CaringKind Helpline 646-744-2900   caringkindnyc.org

A Virtual Manual for
Nine Ways to Better Sleep

For dementia caregivers, and anyone who dreams for a healthier future.

Introduction

Sleep is mysterious.

If you are thirty years old, you have been sleeping for about ten years. At age fifty, more than fifteen years. By seventy-five, you’ve racked up a quarter century of sleep. And more than 200,000 hours. How much do you remember about what happened to you as you slept all those years? And how much did you control the time you were asleep? Maybe more than you think you could.

You’ve made a good start by enlisting in 9 Ways to Better Sleep. There are several ways to use this manual and participate in the other parts of the program.

You may want to begin by reading all the way through the 9 Ways sections (Table of Contents below).

Here’s a brief outline: The first section is a gentle exercise in self-assessing your current slumber habits and choices. (No one but you will see this.) Then ask yourself how well they are serving you. Your answer will help you consider dozens of lifestyle choices in five evidence-based texts to improve the quantity and quality of your sleep. The last sections are about how to deal with two serious problems, obstructive sleep apnea and late-night awakenings.

Looking for slightly lighter fare to start? Try One night in the realm of healthy sleep. It’s an illustrated brief article about the stages of normal sleep, and the benefits it bestows your mind and body. Also on the light side, note the occasional appearances of our virtual mascot chosen not because cats live the fabled nine lives but because they are super sleepers. They are like us. Vulnerable to a variation of Alzheimer’s disease. Soothed by warm milk as some of us are. And recently, cats have participated in successful COVID research.
Additionally, The Full Sleep Program welcomes you to participate with others in a live Zoom presentation. A trained volunteer leads the session with slides and an evidence-based 20-minute lecture covering the material in this manual with different media. When it concludes, participants unmute if they wish to make comments and share personal sleep experiences. When applicable, the leader (not a professional health provider) directs participants to relevant sources in the manual.

For the Live Sleep Program, contact: CaringKind: 646-744-2900 https://caringkindnyc.org/

Selected Slides from the presentation “Nine Ways to Better Sleep”

“You’ve got to start somewhere, I always say.”

Now, get going, eyes wide open.
Assess your sleep habits (below)

Test to ensure they’re working.

Learn how much sleep you need.

Choose start/stop times.

Prep your bedroom.

Get moving today.

Eat, drink, pause, and sleep.

Avoid an apnea nightmare.

Deal with unwelcome awakenings.

Read One night in the realm of healthy sleep.
Click here to “Not your usual sources list”
Watch “Awakening” video from a former caregiver.

After you explore this manual, please take a brief survey

Step 1. Assess your sleep habits.

Please make a brief mental list about what you do to help you to sleep well. Perhaps it’s something you do in the morning to set yourself up for bedtime. Or late-night movies… A cool bedroom…. Warm blanket…. Nightcap…. Prayer, Meditation… Quiet music…. Eating a particular diet, new or old…. Online connections….

If you are a dementia caregiver, try to recognize how your sleep habits/options/choices have morphed since the early months of the pandemic. In one 2020 poll taken then, a third of people caring for someone with Alzheimer’s at home ranked sleep as their greatest stressor. Following closely behind were “Super alert.” Difficulty in concentrating. Anger. Some of these symptoms may be familiar to you, perhaps rendering old bedtime strategies obsolete. A prayer you still use? What’s new? Maybe long daytime naps to make up for multiple awakenings in the night?

Step 2. Do they work?

Now ask yourself if your habits are providing you with great sleep. The questions below may help you recognize opportunities to try some lifestyle changes and dodge serious risks.

Does it take a long time for you to get to sleep? In one study of 28 subjects who were monitored for a total of 118 nights, the average was about 13 minutes between going to bed and starting to sleep—what researchers call sleep latency. But the researchers cautioned that results varied widely among participants, and were “not very accurate for individual subjects.” Translation: your “long time” may be shorter or
longer than average. But if worrying about latency is keeping you from sleeping, it’s probably too long.

- **Do you wake up often late in the night? And then you can’t get back to sleep?** You’ll find ways to help control unwanted awakenings later in this manual. Or go there now.

- **Do you go to bed and wake up at about the same times?** This is actually a good idea. We’ll bring it up later in the manual.

- **Do you snore? Or does your bed partner report that you stop breathing for more than 10 seconds and then snort or gasp?** If so, please jump now to information about obstructive sleep apnea. You may need to seek medical help to lower some serious health risks: Heart attack. High blood pressure. Glaucoma, an eye condition that if not recognized can cause irreversible blindness. Maybe even raise the risk of Alzheimer’s.

