Effectively Managing Inpatient Insomnia

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Objectives

The learner will be able to describe the impact of insomnia on older adults.

The learner will be able to explain sleep challenges in the inpatient setting for older adults.

The learner will be able to apply pharmacologic and nonpharmacologic interventions to promote sleep in the hospitalized older adult.
Case Study

It’s 2am and you get a call from a nurse on the cardiac telemetry unit requesting sleep medication for your patient Ms. Jones. Ms. Jones is an 82 year old female admitted for chest pain. She has a history of COPD. BMI is 35.
Sleep
Normal age related changes

Earlier bedtime, earlier wake time
  Changes in circadian rhythm
  Decrease production and quality of melatonin, decrease in vasoactive intestinal polypeptide, and vasopressin-expressing neurons

Shorter
  less time in slow wave sleep (NREM2 stage) and REM

Fragmented

Daytime sleepiness

(WENNBERG ET AL., 2013)
Insomnia

Difficulty falling asleep or maintaining sleep

Severity is determined by frequency, duration, and intensity
- 3 nights per week or more
- Greater than one month
- Impacts day time functioning
- Amount of time awake during normal sleep time

(HADDEN, 2013)
Impact

Higher health care costs
   $100 billion USD per year
Depression and mood disorders, HTN, MI, DM
Cognitive impairment
Stress on relationships
Automobile accidents
Increased mortality

31.93% of medication for treatment of insomnia is used outside of doctor’s recommendation

(LEGGETT, 2015; SPIRA ET AL., 2015; WICKWIRE, SHAYA, & SCHARF, 2015)
Insomnia in Older Adults

40%-50% of insomnia is chronic sleep onset or maintenance insomnia
Women > men

Poorer quality of life
Decrease in function/ability to complete ADLS
Hospitalization, nursing home, home care

COHEN-ZION & ANCOLI-ISRAEL, 2009}
Risk and Aggravating factors

CONDITIONS

Psychiatric conditions
  adjustment disorders, anxiety, bereavement, depression

Respiratory
  cough, dyspnea, sleep apnea

GI/GU
  nocturia, GERD

Neuro
  parasthesias, parkinsons, stroke, dementia

Pain

MEDICATIONS

Alcohol/caffeine

Psych
  i.e antidepressants

Cardiac
  diuretics

Respiratory
  bronchodilators

(Reuben et al., 2018)
Inpatient challenges

Time of admission
Bed availability
Acute illness requiring care/treatment
Nursing protocols/assessments
Scheduling of procedures
Lack of private rooms
Inpatient Management
Inpatient interventions

Be mindful when putting in orders
Work with pharmacists to limit dosages and/or frequencies of high risk medications/sedative hypnotics
(Adeola, 2018)
Hospital Elder Life Program© 1999
Educate patients/families about their sleep medications
Consider deprescribing
Pharmacological Treatment

Points to consider:

- Short term use
- Use in combination with behavioral therapies
- Added risk for fall
- Is it sleep maintenance or sleep onset issue?
- Half life of medications
Choosing Wisely®

“Avoid use of hypnotics as primary therapy for chronic insomnia in adults; instead offer cognitive-behavioral therapy, and reserve medication for adjunctive treatment when necessary.”

Patient education resources on Choosing Wisely® regarding “Sleeping Pills for Insomnia”

“Don’t use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation, or delirium.”
Pharmacological Treatment

CAUTION

Beer’s List- sleep medications potentially inappropriate
- Benzodiazepines
- Anticholinergic
- Z drugs
  - zolpidem, zaleplon, eszopiclone
- Antipsychotics

CONSIDER

Melatonin

Mirtazapine (Remeron)-
insomnia, anorexia, nervousness

Trazadone (Desyrel)-
antidepressant, sedating

(LEAHY, 2017)
You are rounding when a day shift nurse on a med-surg unit asks you about one of your patients who is requesting a sleeping pill. Mr. Robertson is an 80 year old male with a BMI 18. He was admitted for abdominal pain and has a history of depression, CAD, HTN, cataracts. Mr. Robertson informs you that he just “can’t turn off his brain at night.”
Nonpharmacological Treatment

Points to consider:

Cognitive behavioral therapy first line treatment

If request for sleep medication, ask more questions-

  History of sleep apnea?
  How long/when does it occur?

Review discharge medications

  i.e. Are sedative-hypnotics discontinued prior to discharge?
Nonpharmacological Treatment

Day
Encourage day light, open blinds
Minimize day time naps
Encourage mobility- reduce time in bed
Monitor caffeine intake

Night
Do not wake patients at night
Encourage family to bring own pillow/blanket
Close blinds at night, adjust temperature
Toileting schedule
Quiet- Offer ear plugs, nurses phones on vibrate
Individualize care to patients schedule
Hospital Elder Life Program © 1999

Sleep Protocol

Volunteers:
- Relaxation - guided imagery
- Music/Care TV
- Milk/Tea
- Warm blanket
- Close blinds
- Dim lights
- Back rub/hand massages

Interdisciplinary:
- Reschedule labs, medications, vital signs, other procedures
- Evaluate timing of caffeine and diuretics
Case Study

Ms. Brooks is an 86 year old female patient recently admitted to the neurology unit from the ER. You check in with the nursing staff before seeing the patient, and the staff report that the patient has been napping for most of the day. Her family is concerned she will be up all night as she is also a light sleeper at home. She has a history of mild cognitive impairment, high cholesterol, hysterectomy. The family is asking to speak with the physician regarding how they can help her sleep.
Thank you!
References


