

# Sleeping, Eating and Bathroom Issues in Dementia

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October 31, 2009



- Clinical Case
- Medications
- Behavioral therapy
- Resources

# Case Study

- Mrs. Smith
- 80 year old woman with Alzheimer's disease who lives with her daughter
- Not sleeping well, not eating well and is incontinent

# Medications

- Medications for
  - not sleeping
  - not eating
  - leaking urine (incontinence)
  - Alzheimer's disease

# Sleeping Problems

- Stays up late watching TV
- Multiple awakening during the night
- Takes naps during the day
- Takes medications to fall asleep (benzodiazepines and related medications, anticholinergics)

# Medications for Sleep

- How much more sleep ?
  - 25 minutes
- What are the side effects of sleeping medications? 1 in 6 people experienced
  - drowsiness, fatigue, headache, nightmares, nausea, dizziness, falls, car accidents
  - Problems with thinking and carrying out tasks

# What can we do?

- Look for medical reasons – depression, problems with urination (infection, incontinence, drinks)
- Daytime routine – limit day time naps, increase activity
- Environment – remove TV from the bedroom, decrease noise, create a calm bedroom environment

# Eating Problems

- Decreased food and water intake
- “Every meal is a struggle.”
- Weight loss
- Takes Megace for improving appetite
- Daughter asks about feeding tube

# Medication for Appetite

- Megestrol (Megace) studied in nursing home patients with weight loss for 12 weeks
- No change in survival
- Blood clots in deep leg vein and lungs

# Does tube feeding prevent death in dementia?

- 4 groups of nursing home patients
  - Fed themselves; Required help; Choked; Refused
  - Survival the same in all 4 groups
- Two studies found better survival in hand fed than tube fed patients

# What can we do?

- Look for causes
  - depression
  - medications (dry mouth, inattention, anorexia, swallowing function)
  - loss of smell and taste
  - poor oral care (cavities, no denture or ill-fitting denture)
  - ASSISTANCE

# What can we do?

- Liberalize diet
  - Preferred foods
  - Calorie enhancers
  - Finger foods
  - Texture/color/temperature
- Increased assistance; compensatory techniques and tools
- Frequent, small meals
- Attention to the environment

# Bathroom Problems

- Incontinent of urine
- Wears adult diapers
- Takes an anticholinergic medication for incontinence [oxybutinin (ditropan) tolterodine (detrol) oxytrol (oxybutynin transdermal)]

# Medication for incontinence

- Anticholinergic medications
- A study showed that patients who are taking both anticholinergic and cholinesterase inhibitors (ex. Aricept, Razadyne, Exelon) had greater functional decline

# What can we do?

- Urge, stress, functional
- Do you ever leak urine when you have a strong urge on the way to the bathroom?
- Do you leak urine when you cough, laugh, lift something or sneeze?

