



## Sleep disorders

As we age, our **sleep patterns** change. They often become fragmented and leave older individuals vulnerable to **cognitive impairment** and an increased **risk of falls**.

However, sleeping problems are not a normal aspect of aging and could indicate the presence of an underlying condition or sleep disorder.

Therefore, CNAs should have a thorough understanding of the **sleep cycle** and be able to identify **symptoms of sleep disorders**.

CNAs should report any changes in residents' sleep patterns or abnormal sleeping behaviors.

This lesson will teach you about the different stages of the sleep cycle and common sleep disorders such as **insomnia, sleep apnea, restless leg syndrome, and narcolepsy**.

You will also learn how to promote good sleeping habits and help your residents receive a restful night's sleep.

Have a good day of training, and stay tuned for next month's issue of **CNA Training Advisor**, which will cover postpolio syndrome.

### About your CNA training advisor

**Judith Ryan, RN, BSN**, is the senior advisor for **CNA Training Advisor**. She is the director of staff development at Abbott House, a 55-bed nursing home in Lynn, MA. Ryan has been a nurse for 20 years. As part of her job, she is responsible for conducting in-services on a wide range of topics for CNAs.

### PROGRAM PREP

#### Program time

Approximately 30 minutes

#### Learning objectives

Participants in this activity will learn how to:

- Identify symptoms of sleep disorders in residents
- Discuss some of the common sleep disorders
- Promote good sleeping habits

#### Preparation

- Review the material on pp. 2–4
- Duplicate the **CNA Professor** insert for participants
- Gather equipment for participants (e.g., an attendance sheet, pencils, etc.)

#### Method

1. Place a copy of **CNA Professor** and a pencil at each participant's seat
2. Conduct the questionnaire as a pretest or, if participants' reading skills are limited, as an oral posttest
3. Present the program material
4. Review the questionnaire
5. Discuss the answers

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## SLEEP DISORDERS

Sleep, or the lack of it, affects not only our mood and ability to perform, but also our immune system, metabolism, and cardiovascular functioning.

Typically, the sleep cycle of older people is more fragmented than the sleep cycle of younger people. Older people tend to sleep less during the night, are awakened more frequently, take more naps, and sleep lighter than younger people.

**Q** Do you find that your elderly residents awaken frequently during the night? If so, why do they wake up?

**Discuss.**

Although sleep patterns typically change with age, problems falling or staying asleep, excessive sleeping, and other abnormal sleep-related behaviors in nursing home residents could be signs of a sleep disorder.

CNAs must know how to identify signs of common sleep disorders, such as insomnia, sleep apnea, restless leg syndrome, and narcolepsy. But before discussing specific sleep disorders, let's talk about the sleep cycle.

### What is sleep?

A good night's sleep is made up of several stages: a rapid eye movement (REM) stage and four stages of non-REM sleep.

During REM sleep, the breathing, heart rate, and blood pressure become irregular and usually higher. The tension in the muscles is at the lowest level, and EEG (electroencephalogram) waves resemble a waking pattern.

During non-REM sleep, the breathing becomes deeper and regular, and the heart rate and blood pressure are generally stable and lower than while awake. The tension in the muscles is very low, and EEG waves are slow and deep.

We follow a pattern when we sleep:

- Stage 1: drifting off to sleep.
- Stage 2: light sleep. The person is asleep, but can awaken easily.
- Stages 3 and 4: deep sleep.
- REM sleep: dream stage.

### Questions? Comments? Ideas?

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Each of these cycles lasts about an hour to an hour and a half. There are five to eight of these cycles during the night. As people grow older, they spend less time in Stages 3 and 4 sleep.

**Q** Do you find that your elderly residents awaken easily, indicating they are not in a deep sleep?

**Discuss.**

### Insomnia

Insomnia is characterized by difficulty falling and staying asleep, waking up early, and feeling tired upon awakening. There are two types of insomnia: primary insomnia and secondary insomnia.

