activities such as hanging out the washing and bringing clothes in off the line. One resident who used to be a dressmaker enjoys going into the sewing nook to feel the fabrics. Her granddaughter commented to staff that she is able to talk with her grandmother about the fabrics even though she is now unable to sew.

Staff have reported that the nooks are helpful for supporting residents who are experiencing distress or disorientation; the objects and activities in the nooks can help people focus and relieve anxiety. People experiencing distress or disorientation can be taken to a nook and given an appropriate object or activity to ground them.

The people with dementia at Jesmond Grove are now far more active than they were before Nostalgic Pathways. They can now be found outside in the backyard, where they round up the chooks and cover the coop. Many of the residents of the hostel are avid gardeners, and have planted strawberries in the new raised garden beds. People are often busy tinkering in the small work shed or in the car, while other residents bring in the washing. The home is alive with motion and activity.

Consultation continues with residents, family members and staff to create other relevant nooks. Lawn bowls to clean, polish and reminisce with have been considered, as has a crossword corner with large print crosswords for more than one resident to do together. The hostel is also proposing activities for the shed that have tangible goals for residents could complete, such as an instruction card to make a small table, as well as the appropriate tools to do it. As new residents enter the facility and their past occupations and hobbies are identified, nooks will be created in line with their individual interests.

Nostalgic Pathways has been covered by NBN News and an article about the project was published in the September 2011 Hunter New England Health Health Matters publication. Observation data has been collected by Newcastle University students and other partners in the project which shows marked changes in resident behavior and activity since the nooks were developed and implemented. Their results showed very positive outcomes for residents, and were presented at the Allied Health Clinical Innovation and Research in Aged Health conference on 3 July 2011.

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TALKING POINT

Dementia doesn’t cause ‘sundowning’ – we do

I recently had the pleasure of visiting with a woman at our care home who experiences frequent distress in the late afternoon. I was immediately struck by the connection of her anxiety and desire to leave with a lot of change-of-shift activity. This leads me to suggest a larger discussion about the whole concept of what we call ‘sundowning’.

There has been much discussion and debate about the late-day distress that many have termed the ‘sundown syndrome’. The prevailing medical view is that it is a consequence of brain changes associated with dementia. Many also feel that environmental cues can exacerbate the condition. I am going to suggest that perhaps this view “puts the cart before the horse”. More and more, I have come to see the sundown syndrome as a classic example of what Dr Tom Kitwood called “positioning”, meaning that we blame the distress on the disease, rather than looking for other factors.

Consider this scenario: Whenever I teach a three-day Eden Alternative course, I can guarantee that around 2-3pm, some of the people in the class will get up, walk around a bit or stand for a while. They are usually nurses and personal care aides. Are they ‘sundowning’? Agitated? Of course not. Most day shift nurses and aides work from 6 or 7am till 2:30 or 3:30, and they are on their feet most of the day. But I take them away to this course and shift their workday to an 8-5 schedule and make them sit most of the day. I force people into a rhythm that is different from their usual pattern, and by mid-afternoon, their bodies start to rebel.

I suppose I could shift the class to 6am-9pm and create more opportunities for walking around, but instead I schedule it around my own work needs and I usually get so caught up in the process that I don’t think to get people moving around more. Does any of this sound familiar? Welcome to long-term care.

I am going to suggest an alternate idea. Dementia does not cause ‘sundowning’ – we do. Dementia simply ‘fans the flames’ by making people (1) more sensitive to their environment, (2) more easily fatigued, and (3) less able to cope with having their biorhythms shifted into artificial schedules that better suit our care home operations. This is a small distinction, but a very important one. Here’s why: We cannot cure dementia, but we can cure almost all cases of ‘sundowning’ without medication, by shifting operational patterns and staff behaviour.

Still not convinced? Ann Wyatt and Teno Alonzo of the New York City Alzheimer’s Association have written in their recent newsletter of how Beatitudes, a care home in Phoenix, Arizona shifted operations and staff behaviour, with overwhelmingly positive results. The home had already begun to implement a philosophy where achieving comfort was the overall staff goal. As Ann and Teno explain, “This comfort philosophy was not about an end-of-life focus, but rather about meeting the needs of people with dementia the way they would do for themselves if they were able.” This was a big change as it meant stepping away from established schedules and routines, to embrace the routine of the individual with dementia. The team observed everyone on the unit between the hours of 2:30pm and 9pm. They saw that many residents looked tired or frazzled, and wondered if they would be more comfortable if they were to lie down and rest. These rest periods were not necessarily convenient for staff, and some found it challenging at first, but the team decided that whenever someone looked tired, no matter when it occurred, even during mealtimes or an activity, they would assist the person to rest in a comfortable chair, on their bed, or in bed if preferred. This was very successful. As residents started to sleep when they were tired and wake when rested, they were happier and needed less psychotropic medication.

Staff then went on to address the noisy and chaotic atmosphere on the unit, especially just before the evening shift change. As Ann and Teno comment, “It can be easy to forget that being confused and unable to make sense out of the environment can be extremely tiring for the person with Alzheimer’s, and over-stimulation makes this worse.” Staff were amazed that making comfort the goal of everything had such a positive impact on the residents and on themselves. With a quieter environment and the ‘rest as needed’ policy, the home has been virtually ‘sundown-free’ for 14 years and has eliminated almost all of its psychotropic medication as well.

I would encourage you to share this information with your teams and begin to look at how we might be able to create a more natural experience that honours the individual rhythms of our elders. This is powerful stuff, and a great example of how culture change improves not only quality of life, but clinical care as well.

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