

MIND AT REST
RESEARCH LAB



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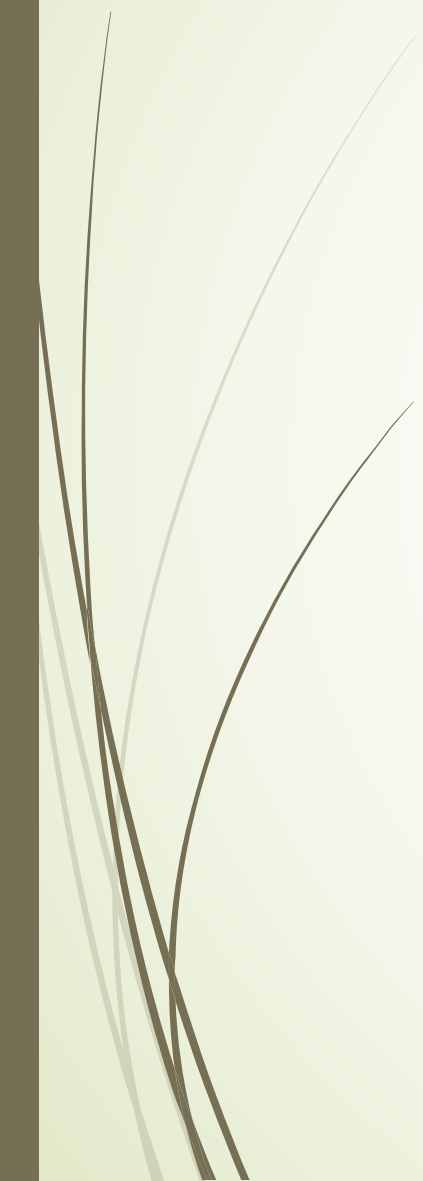
*Testing a Dyadic Sleep
Intervention for Persons Living
With Cognitive Impairment and
Their Care Partners*



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Objectives

- Discuss why dyadic research to address sleep disturbance among persons living with cognitive impairment and their caregivers is needed
 - Describe quantitatively how the sleep of persons living with cognitive impairment and caregivers change after completing a 4-session cognitive behavioral therapy for insomnia (CBTi) intervention
 - Discuss some research implications based on the conclusions of the study
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Prevalence and Repercussions of Sleep Disturbance

Sleep disturbance

- Fragmented sleep-wake patterns
- Longer wake after sleep onset
- Greater numbers of nightly and early awakenings

Caregivers

- Up to 90%

Persons living with Cognitive Impairment

- Up to 71%

Both

- Depressive symptoms
- Quality of life

Caregiver

- Increased burden

Persons living with Cognitive Impairment

- Earlier placement into residential care



Interventions to address Sleep Disturbance

- Pharmacological
 - Benzodiazepines
 - Non-Benzodiazepines
- Potential Side Effects
- Caregivers' hesitance to use

Non-Pharmacological

- Meditation
- Exercise
- Bright Light
- Cognitive Behavioral Therapy for Insomnia



Cognitive Behavioral Therapy for Insomnia

➤ Behavioral Factors

- Spending excessive time in bed
- Daytime napping
- Irregular sleep-wake schedules

Cognitive Factors

- Excessive concern over sleep loss
- Rumination about the daytime effects of poor sleep

Cognitive impairment specific issues for the dyad



Cognitive Behavioral Therapy for Insomnia

Components

- Relaxation
- Sleep Consolidation
- Stimulus Control
- Sleep Hygiene
- Cognitive Therapy
- Pleasant Activities
- Having a set wake-time

