Clinical Resource Guide: Sundowning

OVERVIEW OF SUNDOWNING

Sundowning, also known as "sundown syndrome," refers to a phenomenon commonly observed in patients with advanced dementia, particularly those in hospice care. It is characterized by increased agitation, confusion, and restlessness that typically occurs during the late afternoon or early evening hours. Patients experiencing sundowning often exhibit behaviors such as wandering, anxiety, aggression, and resistance to care. Understanding and effectively managing sundowning is crucial for providing compassionate and quality end-of-life care to patients with dementia.

Pharmacist Corner Objectives

1.) Provide an understanding of sundowning and the impact on patients with advanced dementia in the hospice setting
2.) Implement nonpharmacologic interventions as the primary approach, including establishing routines, reducing stimulation, promoting physical activity, and creating a calm environment
3.) Identify when pharmacologic therapy is indicated, and what medications could be utilized to promote optimal symptom management

CAUSES OF SUNDOWNING

The exact causes of sundowning are not fully understood, but several factors contribute to its occurrence. These factors include disruptions in the circadian rhythm, sensory overload due to increased environmental stimulation during the evening hours, fatigue, hunger, and dehydration. Additionally, underlying medical conditions, pain, and medication side effects can exacerbate sundowning symptoms. Hospice physicians and nurse practitioners should consider these potential triggers when assessing and managing patients experiencing sundowning.

ASSESSMENT OF SUNDOWNING

Accurate assessment of sundowning is essential for tailoring appropriate interventions. Clinicians should conduct a comprehensive evaluation that includes a detailed medical history, review of medications, assessment of pain or discomfort, and evaluation of the patient's environment. Observing the timing, frequency, and severity of sundowning episodes can

provide valuable insights into triggers. Collaboration with the interdisciplinary team, including caregivers and family members, can offer additional perspectives on the patient's behavior patterns.

NONPHARMACOLOGIC MANAGEMENT OF SUNDOWNING

Nonpharmacologic interventions are the cornerstone of managing sundowning. The following table outlines effective interventions and their explanations:

NONPHARMACOLOGIC TREATMENT STRATEGIES FOR SUNDOWNING	
Intervention	**Brief Description**
Establish Routine	Maintain consistency with sleep-wake cycle to regulate circadian rhythm
Reduce Stimulation	Minimize noise and light exposure during evening hours to prevent sensory overload
Physical Activity	Gentle exercise/activity during the day promotes better sleep patterns
Environmental Factors	Create a soothing environment with soft lighting and familiar objects
Music Therapy	Familiar and/or calming music can decrease agitation
Aromatherapy	Use of pleasant, calming scents can promote increased relaxation

PHARMACOLOGIC MANAGEMENT OF SUNDOWNING

In some cases, pharmacologic interventions may be necessary to manage severe sundowning symptoms. These interventions should be carefully considered and employed in situations where nonpharmacologic approaches have been exhausted or are insufficient to alleviate distressing symptoms. Here are scenarios in which pharmacologic therapy might be indicated:

1. **Persistent Agitation and Distress**: When a patient experiences persistent agitation, aggression, or distress that significantly impacts their well-being and the well-being of those around them, pharmacologic interventions can be considered to help manage these challenging behaviors. This might include situations where nonpharmacologic interventions such as environmental modifications and calming techniques have not provided relief.
2. **Sleep Disturbances**: If a patient's sundowning symptoms are disrupting their sleep patterns and causing significant sleep disturbances, pharmacologic options like melatonin can be explored. Melatonin, a hormone that regulates sleep-wake cycles, might be initiated to improve sleep quality, and promote a more regular sleep pattern.
3. **Safety Concerns**: In cases where the patient's sundowning behaviors pose a safety risk to themselves or others, such as wandering or aggressive behavior, low-dose atypical antipsychotics might be considered. These medications can help manage agitation and reduce the risk of harm, particularly when other interventions have been ineffective.

4. **Severe Anxiety or Panic**: If a patient experiences severe anxiety, panic attacks, or extreme emotional distress during the sundowning period, short-term use of anxiolytics like lorazepam might be warranted. Anxiolytics can help alleviate acute anxiety and promote a sense of calm.

It's important to note that pharmacologic interventions should always be approached cautiously, with a focus on minimizing potential risks and side effects. Careful monitoring of the patient's response to medication, as well as regular reassessment of the need for continued pharmacologic therapy, is essential. The decision to initiate pharmacologic treatment should be made collaboratively, involving the patient's primary care team, caregivers, and family members, while considering the patient's overall health status and goals of care.

PHARMACOLOGIC TREATMENT STRATEGIES FOR DEPRESSION IN THE HOSPICE SETTING			
Medication	**Dosing**	**Monitoring**	**Notes**
Methylphenidate	1-3mg orally QPM	Sleep quality, daytime sedation	May improve sleep patterns
Risperidone	0.25mg orally BID	Extrapyramidal symptoms, sedation	Low doses to limit side effects
Quetiapine	12.5-25mg QPM	Extrapyramidal symptoms, sedation	Evening dosing helps to promote sleep
Lorazepam	0.5-1mg	Increased risk of falls w/use	May consider short-term use for severe agitation/anxiety; May result in paradoxical effects, stop if experienced.

SUMMARY

In conclusion, managing sundowning in hospice care requires a comprehensive approach that addresses the multifaceted nature of the condition. Understanding the triggers, performing thorough assessments, and involving caregivers in the care plan are crucial steps. Nonpharmacologic interventions form the foundation of management, emphasizing routine, environmental modifications, and sensory engagement. When nonpharmacologic approaches are insufficient, judicious use of pharmacologic interventions may be considered, taking into account potential risks and benefits. By employing a holistic approach that combines both nonpharmacologic and pharmacologic strategies, hospice physicians and nurse practitioners can enhance the quality of life for patients experiencing sundowning and provide compassionate end-of-life care.

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