**Q** Do any of your residents have difficulty falling asleep? How do you help them fall asleep?

**Discuss.**

Primary insomnia is when sleeping problems are not directly associated with another factor or condition. Secondary insomnia, which is more common among nursing home residents, is when sleeping problems occur due to another condition, such as depression, Parkinson's disease, or pain.

Since insomnia is often a sign of an underlying condition, all sleep disturbances and resident complaints of difficulty sleeping must be evaluated before being treated. Therefore, CNAs must be able to identify symptoms of insomnia and report them to the appropriate clinical staff member.

Symptoms of insomnia can include:

- Difficulty falling asleep
- Frequently waking in the night
- Waking up too early in the morning
- Daytime fatigue
- Irritability
- Memory and concentration problems
- Frequent napping

If it is determined that the resident suffers from secondary insomnia, the underlying condition should be treated before the insomnia because sleeping problems will most likely end when the cause is resolved.

Primary insomnia can be treated with the use of sleeping medications, behavioral techniques, and good sleeping habits.

**Q** Approximately how many of your residents take frequent naps?

**Discuss.**

**SLEEP DISORDERS**

**Sleep apnea**

Sleep apnea is characterized by pauses of breathing for 10 seconds or more during sleep. The airway collapses, preventing air from entering the lungs. When the person unconsciously strains to breathe, the airway opens. These pauses in breathing occur frequently during the night and result in light, disrupted sleep.

Sleep apnea is most common in middle-aged males, particularly those who are overweight and have short, thick necks. However, postpolio residents and residents who have experienced a stroke may also develop sleep apnea. Alcohol and sleeping pills make the condition worse.

Symptoms of sleep apnea can include:

- Excessive daytime sleepiness
- Chronic heavy snoring
- Falling asleep quickly for naps
- Awaking feeling tired

As a result of such disturbed sleep, the problems associated with sleep deprivation, such as irritability, poor concentration, and depression, may occur.

The most effective treatment for sleep apnea is the use of a continuous positive airway pressure device, which keeps the person's airway open by forcing air into the throat.

**Q** Do any of your residents have sleep apnea? If so, what special precautions must you take when caring for these residents?

**Discuss.**

**Restless leg syndrome**

Restless leg syndrome (RLS) is characterized by an unpleasant tingling sensation and pain in the legs. These sensations occur during periods of rest.

RLS can cause difficulty in falling or staying asleep. Symptoms of RLS can include:

- Uncomfortable sensations in the legs that begin or worsen when resting or laying down and lessen with leg movement
- Uncontrollable urge to move legs
- Persistent leg movement during sleep

Currently, there is no cure for RLS. However, stretching, massage, and soaking the legs in warm water may help alleviate some of the symptoms.

**Q** Do any of your residents complain of pain or uncomfortable sensations in their legs when trying to sleep?

**Discuss.**

**Narcolepsy**

Narcolepsy is a condition that causes a person to fall asleep unexpectedly. These attacks may last for seconds or minutes. Some people have very few attacks during their lifetime, whereas others have several episodes per day. Narcolepsy also produces excessive sleepiness and abnormal REM sleep patterns.

Symptoms of narcolepsy can include:

- Persistent drowsiness
- Uncontrollable desire to sleep, often occurring several times per day
- Hallucinations
- Temporary muscle paralysis occurring at onset of sleep or upon awakening

The cause of narcolepsy is unknown. Treatments, although not always effective, include stimulant medications and several short naps during the day.

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## SLEEP DISORDERS

### Promoting good sleep habits

Most sleep problems in nursing home residents are not related to aging as much as they are to the presence of an acute or chronic illness. Residents who do not sleep well do not recover their health as quickly and tend to have more problems coping with daily life. Sleep deprivation can lead to cognitive impairment and increase the risk of falls. Identifying and treating sleep problems or their underlying causes is essential to the resident's health.