- **Are you often drowsy during the day?** The cause might be sleep apnea. Or that today’s weary awakening is the consequence of yesterday’s outworn habits.

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**Step 3. How much sleep do you need?**

“I didn’t get enough sleep last night.”

That’s a common complaint. But what’s enough? Here’s where to find out in detailed recommendations from the National Sleep Foundation about different normal ranges of hours for different ages.

There are interesting messages in the numbers. In the course of our lives, we naturally get less and less sleep. We start our lives as newborns (0-3 months old) needing between 14 to 17 hours a day. Beginning at age 65, the recommendation drops to 7 to 8 hours.

What causes the change? “There’s an elephant in the room,” says Ricardo M. Osorio, MD, at The Center for Sleep and Brain Health, New York University, in New York City. “Aging beats everything. We don’t sleep as well as we did in our 40s or 30s or when we were children.”

**Among other reasons**, over years our bodies produce less and less natural hormones like melatonin—a natural time-keeper that induces sleep and directs sleep-wake changes from daylight to darkness.

But quantity is just part of the story, according to Andrew W. Varga, MD, Ph.D., at the Mount Sinai Integrative Sleep Center in New York City.
“Sleeping consistently day in and day out less than six hours is probably deleterious,” he says. “But sleep is all about quantity and quality. If you have any sleep impairment, particularly apnea, all of this is going to massively impact the quality. You need to get that addressed.”

Much of the next set of strategies is about searching for the sweet spot of healthy duration/quantity and quality.

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**Step 4. Choose start/stop times.**

*Consistency is good medicine* for sleep problems. Your body and brain perform best and determine how well you sleep when you maintain a fairly uniform schedule. Preferably every day.

And one way to bring consistency into your life is to decide when to wake up. Then set up a device, perhaps your phone, to begin your day with soft sounds. Music…. Bird songs…. The comforting voice of a guided meditation… Probably not breaking news. Your choice of wake-up time will define the one precise moment you control in your day.

You have partial but significant control over other moments. Choosing a time for walking. Basking in the sun (with appropriate sunscreen)—bright light punches into your internal clock to register that it’s not the right time to sleep. Time for meals and snacks. Even regular trips to the bathroom—to avoid having to go as often during the night.

You can also partially control when you go to sleep. Do the math. Let’s say you decide to wake up at 7 AM. And you want to get 8 hours of high-quality sleep. Your go-to-bed goal is about 11 pm.

The numbers and arithmetic are worth considering. But caregiving isn’t doing the math. For many caregivers, consistency is an impossible dream—collateral caused by dementia. If your life is inconsistent, even chaotic, it’s not your fault. You can still aim high. But don’t blame yourself if you fall.

The next step is much easier.

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Step 5. Prep your bedroom for sleep.

You can begin getting ready for sleeping as soon as you wake up in the morning. Or any time of day. If possible, treat the bedroom as a refuge and rest, and the bed as the centerpiece. Almost sacred. Keep the space clean and uncluttered, especially at bedtime.

Welcome sunshine, and cool dark nights. By night, make sure shades or curtains in your bedroom block almost all outside light and sound from penetrating your almost sacred sleep space. A change of light from bright to dark sends a signal to your body that it’s time to sleep. So does a change in temperature. The Sleep Foundation recommends setting your thermostat to between 60 to 67 degrees Fahrenheit. It’s a good idea to experiment with other settings.

But do make sure that the trail in the night from bed to your bathroom is always safe, with adequate lighting. Consider using red night lights close to the floor. And remove carpet wrinkles and children’s toys.

Will all or any of this work for you? The best test of how well you meet your needs for quantity and quality of sleep is simple. It’s how you feel the day after. Are you ready to get moving—or need a short nap? Both are better done earlier in the day.


During the pandemic, health providers discovered a dangerous side effect. One exercise trainer told us, “Sitting is the new cigarette.” Excessive inactivity threatens your heart and brain health, perhaps as much as smoking does. Both lifestyle habits hijack sleep.

If you spend hours sitting, get up and move often. It may start as easy as walking around in your home. Then get out—both of you, if you are a caregiver—for bigger rewards.

Brisk walking outside boosts overall physical and emotional wellbeing. It lowers blood pressure and stress, and sharpens your thinking. Aim for at least three times a week, unless your doctor suggests other ways for healthy activities.

