

When the sun goes down

The 2015 horror film “The Visit” gives the Hollywood treatment to sundowning. An impostor grandmother is seen running the halls, scratching the walls and vomiting, terrorizing two children in the home.

A little exaggerated, says [Courtney McFarlin, PA](#), an OSF HealthCare internal medicine provider who specializes in geriatrics. But she says sundowning is an all too real experience for some older adults.

What is sundowning?

McFarlin explains that sundowning is not a medical condition, but rather a way to describe behavior seen at night. It’s triggered by a disruption in your circadian rhythm.

“That’s our body’s natural, 24-hour sleep/wake cycle,” McFarlin says. “It’s regulated by the hypothalamus in the brain. Based on daylight and darkness, it tells our body to be alert during the day. And it helps us settle down in the evening to want to go to sleep.”

Many things can disrupt your circadian rhythm, like illness, stress, artificial light and genetic factors. But McFarlin says sundowning is most often seen in older adults with dementia and similar disorders like Parkinson’s disease and Huntington’s disease. Chronic alcohol use can also bring about sundowning.

What does sundowning look like? McFarlin says the person may be agitated, have mood changes and pace around. They may not want to go to sleep. And the person may even physically lash out at others.

“Reports and research have shown that it’s most common when people are in mild or moderate stages [of dementia],” McFarlin says. “You would think as one progresses with dementia, it would get worse. But it actually improves a little bit.”

How to help

McFarlin says caregivers of older adults often come to her with a plea: help us do something about my loved one’s nighttime behavior. The caregivers are sometimes awake through the night keeping an eye on things, leading to sluggishness, crankiness and other issues during their workday.

First, McFarlin reminds you that support groups exist – if not in-person in your community, then online – for caregivers of older adults. But for medicinal aids, McFarlin says melatonin is a good first option.

“It’s a natural hormone that our body produces that helps aid in sleep,” she says.

McFarlin adds that studies have found decreased levels of melatonin in older adults with or without dementia.

Serotonin-based medications, hypnotics and anti-anxiety medications can also help. Paxil, Prozac, Seroquel, Risperdal and Haldol are common brand names. Talk to your health care provider or a sleep specialist if you have questions about these medicines.

Something to strike from your loved one’s routine: long naps.

“It’s suggested that a less than three-hour naptime schedule is advised,” McFarlin says. “If I find my patients are napping quite a bit, I’ll encourage them to take less naps.”

Other sleep hygiene tips:

- Make your home’s lighting natural: bright during the day, darker as night approaches and dark at night.
- Make the bed the place to sleep. Do other activities like looking at screens in another room, and don’t look at screens right before bedtime.
- Get into a routine by going to sleep and waking up at around the same time each day. And make the sleep and wake times normal, as if the older adult was going to work. Waking up mid-morning each day, while a routine, isn’t the best idea.
- Avoid large meals, caffeine and alcohol before bed. McFarlin says lunch should be the biggest meal.

- Stay busy during the day so you feel tired at night. Regular exercise can help with this.
- If you are a light sleeper, use an artificial noise machine.

Since people with sundowning behaviors can pace and wander, make sure your home is trip-proof and escape-proof. Rugs, chairs and nightstands should be moved or removed. McFarlin says providers can also recommend physical therapy or devices like a walker, wheelchair or bed alarm.

"[People can] actually unlock the door and wander outside in the middle of the night," McFarlin warns. "So, make sure the door is properly locked. If the adult is someone who wanders at night, make sure they don't have the ability to leave home."

Ultimately, you may have to decide whether a different living arrangement is best for your loved one.

"That could be remaining at home and more family coming in. Because that's our first choice – to leave the person at home as long as they can," McFarlin says.

"But when it becomes unsafe for the person or exhausting the caregiver, it's my responsibility to engage other options," like an assisted living facility, she says.

Learn more

Read more about [caring for an older adult](#) and [how to get good sleep](#) on the OSF HealthCare website.