# What can we do?

**D** elirium (confusion)

**I** nfection

**A** trophic urethritis or vaginitis

**P** harmacology

**P** sychological disorders (depression)

**E** ndocrine (diabetes, polyuria)

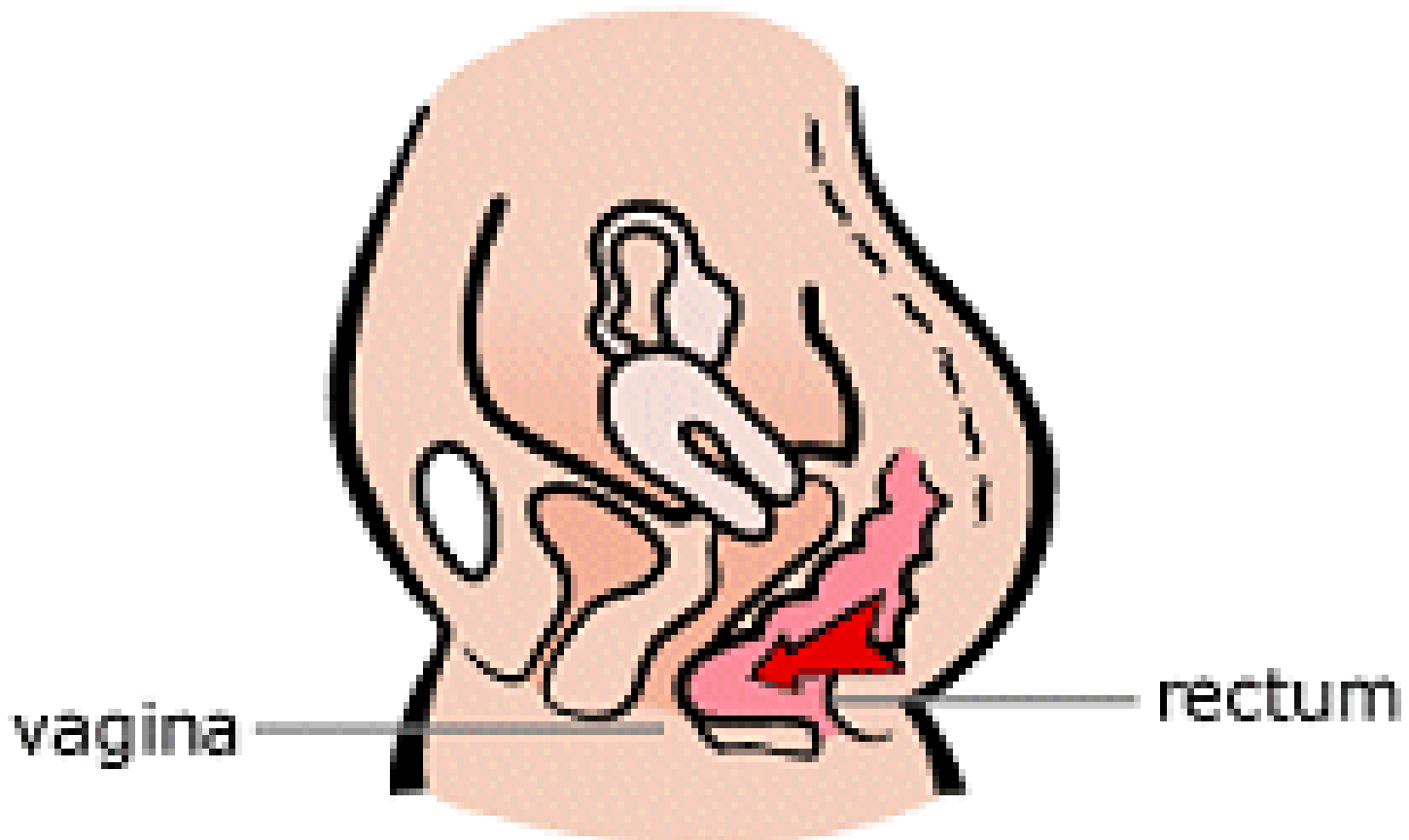
**R** estricted mobility

**S** tool impaction

# Constipation and incontinence

## Rectocele

*Rectum bulges into vagina.*



# What can we do?

- Evaluation (Incontinence Clinic)
- Relieve constipation
  - review medications
  - drink enough fluid
- Review diet
  - avoid coffee, tea, carbonated soft drinks, artificial sweeteners, chocolate, tomatoes, hot spices

# What can we do?



- **Scheduled Toileting**

- Picture of bathroom or the word “bathroom” on door
- Use simple words or verbal cues
- Avoid complicated phrases
- Hold out hand and pleasantly say “come with me”
- Stay with routine ( every 2 hours while awake)
- Don’t hurry
- Simple clothing
- A lot of cues

# Where to get more help

- Caregiver Support Groups
- Alzheimer's Association
- Educational support at the Memory Clinic
  - Jen Mason
  - Joan Krason
  - Marina Tompkins
- Incontinence Clinic (Beacham Clinic)
  - Jane Marks