennifer Ruoff, MS, OTR/L, BCG, director of Occupational Therapy Clinical Services at Fox Rehabilitation in Cherry Hill, New Jersey, has worked one-on-one with adults over the age of 65 in the community-at-large—and in indepen-

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dent living, assisted living and memory care settings—for more than a decade. She offers insights into why many older adults experience sleep problems at home and provides practical, personalized strategies to improve sleep for individuals and couples.

JAA also spoke with Rene Swar, wellness director at Rose Villa Senior Living, a life-plan community in Portland, Oregon. Swar, who has more than 30 years’ experience as a fitness and wellness professional, runs a community-wide sleep education and awareness program throughout the month of March, tying into Sleep Awareness Week (March 11–17, 2018) and World Sleep Day (March 16, 2018).

**How life and behavior changes affect sleep**

Fox Rehabilitation’s Jennifer Ruoff is referred to an individual who is experiencing issues related to everyday function, of which sleep can be a big part. Under Medicare Part B, which covers medically necessary and skilled services for older Americans, she visits the person at home to conduct an evaluation.

“My job is to assess the individual’s sleep routine and patterns, evaluate sleep-related problems, and educate about the importance of sleep for their health and overall functional performance,” Ruoff explains.

“Often, the person has moved from the role of being a worker to something that is almost undefined,” Ruoff says. “Their social participation tends to decrease. They don’t have the friends they used to have; maybe their family is in a geographical location that makes it difficult for them to access because they’re no longer driving.

“When they stop participating in what was a meaningful life to them before, they have an increased risk of experiencing boredom,” Ruoff continues. “Then, because they’re not getting out of the house or doing as much physical activity as they used to, they end up sleeping more during the day, which can interfere with sleep at night.”

Ruoff notes that some of her clients “say they feel entitled to sleep during the day because they worked very hard all their lives and now they’re retired. While, of course, they can do whatever makes them happy, it’s my job to ensure that they still follow a routine that enables them to sleep well at night and enjoy optimal health and well-being.”

In the process of asking about the person’s sleep routine—for example, when and where they sleep, what they do before going to sleep—Ruoff often uncovers behavior changes that may indicate problems.

“For example, someone will say, ‘Oh, I no longer sleep in my bedroom, I sleep in my recliner in my living room,’” Ruoff says. “I ask, ‘Why? Is that something you want to do?’ The response is, ‘It’s too hard for me to get out of my bed.’”

Explains Ruoff, “The motorized recliner lets them get in or out with the touch of a button. This means they have changed their whole sleep routine to compensate for a physical issue that chances are they haven’t talked to anyone about. And they’re now sleeping in the living room.

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**Resources**

**Internet**

Consumer Reports: Sleep better without drugs

Consumer Reports: Why seniors should think twice about sleep meds
https://www.consumerreports.org/sleeping/why-seniors-should-think-twice-about-sleep-meds

Fox Rehabilitation
https://www.foxrehab.org

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**United States National Institute on Aging: A Good Night’s Sleep**
https://www.nia.nih.gov/health/good-nights-sleep

**United States National Heart, Lung and Blood Institute: Your Guide to Healthy Sleep**

**University of Michigan: National Poll on Healthy Aging, 2017 Report**

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**Multimedia**

University of Michigan: 1 in 3 older adults take something to help them sleep—but many aren’t talking to their doctors (video)
http://ns.umich.edu/new/multimedia/videos/25112-1-in-3-older-adults-take-something-to-help-them-sleep-but-many-aren-t-talking-to-their-doctors
According to the National Institutes of Health in the United States, too little sleep can have the effects below:

- Make you feel anxious
- Cause thinking and learning processes to slow down
- Make it more difficult to focus and pay attention
- Slow down your reaction time, which is particularly important while driving
- Increase your risk of depression
- Put the body under stress and may trigger the release of stress hormones
- Increase levels of C-reactive protein, a sign of inflammation
- Reduce the body’s response to the flu vaccine by suppressing the immune system
- Increase the risk of diabetes and obesity, with people who get an average total sleep of five hours per night much more likely to become obese compared with those who sleep seven to eight hours a night

Instead, get the sleep you need by following these tips:

- Follow a regular sleep schedule. Go to sleep and get up at the same time each day, even on weekends or when you are traveling.
- Avoid napping in the late afternoon or evening, if you can. Naps may keep you awake at night.
- Develop a bedtime routine. Take time to relax before bedtime each night. Some people read a book, listen to soothing music, or soak in a warm bath.
- Try not to watch television or use your computer, cell phone or tablet in the bedroom. The light from these devices may make it difficult for you to fall asleep. And alarming or unsettling shows or movies, like horror movies, may keep you awake.
- Keep your bedroom at a comfortable temperature, not too hot or too cold, and as quiet as possible.
- Use low lighting in the evenings and as you prepare for bed.
- Exercise at regular times each day, but not within three hours of your bedtime.
- Avoid eating large meals close to bedtime—they can keep you awake. Stay away from caffeine late in the day. Caffeine (found in coffee, tea, soda and chocolate) can keep you awake.
- Remember, alcohol won’t help you sleep. Even small amounts make it harder to stay asleep.


