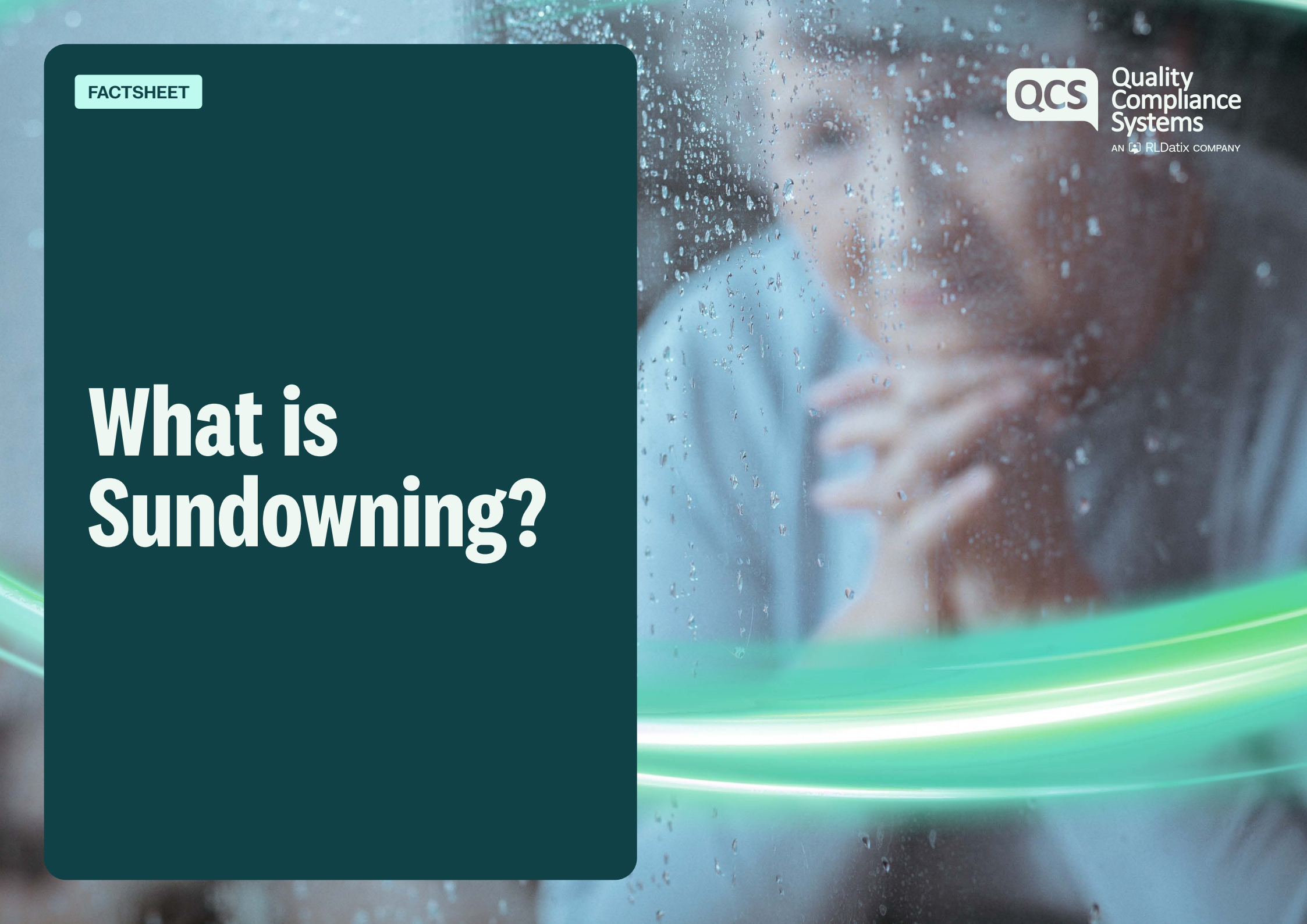
FACTSHEET

What is Sundowning?



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Introduction

Sundowning refers to increased agitation, restlessness and confusion that people living with dementia can experience from late afternoon when daylight starts to fade, at dusk and even through the night. There are thought to be a range of possible causes for sundowning but the exact cause is not certain.