Number of sessions

- 4-16

Order of delivery

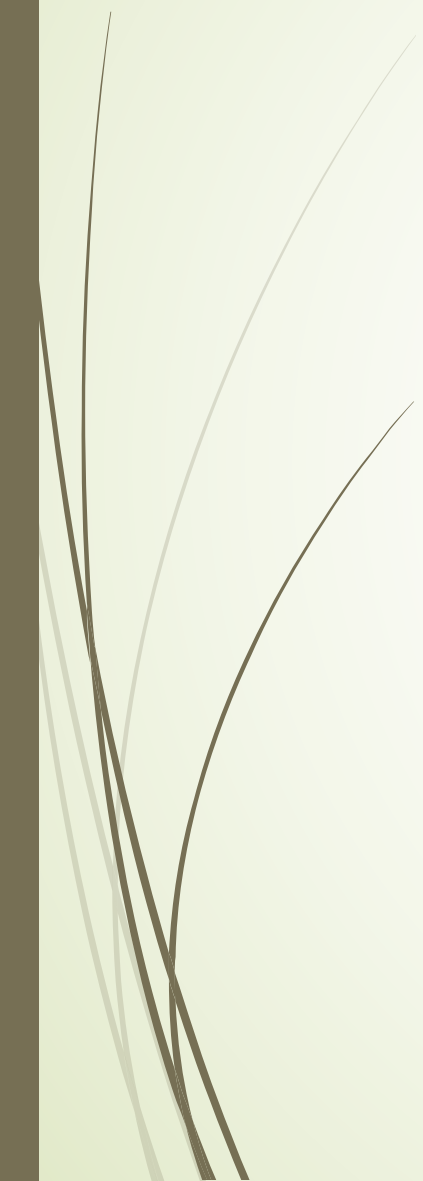
- How the techniques are taught

Mode of delivery

- In-person vs teleconference
- Individual vs partner



Aim

- ▶ For persons living with cognitive impairment and their caregivers, evaluate the feasibility, acceptability, and preliminary efficacy of a 4-session CBTi intervention delivered via video-conferencing
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Measures/Procedures/Analyses

- Demographics

- Sleep

- Epworth Sleepiness Scale

- Insomnia Severity Index

- Pittsburgh Sleep Quality Index

- Data collection
 - Three time points: baseline, 1 week and 3 months post-intervention
- Intervention visits
- Descriptives
- Baseline and post-intervention differences using Chi-square or t-tests

