SUNDOWNING

This Help Sheet explains why some people with dementia are particularly restless in the afternoon and evening, a condition sometimes known as sundowning. It gives some practical advice to families and care partners for managing sundowning.

What is sundowning?

People with dementia may become more confused, restless or insecure late in the afternoon or early evening. It can be worse after a move or a change in their routine. They may become more demanding, restless, upset, suspicious, disoriented and even see, hear or believe things that aren’t real, especially at night. Attention span and concentration can become even more limited. Some people may become more impulsive, responding to their own ideas of reality that may place them at risk.

What causes sundowning?

No one is sure what causes sundowning, although it seems to result from changes that are occurring in the brain. People with dementia tire more easily and can become more restless and difficult to manage when tired.

Sundowning may relate to disruption of sleep patterns or lack of sensory stimulation after dark. At night, there are fewer cues in the environment, with the dim lights and absence of noises from routine daytime activity. A person experiencing sundowning, may be hungry, uncomfortable, in pain or needing to use the toilet, all of which they can only express through restlessness. As the dementia progresses and they understand less about what is happening around them, they may become more frantic in trying to restore their sense of familiarity or security. Many families and care partners say that the person becomes more anxious about “going home” or “finding mother” late in the day which may indicate a need for security and protection. They may be trying to find an environment that is familiar to them, particularly a place that was familiar to them at an earlier time in their life.

Where to begin

Always discuss concerns about change in behavior with the doctor, who will be able to check out whether there is a physical illness or discomfort present, and provide some advice. Arrange for a thorough medical examination and discuss the person’s medications with the doctor. Sometimes changing the dosage or the time that medication is given can help relieve the symptoms. The doctor will also be able to advise if there may be undesirable side effects of medication.
What to try

- Increase exposure to natural light.
- If fatigue is making the sundowning worse, an early afternoon rest might help. Keep the person active in the morning and encourage a rest after lunch and relaxing activities in the afternoon.
- Early evening activities that are familiar from an earlier time in the person’s life may be helpful. Closing the curtains, a pre-dinner drink or assisting with preparing dinner or setting the table may be helpful.
- Allow the person to walk around if they need to. Let them pace where they are safe. A walk outdoors can help reduce restlessness. Encourage exercise in the morning.
- Some people are comforted by soft toy animals, pets, hearing familiar tunes, or an opportunity to follow a favorite pastime.
- Consider the effect of bright lights and noise from television and radios. Are these adding to the confusion and restlessness?
- Plan to arrange baths or showers before the typical Sundowning period if these are upsetting activities. The exception may be the person who is calmed by a hot bath before bed.
- Nightlights or a radio playing softly may help the person sleep.
- Some people find warm milk a back rub or music calming.
- Some may need medication. This will need to be discussed with the doctor.
- Monitor diet, restrict sweets and caffeine consumption to the morning.
- Make sure you get plenty of rest yourself.

Based on ‘Care of Alzheimer’s Patients’ by Lisa Gwyther

FURTHER INFORMATION: locally call Dementia Friendly Wyoming 307-461-7134 or visit our website http://www.dwfsheridan.org or The Sheridan Senior Center 307-672-2240. Nationally contact the Alzheimer’s Association at 1-800-272-3900, or visit their website at http://www.alz.org.