A sense of being in the wrong place and needing to 'go home' feels very real to the individual. Also known as 'sundowner's syndrome', it's not a disease itself, but a collection of symptoms and behaviours related to living with dementia. Sundowning is more common in care homes or hospital settings, but it can also occur in the individual's own home.

When supporting or caring for someone with dementia, particularly during episodes of sundowning, it is crucial to understand their stress response and use appropriate techniques to de-escalate the situation.

Who is more at risk of experiencing sundowning?

- Individuals in the **mid to late stages of dementia**
- Those with **disrupted sleep patterns**
- People experiencing **high levels of stress or anxiety**
- Individuals with co-existing conditions such as **depression or chronic pain**

Why are sundowning behaviours triggered?

Stress Response and Sundowning Behaviours:

- **Trigger Stage:** For a person with dementia, sundowning can be triggered by changes in an area of the brain that affects their internal body clock that regulates sleeping and waking (circadian rhythm).

Examples of Common Sundowning Behaviour Triggers

Trigger (can be caused by)								
Lighting Changes	**Tiredness**	**Delirium**	**Hunger**	**Pain or Physical Discomfort**	**Environment**	**Emotional**	**Previous Roles / Identity**	**Other People**
Lack of sunlight leading to body clock being out of sync. The sun going down, dusk – sundowning behaviours usually start from 3-4 pm. Our body's internal clock is driven by a part of the brain that is affected by dementia or a cognitive change. The clocks going back and forward an hour for British Summer Time.	Poor sleep pattern. Pain or discomfort in bed leading to disrupted sleep. Visual hallucinations and disturbing dreams or nightmares can occur in people living with Lewy Body Dementia. Being physically active through the day – this is positive but time to rest and recover is also important. Medications that can cause drowsiness. Health conditions that can cause tiredness.	This is different from dementia. A serious and sudden change in attention and cognitive abilities – this can have multiple causes often linked to pain, infections, constipation, dehydration, some medications or a change of environment	Poor appetite. Oral or mouth care issues. Mealtimes and dining are not a pleasurable experience – rushed, noisy, lack of appropriate support and aids. Meals are not appetising or visually appealing. Meals are not meeting the individual's preference	Physical illness or conditions e.g. constipation, arthritis, neurological pain (after a stroke). Depression – can cause some people to experience aches and pains.	Over stimulation. Sensory overload – e.g. smells, noises, flickering or moving lights. Noise – some individuals become extremely sensitive to everyday sounds like chairs being moved. Change of environment – hospital admission, moving into a care home.	Low mood and depression. Anxiety and feelings of stress (see below). Feelings of frustration due being unable to communicate needs or wishes.	Walking with purpose and 'time shifting', due to being disorientated in time and place. The person believes they need to pick up the children after school or they are getting ready to go home after a day's work.	Other residents becoming restless or asking to go home. Watching end of day activities, for example, tidying up, packing away items. Seeing staff or visitors leaving or going towards the door. New residents moving in, returning or leaving the care home. Family and friends leaving the home, getting their coats on.

Any or a combination of these triggers can cause confusion and stress to a person living with Dementia or Mild Cognitive Impairment (MCI).

- **Alarm Stage:** The individual's body may perceive these changes as threats, with an increase in the body's primary stress response hormones- Cortisol and Adrenaline. This may lead to increased agitation, restlessness, and emotional distress.
- **Physical and Emotional Stage:** Due to an increase in stress hormones, the person may show signs like pacing, yelling, or other behaviours indicating discomfort.

Effects of Stress Hormones Cortisol and Adrenaline on a Person with Dementia Experiencing Sundowning

Cortisol Hormone:

- **Stress Hormone:** Cortisol is released in response to stress. For a person with dementia, sundowning can trigger stress, leading to elevated cortisol levels
- **Impact on Mood and Behaviour:** High cortisol levels can increase feelings of anxiety and agitation, contributing to restlessness and confusion
- **Sleep Disruption:** Elevated cortisol can interfere with sleep patterns, exacerbating the confusion and disorientation typical of sundowning

Adrenaline Hormone:

- **Fight or Flight Response:** Adrenaline is another hormone released during stress. It prepares the body to react to perceived threats
- **Physical Changes:** Adrenaline causes an increase in heart rate, rapid breathing, and heightened alertness. For a person with dementia, this can lead to physical symptoms like pacing, trembling, or aggression
- **Emotional Impact:** The surge of adrenaline can intensify feelings of fear and distress, making the person more reactive and difficult to calm

Remember: Higher cortisol and adrenaline levels are a big factor in driving the person's behaviour. Their agitation and confusion are physiological responses to stress.