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with the television on, with lights shining through the kitchen when they wake up in the middle of the night.”

Ruoff works with the client to see what might make it easier to get in and out of bed, and explains that the change in routine might be responsible for sleep problems.

“They may be using a very heavy quilt or blanket that’s too difficult for them to manipulate,” Ruoff observes. “I may suggest that they put a sheet under the quilt, so they can use that to flip the quilt over before they get out of the bed. Maybe they need to tuck part of the blanket under the mattress to keep the blanket from shifting around,” she adds.

“What comes up when we talk further is that perhaps the blanket moves around because they no longer have the strength or balance to make their bed the way they used to. Instead, they compensate by sleeping in the recliner and not dealing with the blanket at all.”

Ruoff stresses that her one-to-one talks with clients enable her to dig into the root of some sleep issues that the person might not have divulged otherwise, out of embarrassment, privacy concerns or feeling that nothing could be done.

Senior living providers might consider a one-on-one approach if they suspect or learn that a resident or member is having sleep difficulties, she suggests.

Role of the environment

Even if someone is sleeping in the bedroom, some adjustments may need to be made to optimize sleep and help the individual follow good sleep hygiene (see sidebar, “Good sleep hygiene: Key to a good night’s sleep,” on page 71). For example, blackout curtains can help ensure that light doesn’t seep through or wake the person too early.

Dealing with temperature issues, Ruoff states, “may be as simple as the use of a blanket. I have clients who say they get cold at night and being cold wakes them up. But they don’t use a blanket because they’re afraid the blanket will wrap around their legs or feet when they get up in the middle of the night, causing them to fall.”

Individuals may need to practice getting up slowly, making sure to move the blanket away from their body before they stand up.

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Common sleep problems among older adults

Numerous disorders can affect a person’s ability to sleep. The most commonly highlighted problems are described below.

Insomnia

Insomnia is the most common sleep problem in adults ages 60 and older. People with this condition have trouble falling asleep and staying asleep. Symptoms include:

- Taking a long time to fall asleep
- Waking up many times in the night
- Waking up early and being unable to get back to sleep
- Waking up tired
- Feeling very sleepy during the day

Often, being unable to sleep becomes a habit. Some people worry about not sleeping even before they get into bed. This may make it harder to fall asleep and stay asleep.

Sleep apnea

People with sleep apnea experience short pauses in breathing during sleep, often many times during the night. If not treated, sleep apnea can lead to other issues, such as high blood pressure, stroke or memory loss.

It’s possible to have sleep apnea and not know it. Feeling sleepy during the day and snoring loudly at night are possible signs. Treatment using a continuous positive airway pressure (CPAP) device can help.

Movement disorders

Restless legs syndrome (RLS), periodic limb movement disorder (PLMD), and rapid eye movement (REM) sleep behavior disorder are common in older adults. People with RLS feel tingling, crawling, or pins and needles sensations in one or both legs. The feeling is worse at night.

PLMD causes people to jerk and kick their legs every 20–40 seconds during sleep. Warm baths, exercise, relaxation exercises and medication can help.

REM sleep behavior disorder is another condition experienced by older adults that is more common in men than women. During normal REM sleep, the muscles can’t move, so the body stays still. With REM sleep behavior disorder, the muscles can move and affected individuals may yell, kick, jump from the bed or flail their arms as they act out vivid dreams Medication is usually prescribed.

Adapted from the National Institute on Aging’s “A Good Night’s Sleep” webpage at https://www.nia.nih.gov/health/good-nights-sleep.
Eight myths about sleep

The United States National Institutes of Health pinpoint common myths about sleep, including the following:

1. **People need less sleep as they get older.** Older people don’t need less sleep, but they may get less sleep or find their sleep less refreshing. That’s because as people age, the quality of their sleep changes. Older people are also more likely to have insomnia or other medical conditions that disrupt their sleep.

2. **During sleep, your body and brain shut down for rest and relaxation.** No evidence shows that any major organ (including the brain) or regulatory system in the body shuts down during sleep. Some physiological processes actually become more active while you sleep. For example, secretion of certain hormones is boosted, and activity of the pathways in the brain linked to learning and memory increases.

