Insomnia and Dementia

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Sleep disturbance (also known as insomnia) in older adults with dementia is not uncommon. Chronic insomnia in older patients also increases risk for cognitive decline, falls, and 2 year mortality. Sleep disturbances can be a significant contributor to caregiver burden, and they are often a reason for caregivers to decide to place their loved one in a long-term care setting. In addition to sleep changes that normally occur with aging, dementia may further compound the problem by increasing the frequency and severity of the sleep disturbance, especially if associated with difficult behaviors.

Clinical assessment of individuals with insomnia must always include screening for secondary causes; including medical (e.g. pain, nocturia) and psychiatric conditions (e.g., depression) and medication side effects, as well as specific sleep disorders. Once initial evaluation fails to identify secondary causes, it is important to consider non-pharmacologic treatments as a first line intervention. Three modalities will be briefly discussed here - sleep hygiene, light therapy, and exercise.

Sleep hygiene refers to an individual's sleep habits and routines. It is often believed to be the first-line treatment for all patients with insomnia. Patients who need to make changes in their bedtime, rising time, or daytime napping schedules are candidates for sleep hygiene changes. These interventions may include avoiding fluids after dinner to reduce urinary frequency, finding a regular time to initiate sleep, minimizing disruptions, avoid exercise or activities that will prolong wakefulness or alertness, and/or participate in activities that promote sleep in the individual (e.g. reading, light music, etc.).

Light therapy is one of the most widely studied non-pharmacologic interventions for sleep and behavioral symptoms in dementia patients. It should be given within a 3-hour window before the patient's habitual bedtime and has been shown to be helpful in some studies in the long-term care setting. Physical exercise is an important component of non-pharmacologic therapy for sleep disturbances. Patients with dementia and caregivers should be instructed to walk for exercise daily for 30 minutes, preferably outside in natural light, weather permitting. However, one should avoid exercising immediately before sleep.

Pharmacologic treatments could also be considered for primary sleep disturbance when other approaches have failed. Antidepressants (e.g. Elavil), benzodiazepines (e.g. Ativan), hypnotics (e.g. Ambien) and antihistamines (e.g. Benadryl) are commonly used in younger adults. However, increased incidence of sedation, confusion, falls and daytime sleepiness makes them less desirable in older adults, especially with dementia. However, low doses of Trazadone (a weak antidepressant) are often helpful in our patients with dementia and insomnia.

Treatment of insomnia in persons with dementia presents a number of challenges for caregivers and primary care physicians. In reality, it often becomes necessary to combine several approaches, including behavioral and environmental interventions, as well as pharmacologic therapies.