Preventing or Reducing Sundowning

What you can do:

Communication - Responding in a non-threatening way:

- **Person-centred approaches and care planning:** Understanding the individual's habits, behaviours and things that usually calm or reduce their stress, ensuring this information is included in their care and support plan and that this is known and put into practice by all staff
- **Stay Calm and Reassuring:** Approach the individual calmly, gently or slowly. Use a softer, lower tone of voice and reassuring words to recognise how they are feeling, showing empathy
- **Use Simple Language:** Communicate in clear, simple sentences. Avoid long or complex instructions or questions as the ability to retain information can be challenging and cause more stress or confusion
- **Validation Theory:** Recognise and validate an individual's feelings. Understand that, in that moment, the individuals' emotional responses are real and meaningful to them
- **Regular Medical Reviews:** Be proactive and identify and treat conditions early to reduce discomfort or triggers caused by undetected illnesses

Environment - Creating Calm

- **Create a comfortable environment:** Adjust the lighting to a soothing level, reduce noise, and ensure the space is safe and calm
- **Maintain routines:** Stick to a consistent daily routine to minimise confusion and anxiety
- Organise planned visits from professionals, maintenance/ contractors so that they take place earlier in the day, avoiding late afternoon/evening visits as much as possible
- Encourage families and friends to visit earlier in the day if possible or minimise visits in the late afternoon. There will need to be exceptions made for end-of-life care visits or for those who cannot visit at any other time

- **Engage in familiar activities:** Redirect the individual's attention to activities they find comforting or familiar, such as listening to preferred music, the radio or TV programmes
- **Offer comfort items:** Comfort pets or dolls (if appropriate or known to be helpful) or gentle hand massage with/ without aromatherapy oils - N.B. Some people can have extra sensitivity to touch and some smells, so massage may not always be tolerated. Therefore, seek advice from people who know them or check their care records

De-escalation Techniques:

- **Listen and Observe:** Pay attention to their verbal and non-verbal cues. Show empathy by acknowledging the person's feelings ('I see you're upset; it's okay, I'm here with you.').
- **Offer Choices:** Provide simple choices to give them a sense of control ('Would you like to sit here or over there?').
- **Use Positive Reinforcement:** Praise and reassure the person when they respond positively to your efforts

Things you can do to Reduce Sundowning

1. **Medical Interventions**
   - Regular medical check-ups to manage health conditions
   - Review and adjust medications as necessary
   - Pain management strategies
2. **Physical Interventions**
   - Encourage regular exercise
   - Promote healthy sleep hygiene
   - Ensure proper nutrition and hydration
3. **Environmental Modifications**
   - Create a calm and quiet environment
   - Use night lights to reduce shadows
   - Maintain a consistent daily routine

4. **Emotional Support**
   - Provide reassurance and comfort
   - Engage in meaningful activities
   - Foster social connections and interactions
5. **Sensory Support**
   - Offer calming sensory activities (e.g. music therapy, aromatherapy)
   - Provide comfort items (e.g. soft blankets, familiar objects)
   - Adjust the sensory environment and actions to the individual's preferences

Best ways to communicate and engage to de-escalate distress

- **Use Simple and Clear Language:** Speak slowly and use short, straightforward sentences
- **Maintain a Calm and Reassuring Tone:** Show empathy and understanding
- **Non-Verbal Communication:** Use gentle touch, maintain eye contact, and observe body language

- **Distraction and Redirection:** Engage the person in a favourite activity or change the subject to something pleasant based upon the person's likes and preferences – a personal profile is particularly useful here
- **Validation and Reassurance:** Acknowledge the person's feelings and provide comfort

References:

Sundowning and dementia (Alzheimer's Society)

What is dementia sundowning? Signs, symptoms and tips (Dementia UK)

Evening behavioural changes in dementia patients – Sundowning (Birmingham and Solihull Mental Health NHS Foundation Trust)

What is sundowning? Changes in behaviour at dusk - YouTube Short (Dementia UK)

What is Sundowning? Causes & Coping Strategies (ALZ)