Depression and sleep disorders

As we get older, our risk of suffering from depression increases. Depression is even more common for people with disabilities or illness, and those who take care of them. In addition, our sleep patterns change as we age, often becoming fragmented, which leaves older individuals vulnerable to cognitive impairment and an increased risk of falls. Although the risk of developing these conditions increases with age, depression and sleeping problems are not a normal aspect of aging and require special attention and care.

CNAs should have a thorough understanding of the signs and symptoms of depression, how to care for residents who suffer from the condition, and depression prevention tactics.

This lesson will also teach CNAs about common sleep disorders, such as insomnia, sleep apnea, restless leg syndrome, and narcolepsy, as well as symptoms of these disorders and how to promote good sleep habits.

Have a good day of training, and stay tuned for next month’s issue of CNA Training Advisor, which will cover ADL assistance.

PROGRAM PREP

Program time
Approximately 30 minutes

Learning objectives
Participants in this activity will learn how to:
➤ Identify the causes and signs of depression
➤ Develop care techniques for residents who suffer from depression or sleep disorders
➤ Recognize common sleep disorders
➤ Promote healthy sleep 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

Promote better sleep and mood

Caring for residents who suffer from depression or a sleeping disorder can be challenging. Share experiences where you have cared for residents with these conditions. Consider these questions: How did you help them fall asleep? How were you able to support a better mood? What could you have done differently?

Quiz answer key

1. d  2. a  3. a  4. c  5. c  6. b  7. a  8. a  9. d  10. a

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Depression is a mental disorder marked by a sad or irritable mood lasting more than two weeks. Everyone gets sad from time to time, but for most people these moods only last for a few hours or a few days. When these feelings last for several weeks without improving, a person’s way of thinking can be altered and he or she may become clinically depressed.

About 5% of the population suffers from depression, but this number increases with age. Fifteen percent of older adults are depressed, and depression is four times more likely to strike people who are over the age of 65 than younger people. Additionally, depression is more likely to afflict a disabled or seriously ill individual. People with disabilities or illness, and those who take care of them, have depression rates ranging from 20% to 50%.

Causes of depression
Depression has many different causes, some of which include:

- Medication side effects, particularly from drugs that treat arthritis, heart problems, high blood pressure, or cancer
- Illnesses such as Alzheimer’s disease, Parkinson’s disease, stroke, hormonal disorders, and others
- Genetics
- A traumatic event, such as a death in the family
- Changes or differences in brain chemistry

Signs of depression
A resident may be depressed if he or she has four or more of the symptoms listed below for at least two weeks:

- Sad, apathetic mood or mood swings
- Irritability, agitation, or grumpiness
- A sleep pattern that differs more than usual
- Fatigue and loss of energy
- Changes in appetite and weight
- Loss of interest or pleasure in normal activities, such as self-care or social activities
- Withdrawal from others
- Feeling of worthlessness, guilt, helplessness, hopelessness, or self-reproach
- Thoughts of death or suicide, or attempted suicide
- Difficulty thinking, focusing, or remembering

Slow or agitated movements or speech
- Complaining of aches, pains, dizziness, blurred vision, anxiety, or vague discomforts

Preventing depression
Although many types of depression cannot be prevented, there are some general things that everyone can do to lower the risk of developing these conditions:

- Keep and maintain friendships and social activities
- Develop enjoyable interests or hobbies
- Stay physically and mentally active
- Maintain contact with family members
- Eat a balanced and nutritious diet—avoid sugar, caffeine, and alcohol

Caring for people with depression
In caring for residents who suffer from depression, CNAs should:

- Encourage the expression of feelings. Listen to what the resident says without judgment. Give the individual time to organize his or her thoughts.
- Brighten the environment by hanging pictures or family photos. Keep the environment clean.
- Encourage pleasant activities, such as listening to music or performing a hobby.
- Encourage socialization. Start with one-to-one conversations and gradually move toward group-based social events.
- Encourage as much self-care as possible. Help a resident gain a sense of control by allowing the individual to make as many independent decisions as he or she can.
- Pay attention if someone mentions self-injury or suicide. Always report this kind of talk to a supervisor.

Sleep disorders
Sleep, or the lack of it, not only affects a resident’s mood and energy level, but also the individual’s immune system, metabolism, and cardiovascular function. 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 more lightly than younger people.

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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.

**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 muscles are at their lowest level of tension and electroencephalogram (EEG) brain 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.

