

DUSK TO DAWN

At St Joseph's Home & Hospice

'Dusk to Dawn' is a night respite service for caregivers of persons with dementia who experience sun-downing. It marks a new service delivery model in the care of persons with dementia.

Sundowning takes place when the person with dementia gets increasingly confused, anxious, agitated towards the late afternoon, evening and nights. This can lead to disturbed sleep in the night, or the person staying awake at night. Because of this, caregivers are frequently awakened at night by their loved ones and this affects their ability to continue looking after them effectively in the day.

Objectives of Dusk to Dawn

'Dusk to Dawn' offers the night respite to support these caregivers who are taking care of their loved ones with dementia at home or at a daycare centre. Giving these caregivers the chance for proper rest and sleep at night recharges them to provide care during the day, and also helps them stay healthy. The respite care also helps persons with dementia adjust their sleep pattern to minimize interrupted sleep at night.

Without good and proper support, over-burdened caregivers may turn to unnecessary institutionalization as a way out. This pilot service seeks to address this and contribute towards the vision of aging in place.

'Dusk to Dawn' seeks to provide person-centred care through a meaningful and personalized approach to serve the needs of people with dementia with sun-downing syndrome. Avoiding a regimented regime, the restful facility offers an array of activities, relaxation spaces and physiotherapy to enhance the quality of life and care received by persons with dementia.

Presently, there is no such available service in Singapore. It is estimated that as many as a quarter of persons of dementia could be affected by sun-downing. According to the data from the U.S Alzheimer's Association in 2006, 2.4% to 25% patients diagnosed with Alzheimer's disease (AD) had sundown syndrome. Although the prevalence of sundowning among patients with severe dementia is particularly high, this syndrome appears to affect virtually all patients with some degree of cognitive impairment.¹

¹ Duckett S. Managing the sun-downing patient. J Rehabil 1993;1:24-28 cited in **Sundown Syndrome in Persons with Dementia: An Update** by Nina Khachiyants, David Trinkle, Sang Joon Son and Kye Y. Kim in Korean Neuropsychiatric Association, 2011

Where, When & Who

'Dusk to Dawn' is a respite service provided by **St Joseph's Home and Hospice (St Joseph's)** in partnership with the **Lien Foundation**. The fund of \$1m from the Lien Foundation for the pilot service is for a period of three years. The bulk of the funds go to manpower costs and training, followed by renovations and caregiver training and education.

One of the key tenets of the Lien Foundation's mission is excellence in eldercare. Up to 28,000 elderly aged 60 years and above have dementia, and this is expected to more than double to 80,000 by 2030. Since 2008, the Foundation has initiated projects to improve care for those with dementia.

'Dusk to Dawn' started in **May 2013** and operates from **7pm to 8am, Monday to Friday**.

The 'Dusk to Dawn' facility in St Joseph's has a capacity for **eight persons with dementia, that could be progressively increased to 30 persons**, depending on utilisation and demand. It is helmed by a trained physiotherapist with a team of four therapy aides trained in the care for persons with dementia. The space for 'Dusk to Dawn' was a result of renovations that created a new **club-like** lounge area and a relaxation cove. The service also uses the physiotherapy room and sleeping area at St Joseph's.

Why have the Lien Foundation and St Joseph's collaborated to provide this service?

Currently, there is **a gap in existing dementia care services at night for those with sun-downing syndrome**. This is a source of stress for caregivers of persons with dementia.

Sun-downing robs caregivers of much-needed rest and sleep at night. This makes them susceptible to burnouts and poor health, and affects their ability to continue providing care to persons with dementia.

Admission Criteria

The respite service is open to only those who have dementia and sun-downing syndrome. All applicants have to go through a pre-admission interview. Families applying for the service must have a doctor's letter stating their loved one has a diagnosis of dementia.

Caregivers may have to undergo training and education as part of the overall aim to better support them in caring for their loved ones with dementia.

'Dusk to Dawn' seeks to support caregivers and improve their care-giving knowledge and skills and not take over the complete care of their loved ones with dementia.

Fees

As part of this pilot, fees are subsidised by the Lien Foundation and capped at \$20 per night. Fee subsidies provided through the Lien Foundation's funding ensures that potential clients, who will benefit from the service, will not be deprived due to lack of affordability.

What is a typical night like under 'Dusk to Dawn' respite care?

A typical night usually starts with the persons with dementia coming in and having refreshments as they settle down. They play games, chit chat, watch movies, listen to music or enjoy a massage etc. There is no fixed schedule or programme. The persons with dementia can decide what they want to do or not do. If they are unsure, a few activities could be suggested to them for their selection.

As the night goes on, some may have short naps if they are tired, while others may be awake all night. They could awake and walk around with help from the therapy aides. They also visit the toilet, stretch their legs or do some light exercises. Sometimes, during the night, they could have light snacks or even help in preparing refreshments. In the morning, they wash their face and brush their teeth before going home.

Therapeutic aspects in 'Dusk to Dawn'

1. The supportive **person-centred social environment** of the Dusk to Dawn Centre translates to care staff who are able to relate and engage with persons with dementia in a manner that upholds and celebrates them for who they are, what they can do and can feel, and not who they are not, or cannot do. This helps maintain their self-identity, esteem and wellbeing.
2. The **staff is trained** to recognize and appropriately respond to behaviour relating to dementia and sun-downing e.g. anxiety, agitation, aggression etc. Such behaviour is usually an expression of un-met needs like the desire for inclusion, comfort, love, attachment, identity or occupation.
3. **Games** are used as therapeutic and cognitively (mentally) stimulating tools. Many of the games are selected and designed to let persons with dementia participate at whatever level they are capable of. Meaningful and purposeful activities are selected for the person with dementia even in the ordinary activities of daily life. For instance, watching TV is not simply to pass time. The person is watching because he or she has chosen a specific movie, are interested and focused when watching it, and the activity is pleasurable and makes them relaxed.

For those who love to chat, the care staff engages them in conversations and **reminiscence therapy**, or **life story journaling** to know them better individually. This allows the staff to cater personalize activities for each person with dementia.

4. **Physical therapy** is also incorporated into the programme as persons with dementia are encouraged to move around the facility if they are able to walk. Assistance would be provided for those who need help to walk. Using the physiotherapy gym at the facility, the persons with dementia can do various types of physical exercises with different machines.
5. Engaging clients in activities and routines that can help **normalize their sleep-wake cycle** is another aim of the program. We do this by creating an environment that is first, conducive to relaxation e.g. establishing proper mood lighting, comfortable sleeping areas. The staff is trained to respond to the dementia person's anxiety in going to sleep or when they awake during sleep. Their constant re-assurance gives the person with dementia a sense of security and lessens their anxieties to let them sleep better.

About the Lien Foundation

www.lienfoundation.org

The Lien Foundation is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative solutions, convening strategic partnerships and catalysing action on social and environmental challenges.

The Foundation seeks to foster exemplary early childhood education, excellence in eldercare and effective environmental sustainability in water and sanitation. They support innovative models of eldercare, advocate better care for the dying and greater attention on dementia care.

Since 2005, the Foundation has harnessed IT for capacity building and enhanced the quality of care in healthcare nonprofits like hospices and nursing homes. In 2010, the Foundation commissioned the first-ever global Quality of Death index ranking 40 countries on their provision of end-of-life care. It has published research that unveiled the views and perspectives of doctors and thought leaders on what they thought would improve end-of-life care in Singapore.