Results: Demographics

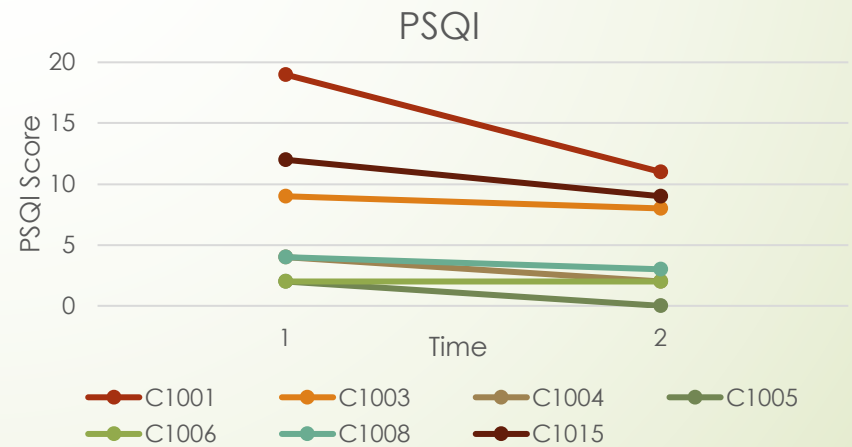
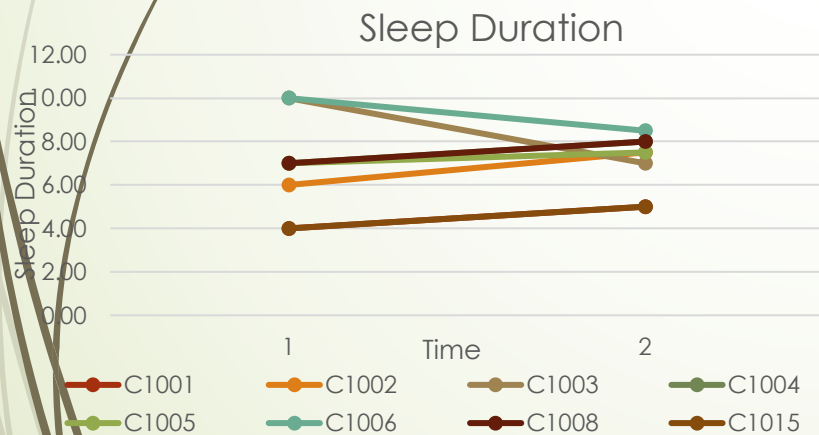
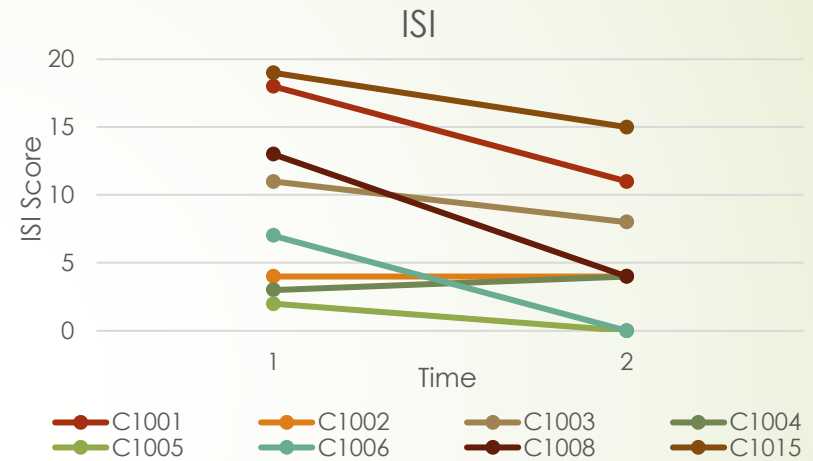
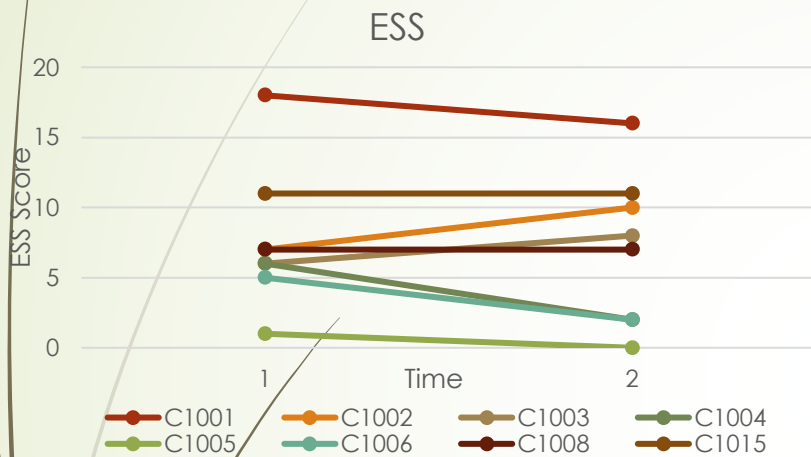
Caregivers

- Age: 71.25 years
- Gender: 100% female
- Education: Average 19 years
- Employed: 1
- Race
 - White/Black: 4 each
- Relationship: 100% spouses
- Years of caregiving
 - Range from 1 year to 12 years