Research suggests that besides cardiovascular workouts like running, sleep improves with slower exercises, for flexibility, balance, coordination, and even meditative movements such as Tai Chi.
Whether it’s slow or intense, exercise enhances the deep-sleep moments you need every night to protect and store memories. Just a caution. It’s best to schedule strenuous exercise many hours before bedtime. Ditto for daytime naps, best completed before 3 pm to avoid competing with your later and longer slumber.

Your choices for dinner, alcoholic libations and nightcaps is a little more complicated.

**Step 7. Eat, drink, pause, and sleep.**

Starting in the morning, *avoid excess caffeine* in coffee. And limit high-sugar-high-caffeine energy drinks. Later in the day, stop eating dinner and drinking alcohol two to three hours before going to bed. As if this doesn’t sound bossy enough, instead of a nightcap to soothe yourself to sleep, drink a glass of warm milk.

It may be asking a lot from you. But the dinner you eat or a late-night **snack can disrupt the early stage of slumber**. And **alcohol fools you**. It *does* draw you to a deep stage. But it leaves you with unsettled slumber a few hours later, and groggy mornings.

Why milk? Because it contains a healthy dose of **tryptophan**—that’s pronounced TRIP-tuh-fin. It’s an essential building block of proteins and increases sleep time and quality. Milk is one of the best sources, followed in order by canned tuna, turkey and chicken.

By the way, milk helps cats reduce anxiety.

What you eat and drink is a backdrop for the serious health risk that’s often ignored.

**Step 8. Avoid an apnea nightmare.**

“Apnea” means a cessation of breathing. It’s extraordinarily common in people over 60 years old. Untreated, it’s dangerous. Obstructive sleep apnea (OSA) can cause glaucoma, diabetes, high blood pressure, heart attack and strokes. **It may raise the risk of Alzheimer’s**. But many live with it without being treated.

If they share a bed, a partner can become a crucial source of help by **recognizing the symptoms**.
They are not subtle. Snoring shuts down abruptly. Breathing ceases, ten seconds of silence or more. And then it resumes with gasping or choking. In severe cases, the cycle repeats more than 30 times an hour. If you sleep alone, the symptoms during the day may signal the danger. Morning headaches. Continual sleepiness. In older adults, research indicates that frequent nighttime urination is often a symptom of OSA and may be more common than snoring or gasping, according to Brienne Miner, MD, MHS at the Yale School of Medicine. “If you’re experiencing it at least three times a night, you should talk to your doctor about whether a sleep study to look for OSA might be appropriate,” she says.

The good news is that you can avoid the risks by making lifestyle changes. Stop smoking. Drink alcohol moderately or not at all. If you are overweight, consider a heart-healthy menu, something like the Mediterranean diet. If you are diagnosed, your doctor may prescribe a Continuous Positive Airway Pressure (CPAP) machine. By night, it supplies a steady flow of air through a flexible tube and face mask to keep your throat open. It can improve a relationship with a sleep partner. And it may save a life.

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**Step 9. Awakening**

It happens often with dementia caregivers and the people they care for. Awakenings invade multiple times in the night, a series of restless naps.

Whether or not you are a caregiver, here’s what to do if this is a persistent problem.

First, connect with a physician or other health provider—not just to request sleeping pills. Ask questions. Discuss the pros and cons of over-the-counter remedies. Talk about what might be the cause. Abnormal movement during sleep? Apnea? Lifestyle? Are you, or the person you care for, potential subjects for an overnight sleep lab examination? And if you actually do receive a prescription, ask about side effects and interactions with other medications you take.

Here are some do-it-yourself home options for trail-and-error ways to take care of yourself or someone you love. Practice a **consistent bedtime routine**. Go to the bathroom at a set time before bed, wash hands and brush teeth. If you’re a caregiver, in bed provide a gentle back massage with slow strokes. Talk quietly about relaxing different groups of muscles.

Later, if you or someone with you awakens and stays awake for more than 20 minutes, get up. Move to a chair or, if possible, to another room.
Talk quietly or play soft music. Pray. Or listen to a guided meditation. Yawning, eyes closing, slight weariness are signals of sleepiness. Restart the nightly routine, like teeth brushing.

Go back to bed. It’s often true that there’s time for a long and restful nap before dawn.

**End of Steps**

*May your sleep bring you serenity, courage and wisdom.*

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The realm of sleep has consistent borders. But the roadmap of your sleep is not a straight line. Imagine it’s like the heights and depths of a mountain range.

We all know how the trip starts and stops. You begin and end—awake. In between, in a typically healthy night, you travel through several similar cycles or patterns. Each cycle lasts about an hour and a half. And each leads you from the mountain peak to the valley and back up again.