The five sleep stages typically progress in the following pattern:

► Stage 1—drifting off to sleep
► Stage 2—light sleep (the resident is asleep, but can awaken easily)
► Stages 3 and 4—deep sleep
► REM sleep—the stage during which dreams occur

Each one 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.

**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 and secondary.

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

Primary insomnia can be treated with the use of sleeping medications, behavioral techniques, and good sleeping habits. However, if it is determined that the resident suffers from secondary insomnia, the underlying condition should be treated first, because the resident’s sleeping problems will most likely end when that condition is resolved.

**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. The unconscious person then strains to breathe, and 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, post-polio and post-CVA residents also may 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 when taking naps
► Feeling tired upon waking up

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

**Restless leg syndrome**

Restless leg syndrome (RLS) is characterized by an unpleasant tingling sensation and pain in the legs occurring during periods of rest. RLS can make it difficult for residents to fall or stay asleep. Symptoms of RLS can include:

► Uncomfortable sensations in the legs that begin or worsen when resting or laying down, and that 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.

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**Questions? Comments? Ideas?**

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Narcolepsy

Narcolepsy is a condition that causes a person to fall asleep unexpectedly. The person may remain asleep for seconds or minutes. Some people have very few attacks during their lifetime, while others have several episodes a 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 a 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.

Promoting good sleep habits

Most sleep problems in nursing home residents are not related to aging, but 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 also lead to cognitive impairment and increase the risk of falls. Thus, 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 healthy sleep habits by taking the following measures:

➤ Establish a regular bedtime routine. Following a bedtime routine is one of the best ways to promote good sleep. Help the resident settle for a regular time for going to bed and follow a regular pattern in preparing the resident for bed.

➤ Do not rush the resident. Being rushed is stimulating. Any time you save by hurrying residents to bed will likely be spent answering call lights later.

➤ Provide a soothing activity before bed. Reading, listening to music, or watching TV can be done before bed to help the resident 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 its stimulating effect.

➤ Avoid caffeine. The stimulating effects of caffeine can last for many hours and often cause difficulty sleeping.

➤ Provide a bedtime snack. Certain carbohydrates, found in foods such as bread or pasta, release a chemical in the brain that promotes sleepiness—this is why we often feel tired after a meal. 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 in an uncomfortable bed. If the resident complains that the bed is too hard or soft, see whether the bed can be adjusted.

➤ Modify the environment. Make sure the resident feels at home in his or her room. Modify aspects of the room to make the resident more comfortable.

➤ Lower lights when sleeping. People sleep better when there is very little light. Often, some light is needed to prevent disorientation and falls, but try to avoid the use of bright lights.

➤ Avoid noise. Evening and night staff members have to be constantly aware of the noise they make. This is also important to remember in the morning when residents are sleeping lightly.

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### DEPRESSION AND SLEEP DISORDERS

Mark the correct response.

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1. A good night’s sleep consists of ________ total stage(s).
   - a. one
   - b. three
   - c. four
   - d. five

2. Depression is four times more likely in individuals who are ________.
   - a. over age 65
   - b. under age 65
   - c. physically active
   - d. involved in social activities

3. Sleep deprivation can lead to cognitive impairment and increase the risk of falls.
   - a. True
   - b. False

4. Which of the following is not a cause of depression?
   - a. Alzheimer’s disease
   - b. Medication
   - c. Physical activity
   - d. Genetics

5. Which is not a suggested technique to promote sleep?
   - a. Encourage daily exercise
   - b. Establish a bedtime routine
   - c. Keep residents in bed all day
   - d. Lower lights and avoid noise around bedtime

6. Encourage depressed residents to ________ without judgment.
   - a. remain uninvolved in social activity
   - b. express their feelings
   - c. depend on others for self-care if not medically necessary
   - d. harm themselves

7. Difficulty falling and staying asleep, waking up early, and feeling tired upon awakening are all symptoms of insomnia.
   - a. True
   - b. False

8. Depressed residents can gain a sense of control by making as many independent decisions as possible.
   - a. True
   - b. False

9. Which of the following may help alleviate some of the symptoms of restless leg syndrome?
   - a. Stretching
   - b. Massage
   - c. Soaking legs in warm water
   - d. All of the above

10. A well-balanced diet that includes avoiding ________ can help prevent depression.
    - a. caffeine
    - b. whole grains
    - c. vegetables
    - d. milk

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*A supplement to CNA Training Advisor*