In addition to reporting any changes in sleep patterns or abnormal sleeping behaviors, CNAs can promote sleep by taking the following measures:

- **Establish a regular bedtime routine.** Following a bedtime routine is one of the best ways to promote sleep. Set a regular time for going to bed and follow a regular pattern in preparing for bed.
- **Do not rush the resident.** Being rushed is stimulating. Most likely, the time saved by hurrying residents to bed will be spent answering call lights later.
- **Provide soothing activity before bed.** Reading, listening to music, or watching TV before bed can help the resident to relax.
- **Encourage daily exercise.** Exercise promotes a deeper level of sleep at night. However, exercise should be avoided for about two hours before bedtime because of the stimulating effect.
- **Avoid caffeine.** The stimulating effects of caffeine can last for many hours and often cause difficulty sleeping. Many people become more sensitive to the effects of caffeine as they grow older.
- **Provide a bedtime snack.** As many of us have noticed, we often feel sleepy after a meal. This is particularly true if the meal contains certain carbohydrates, such as those in bread or pasta, which release a chemical in the brain that promotes sleepiness.

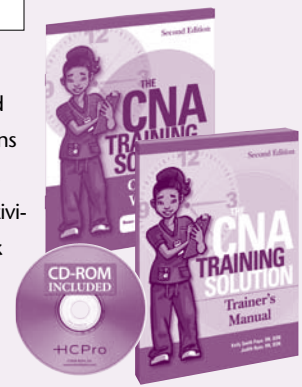
Providing bread or warm milk before bedtime can help residents fall asleep more easily.

- **Keep the bed only for sleeping.** If possible, the bed should only be associated with sleep. Residents should be out of bed as much as possible when not sleeping.
- **Ensure that the resident finds the bed comfortable.** It is difficult to sleep if the bed is not comfortable. If the resident complains that the bed is too hard or soft, try to resolve the problem by providing the resident with a different mattress.
- **Modify the environment.** Make sure the resident feels at home in his or her room. Modify aspects of the room to make him or her more comfortable.
- **Raise or lower the temperature to the resident's liking.**
- **Lower lights when sleeping.** People sleep better when there is little light. Often, some light is needed to prevent disorientation and falls, but try to avoid the use of bright lights.
- **Avoid noise.** Noise is often a problem in nursing facilities. Evening and night staff members have to be constantly aware of the noise they make. This is particularly important in the morning when the level of sleep is lighter. ■

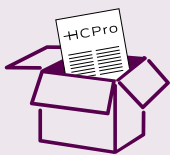
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## SLEEP DISORDERS

*Mark the correct response.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Compared to younger people, older people tend to:
  - a. sleep less during the night
  - b. be awakened more frequently
  - c. sleep lighter
  - d. take more naps
  - e. all of the above
  
2. A good night's sleep is made up of:
  - a. three stages
  - b. a REM stage and four non-REM stages
  - c. a Zen stage and six normal stages
  - d. a REM stage and three non-REM stages
  
3. How long does each cycle of sleep typically last?
  - a. 10–20 minutes
  - b. 30–45 minutes
  - c. 1–1½ hours
  - d. 2 hours
  
4. Which type of insomnia is more common among nursing home residents?
  - a. Primary insomnia
  - b. Secondary insomnia
  - c. Tertiary insomnia
  - d. None of the above
  
5. If a resident suffers from secondary insomnia, the \_\_\_\_\_ should be treated first.
  - a. insomnia
  - b. depression
  - c. underlying condition
  - d. symptoms
  
6. Symptoms of sleep apnea can include:
  - a. excessive daytime sleepiness
  - b. chronic heavy snoring
  - c. falling asleep quickly for naps
  - d. awaking feeling tired
  - e. all of the above
  
7. Restless leg syndrome is characterized by an unpleasant tingling sensation and pain in the legs occurring during periods of rest.
  - a. True
  - b. False
  
8. Sleep deprivation can lead to cognitive impairment and increase the risk of falls.
  - a. True
  - b. False
  
9. To help promote sleep, ensure that the resident's bed is:
  - a. only used for sleeping
  - b. comfortable
  - c. near a window
  - d. both a & b
  
10. Identifying and treating sleep problems or their underlying causes is essential to the resident's health.
  - a. True
  - b. False