Within each up-down cycle, you pass through several stages. Early in a cycle, you enter and leave light sleep on the way down to the deepest stage. You’re unaware that brain cells are especially busy here. Some are flushing out potentially dangerous debris in the tiny rivers of fluid in your brain. Your body makes growth hormone here to maintain health and strength, and make you feel good in the morning.

The work in the valley also includes processing new memories. Like a letter you got yesterday… the directions to a new destination…. You’re unlikely to remember any dreams from this stage.

You are likely to remember more dreams near the end of your sleep trip. Maybe that’s when you count the sheep you see near the finale of the last of the five cycles on the illustration from left to right.

The stage is called random eye movement, REM sleep. You began to show your parents that you were in REM sleep in the earliest days of your life. They saw the quick eye movements. The twitching. As if you were experiencing images of your mom’s face.

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Not Your Usual Sources List. Get Clicking.

The material below is more than the usual list of references in book and journal articles to indicate due diligence from authors. Imagine that every click you make is the sound of a key opening additional, reliable information to help you sleep better.

Below, you’ll see links to some of the articles underlying this session and manual. Each will give you a few quoted words, the name of the journal in italics, the article title in quotes, the primary researcher and the date of publication. Many of the articles are free. Many charge to read or download.

We recommend *The Sleep Solution* by W. Chris Winter. Amazon offers generous free samples from the book’s pages.

We learned about the association between sleep and Alzheimer’s from sleep experts and researchers Andrew W. Varga, M.D. and Ricardo J. Osorio, M.D. in an interview. You can find more information from an easy-read report “Sleeping Too Little in Middle Age May Increase Dementia Risk, Study Finds” in *The New York Times* here: [https://www.nytimes.com/2021/04/20/health/sleep-dementia-risk.html](https://www.nytimes.com/2021/04/20/health/sleep-dementia-risk.html). (This link may not be available without a subscription.) For a deep dive into the topic, click on this link [https://www.nature.com/articles/s41467-021-22354-2.pdf](https://www.nature.com/articles/s41467-021-22354-2.pdf) to explore a primary source in the journal *Nature*.

For a lecture Dr. Varga created for physicians, try some of this YouTube from 2019: [https://www.youtube.com/watch?v=GLawoAFjowQ](https://www.youtube.com/watch?v=GLawoAFjowQ). If nothing else, you will see evidence that sleep is not a straight line, its heights and valleys can be measured and viewed as a kind of signature, and that important memories are stored while we sleep.

**Nine Steps in order:**

1. **Your Habits** and 2. **Do they work?**

“The Pittsburgh Sleep Quality Index (PSQI) is recommended in independent reviews because it has accumulated a substantial amount of research evidence.” With difficulty, you can find short versions of this respected test, created in 1988 for professionals, online at home. A better idea would be to ask a nurse or doctor to administer it to you as a starting point for assessing the quality of your rest, particularly if you are a caregiver. Click here for an overview:

[https://en.wikipedia.org/wiki/Pittsburgh_Sleep_Quality_Index](https://en.wikipedia.org/wiki/Pittsburgh_Sleep_Quality_Index)

Go back to “Do they work?”
3. How much do you need?

“…Relative to age-matched control non-caregiver adults, caregivers had lower sleep durations akin to losing 2.42 to 3.50 hours each week.” JAMA Network Open, “Sleep duration and sleep quality in caregivers of patients with dementia, a systematic review and meta-analysis,” Chenlu Gao, 2019. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2748661

4. Chose when to start and stop.
“It’s close to impossible for your body to get accustomed to a healthy sleep routine if you’re constantly waking up at different times. Pick a wake-up time and stick with it, even on weekends.” I Sleep Foundation, “Healthy Sleep Tips,” Eric Suni, updated 2020. https://www.sleepfoundation.org/sleep-hygiene/healthy-sleep-tips

“Go to sleep and get up at the same time each day, even on weekends or when you are traveling.” National Institute on Aging (NIA), “A good night’s sleep,” author unknown, 2020. https://www.nia.nih.gov/health/good-nights-sleep#alzheimers.

5. Prep your bedroom for sleep. Refuge.


“…most satisfactory temperature for sleeping” is 73 degrees Fahrenheit in another study. Science and Technology for the Built Environment, “Investigation of sleep quality under different
temperatures…,” Zhiwei Lian, 2012.
https://www.tandfonline.com/doi/abs/10.1080/10789669.2012.667037

“Many forms of exercise, including both acute and regular exercise as well as both aerobic and resistance training improve subjective sleep quality.” Neurobiology of Disease, “Effects of Exercise on Sleep in Neurodegenerative Disease,” Adeel A. Memon, 2020.