3. **Getting just one hour less sleep per night than needed will not have any effect on daytime functioning.** This lack of sleep may not make someone noticeably sleepy during the day. But even slightly less sleep can affect the ability to think properly and respond quickly, and harm cardiovascular health, energy balance and the body’s ability to fight infections, particularly if lack of sleep continues.

4. **The body adjusts quickly to different sleep schedules.** It can take more than a week to adjust to a substantial change in your sleep-wake cycle—for example, when traveling across several time zones or switching from working the day shift to the night shift.

5. **Extra sleep for one night can cure problems with excessive daytime fatigue.** Not only is the quantity of sleep important, but also the quality of sleep. Some people sleep eight or nine hours a night but don’t feel well rested when they wake up because the quality of their sleep is poor. A number of sleep disorders and other medical conditions affect the quality of sleep. Sleeping more won’t lessen the daytime sleepiness these disorders or conditions cause.

6. **Lost sleep during the week can be made up by sleeping more on the weekends.** Although this sleeping pattern can help a person feel more rested, it will not completely make up for the lack of sleep. This pattern also will not necessarily make up for impaired performance during the week or the physical problems that can result from not sleeping enough.

7. **Naps are a waste of time.** Although naps are no substitute for a good night’s sleep, they can be restorative and help counter some of the effects of not getting enough sleep at night. But avoid taking naps later than 3 p.m., as late naps can make it harder to fall asleep at bedtime. Also, limit naps to no longer than 20 minutes, because longer naps will make it harder to wake up and get back in the swing of things. One or two planned or unplanned naps during the day may signal a sleep disorder that should be treated.

8. **Snoring is a normal part of sleep.** Snoring during sleep is common, particularly as a person gets older. But evidence is growing that snoring on a regular basis can make a person sleepy during the day and increase the risk for diabetes and heart disease. Loud, frequent snoring also can be a sign of sleep apnea, a serious sleep disorder that should be evaluated and treated.


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Tell me, ‘Mrs. Smith didn’t sleep well last night; she was up all night, she fell out of her bed, and she’s really upset this morning.’ When I meet with Mrs. Smith, I have to investigate what might have changed in the environment or in her sleep routine,” Ruoff explains.

That investigation usually involves looking at chart notes and talking with nurse and staff. “Sometimes it’s something really simple, like someone switched her shower from the morning to the night, and that bothered her, but she wasn’t able to verbalize it,” Ruoff says.

“But it might be that she has a medical problem, such as a urinary tract infection, or she’s in pain from the fall but can’t articulate it,” Ruoff adds. “Or she didn’t follow her usual routine, because cognitive impairment or dementia makes it difficult for some people to follow the same routine every night. Once we’ve narrowed it down, we can try to address the issue.”

Many clients with cognitive impairment are put on medications for sleep, Ruoff notes. “But as an occupational therapist, I’m always taking a step back and assessing the environment, the caregiver interactions, and—especially with couples where only one is affected by cognitive impairment—any adaptations they’ve made.”

For example, when only one partner is affected by cognitive issues, some couples decide to sleep in separate rooms to avoid disturbing each other during sleep. “But if they’ve slept together for 50 years and now suddenly they’re sleeping alone in a bed in another room, this can create sleep problems, as well,” Ruoff points out. “I try to see if there’s a way to adapt the environment so they both get adequate sleep without taking away something that has been so meaningful to them.”

Sundowning—confusion and restlessness that may occur in the late afternoon or evening in people with dementia—is not a sleep disorder per se, Ruoff says, “but it can definitely affect someone’s sleep if it’s not addressed and prepared for.”

Instead of using sedating medications, for example, Ruoff tries to adapt the person’s schedule so he or she can engage in activities that may help prevent sundowning. This may involve establishing mealtime at 6 p.m. every night or having the person shower every day at that time so the routine overrides the initiation of sundowning. Or it might involve changing the lighting and putting on music just at the time sundowning occurs, so the individual feels relaxed at that point. Engagement is key!

**The bottom line**

“Sometimes it’s too easy for providers to simply ask someone how they’re sleeping, or how much they’re sleeping,” Ruoff says. “But there are so many other things that go into it, and I think as healthcare professionals, we don’t always do a great job at teasing out the whole picture.”

“Even if individuals are asked specifically if they’re getting seven hours of sleep every day, for example, they may think about their daytime naps and add those up and feel they’re fine,” Ruoff notes. “That’s why sleep education is so important.”

