

## Sundowning Fact Sheet

Dementia is a progressive disease. As the disease advances symptoms of sundowning may occur. This happens as day turns into nighttime. The behaviors exhibited will be:

- Increased agitation
- Confusion
- Suspicious
- Demanding
- Seeing or hearing things that are not there



The cause is not clear, but it seems that the “internal clock” that tells us when to get up or go to sleep is damaged by the disease. The “sleep-wake cycle” is mixed up causing your family member to be confused. This may be the reason they wander around at night when they are supposed to be sleeping.

By the end of the day your family member with dementia is very tired. They have been dealing with many things that have become difficult to do. Your family member may not be able to communicate thoughts and wishes any more. Incontinence may start to occur. Your family member may not even know who they are any more.



Dealing with all these challenges during the day makes it a very long day. Your family member becomes confused and agitated. Some individuals become afraid of the dark. Fear with dementia may turn into aggression, anger and delirium. Because of poor night vision, your family member may see things in the dark that are not really there.



The day is not only long for your family member with dementia. It is a very long and stressful day for the family care partner. You get tired as the day goes on as well. When you communicate with your family member, they sense your stress and fatigue. It adds to the anxiety and agitation. Be aware of the tone of your voice when talking with your family member.

### **Practical Tips to Deal with Sundowning**

Discuss with his health care provider about the behaviors you are observing. They may be able to suggest medications when behavioral interventions are not effective. You may also want to address using a low dose of melatonin to assist with sleep. This is a naturally occurring hormone that promotes sleep. It is an over the counter medication.

Plan activities for mornings rather than afternoons.

Allow your family member to rest, but try to keep them awake during the day.

Increase the lighting in the house so that the rooms are brighter.

Restrict the use of caffeine and sugar to mornings, if possible.

Have an early dinner, and offer a bedtime snack.

Encourage physical activity and exercise during the day to utilize energy. This is really important if you have a family member that paces at night. Take them out for long walks during the day.

Observe for signs of the disease advancing. If your family member is physically threatening or aggressive, you may want to investigate a senior behavioral health unit. Your family member may require admission for a





few days or placement to another level of care, such as assisted living or nursing home.

Acting out behaviors may be your family member trying to tell you something they cannot express. Do they need to go to the bathroom? Are they hungry? Are they in pain?

Keep the environment calm in the afternoon and evenings. Remove things that may cause noise, clutter or quick movements.

It is important to be patient during these hours. Never take anything personally; it is the disease not the person that is causing the actions.