7. Eat, drink, pause, sleep.
“… Indeed, food intake near the sleeping period (dinner and late-night snack) was negatively associated with sleep quality.” Journal of Clinical Sleep Medicine, “Relationship between Food Intake and Sleep Pattern in Healthy Individuals,” Cibele Aparecida Crispim, 2011.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3227713/

“The relationship between dietary intake and sleep has gained considerable scientific attention in recent years….” For example, improvements in sleep time and efficiency have been identified following the consumption of tryptophan. Nutrients, “Effects of Diet on Sleep: A Narrative Review,” Hannah Blinks, 2020.

“Tryptophan can be found in the following foods….” NOURISH by WebMD, “Top Foods High in Tryptophan,” reviewed by Dan Brennan, MD, 2020.
https://www.webmd.com/diet/foods-high-in-tryptophan#2

“Poor sleep quality is prevalent among young women. Young women with poor sleep quality should consider their sugary caffeine use to determine if it may be associated with their sleep.” Sleep Health, “Dietary behaviors and poor sleep quality among young adult women: watch that sugary caffeine,” Deborah Rohm Young, 2020.

About alcohol: “In the second half of the night, sleep is disrupted…followed by a period of poor quality…downward spiral…daytime sleepiness…self-treated with caffeine…requiring
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5821259/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5821259/)

8. **Avoid an apnea nightmare.**

“Generally, symptoms of OSA [Obstructive Sleep Apnea] begin insidiously and are often present for years before the patient is referred for evaluation…. [Daytime symptoms for solo sleepers:] Excessive daytime sleepiness that usually begins during quiet activities (e.g., reading, watching television); as the severity worsens, patients begin to feel sleepy during activities that generally require alertness (eg, school, work, driving)…. [Diagnosis:] An overnight sleep study, or polysomnography, is required to diagnose OSA.”


“This longitudinal study shows that obstructive sleep apnea, very common in elderly, can be a risk factor for developing Alzheimer’s disease.” *American Journal of Respiratory and Critical Care Medicine,* “Obstructive Sleep Apnea Severity Affects Amyloid Burden in Cognitively Normal Elderly: A Longevity Study,” Ram A. Sharma, 2017.  
[OSAalz](https://www.atsjournals.org/doi/full/10.1164/rccm.201704-0704OC)

 “…older adults with OSA are more likely to present with nocturia and daytime sleepiness than snoring and witnessed apneas.” *Sleep Medicine Clinics,* “Sleep in the Aging Population.” Brienne Miner, 2017. This article may be purchased for about $25.  

9. **Awakening.**

“Bedtime routines have been shown to support the body’s circadian rhythm, which is the natural process that controls the sleep-wake cycle.” …“If the individual cannot return to sleep within approximately 15 to 20 minutes, get the individual out of bed, and restart the bedtime routine when the individual shows signs of being sleepy…. If the sleep disturbances continue, talk to the individual’s physician to rule out underlying conditions, such as sleep apnea or restless leg syndrome....”  
*Archives of Physical Medicine and Rehabilitation,* “Managing sleep for individuals with dementia: A
“The two of us were close to crashing,” American Thoracic Society, “Awakening: A Dementia Caregiver’s Story about Sleep,” a speech for the American Thoracic Society Convention in May, 2021, by Gurney Williams, board member of CaringKind, 2021. 

Cat Fact Research


Data from 1995 indicated that over half of the elderly cats slept 50 to 75% of the days. That is 12-18 hours per day. Veterinary Sciences, “Prevalence of disease and age-related behavioral changes in cats: past and present,” Loren Sordo, 2020.
https://www.mdpi.com/2306-7381/7/3/85


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Return to lighter fare
Here’s how to give us feedback or volunteer for sleep research

Click on this link to lead you to several options: Take a brief survey… Register yourself in a roster of volunteers willing to help researchers expand our understanding of sleep… Give us candid feedback in your own words….. By choosing any or all of these options, you will contribute information that may help many people in years to come. Thank you!

This manual is dedicated to the volunteer church parishioners, priests and others who have supported CaringKind’s creation of this manual. The sleep session—and others on different topics—have sometimes begun with this Serenity Prayer:

God, grant me the serenity
to accept the things I cannot change,
the courage to change what I can,
and the wisdom to know the difference.

End

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