**Raising sleep awareness in active-aging communities**

Convinced of the importance of sleeping well, Rose Villa’s Wellness Director Rene Swar has created a month of programming around the topic. Tying in with the national Sleep Awareness Week in the United States (March 11–17, 2018) and with World Sleep Day (March 16, 2018), March is sleep awareness month in the community. Both residents and staff are encouraged to “prioritize sleep to improve overall well-being during that month, and going forward,” Swar says.

In March, “we’ll be emphasizing environmental changes that can provide a sense of calm, like keeping your bedroom for sleeping only, and making sure it’s dark, cool and free of clutter,” Swar notes. “We have design and renovations departments, so if residents want information on de-cluttering (it’s hard to relax when there’s clutter
all around you) or on natural lighting and calming interior colors, we can help.”

Rose Villa “will also highlight stress-management and mind-body techniques that residents can implement, and bring in some of our ongoing programs such as tai chi and yoga,” Swar continues. “For example, we offer a class with a Buddhist monk who comes in once a week to lead Zen meditation, as well as a resident-guided mindfulness meditation program and a monthly guided meditation using singing bowls.”

Swar adds, “We’ll also make people aware that the relaxation and physical activity programs available to them on a regular basis are also helpful for sleep.”

As part of Rose Villa’s sleep awareness month, Swar will run a sleep challenge for staff as well as residents, with the goal of reinforcing the importance of getting seven to eight hours of sleep every night. When participants report achieving a minimum of seven hours of sleep the night before, they get a point for that day, she explains. Those who accrue the most points by the end of the month receive a prize.

Swar shares the curriculum on page 76 that can serve as a framework for other active-aging communities, and can be implemented at any time during the year. [Ed. JAA has also provided two handouts on pages 71 and 73 that readers can distribute during sleep education and awareness activities and programming.]

A pillar of health
By educating older adults and staff about sleep and using practical strategies to improve its quality, organizations promote a vital contributor to health and well-being. “Sleep is one of the three pillars of a healthy lifestyle,” reminds the National Healthy Sleep Awareness Project. As AASM’s Dr. M. Safwan Badr stressed in 2014, “You must sleep well to be well.”

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References


Sleep awareness month: a curriculum

Resident exercise aids sleep as long as it’s not too close to bedtime. At Rose Villa Senior Living in Portland, Oregon, Wellness Director Rene Swar makes residents aware of physical activity programs. Photo: Steve Wanke Photography. Image courtesy of Rose Villa Senior Living.

Goal: During March, we are encouraging residents to prioritize sleep to improve overall health and well-being through sleep awareness education and activities.

Residents will receive a sleep education pamphlet along with weekly activity scorecards. At the end of the month they will turn in their scorecards to receive a prize.

Week 1: 3/4/18–3/10/18
Sleep Pattern Awareness Week

Goal: To make residents aware of their current sleep patterns.

Residents will receive a calendar worksheet that they will use to answer questions aimed at helping them monitor their sleeping patterns for the week. They will note the time they went to bed, if they fell asleep easily, after some time, or with difficulty. They will also record how many hours of sleep they had each night, noting how many times they woke up and for how many minutes.

Lastly, they will mark how they felt when they woke up: refreshed, somewhat refreshed or fatigued.

Special event: Emily Lyda, Sleep Center Lead for Providence Milwaukie (a nearby health services organization with sleep disorder centers), will give a talk on sleep and aging.

Friday, March 16 (World Sleep Day) at 11:00 a.m. in the Performing Arts Center.

Week 2: 3/11/18–3/17/18
Sleep Hygiene Checklist

Goal: To educate residents on behaviors and environmental factors that can influence sleep.

Residents will each receive a sleep hygiene checklist in their sleep pamphlet that they will check off and return. The checklist includes items such as: Go to bed and wake up at the same time every day; make your bedroom dark, quiet, cool and comfortable; move the computer and TV out of your bedroom, and more.

Week 3: 3/18/18–3/24/18
Diet Tips to Promote Sleep

Goal: To educate residents on the best foods that promote sleep and which foods to avoid. Residents will be given a list of foods and will receive a point for each food on the list that they include in their daily diet.

Week 4: 3/25/18–3/31/18
Sleep Challenge Week

Goal: Residents will learn if, through sleep education and awareness, there has been an improvement and/or change in their sleep patterns.

During sleep challenge week, residents will learn if, through sleep education and awareness, they have seen an improvement and/or change in their sleep patterns through implementation of the sleep challenge. Residents’ sleep pamphlets will each contain a calendar for the week, on which individuals will record the amount of sleep they get every night that week. The goal is to get at least 7 hours of sleep. Residents will receive a point for each night they sleep for this amount of time. All participants who turn in their calendars will receive a certificate of accomplishment.