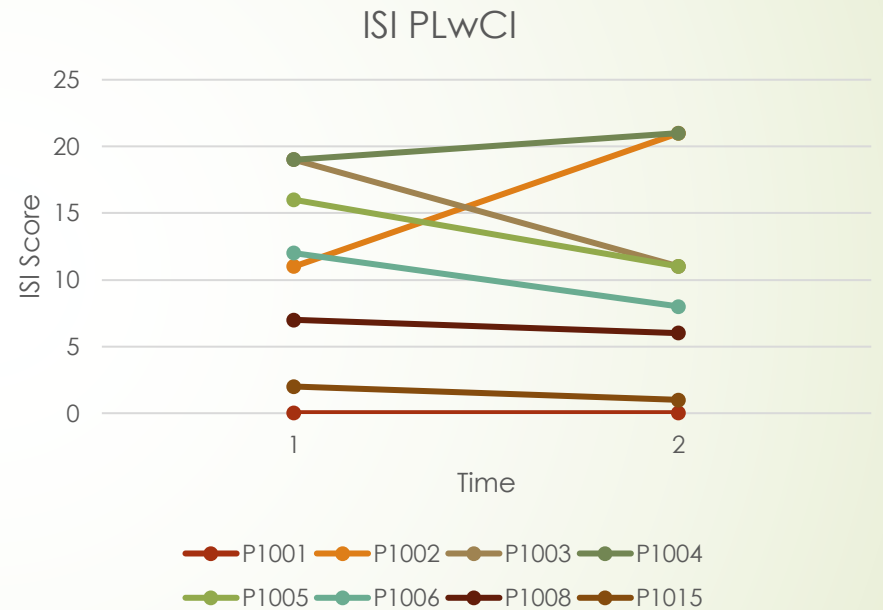
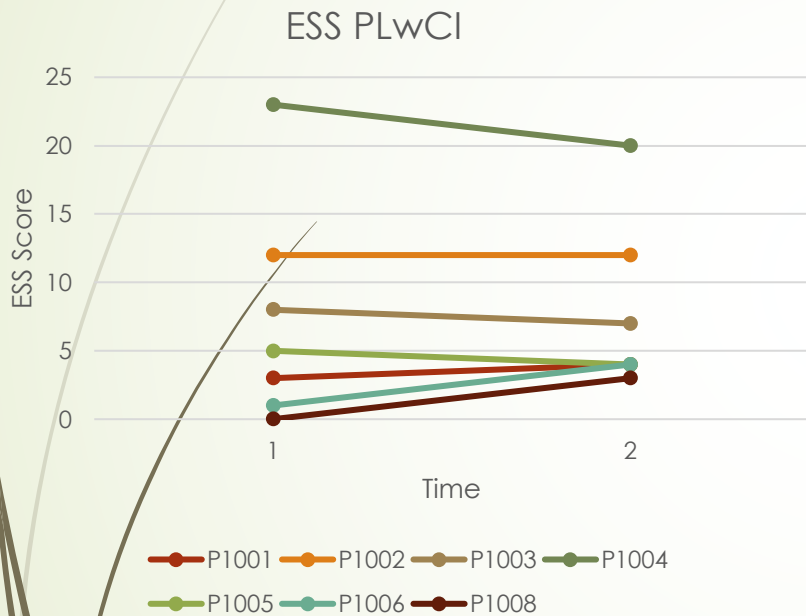
PlwCI

- Age: 75.75 years
- Gender: 100% male
- Education: 18.75 years
- Race:
 - Black/White: 4 each

Results: Sleep Outcomes across Caregivers



Results: Sleep Outcomes by PLwCI





Conclusion

- Most individuals reported an improvement in insomnia and daytime sleepiness symptoms
- Points to consider
 - Who is completing the diaries and questionnaires
 - The cognitive ability of the person living with dementia and level of participation in the sessions
 - Wearing the watches and lost devices
 - Inclusion and Exclusion Criteria

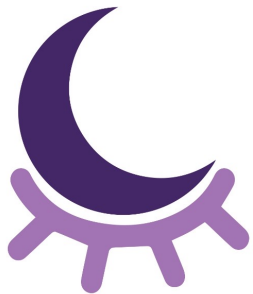
RESEARCH IMPLICATIONS

- Persons living with cognitive impairment and their care partners can work together to complete behavioral recommendations to improve their sleep pattern
- Upon realizing that there is sleep disturbance within a family living with cognitive impairment, geriatricians, gerontological and family nurse practitioners and other providers who interact with families living with dementia should refer to or suggest clinical and behavioral sleep medicine providers for further evaluations
- Behavioral sleep medicine providers should integrate partners and assess outcomes for both in sessions with caregivers or persons living with cognitive impairment

Acknowledgement and Thank you

- National Hartford Center of Gerontological Nursing Excellence
- National Institute on Aging (K23AG070378)
- Research Supplement to Promote Diversity in Health-Related Research (R01AG054079; R01AG039495)
- Alzheimer's Association (AARDG-643440)
- Programs to Increase Diversity Among Individuals Engaged in Behavioral and Sleep Medicine Research (R25HL105444)
- Goizueta ADRC Pilot Grant (P50AG025688)
- Nell Hodgson Woodruff School of Nursing (P30NR018090)

Persons living with cognitive impairment and their care partners/ caregivers



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