

Top tips for lighting and dementia Care

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Top tips: lighting and dementia care

Sleep disturbances are one of the more common symptoms of Alzheimer's disease and related dementia (ADRD) and include a tendency to fall asleep during the daytime as well as increased waking during the night. In fact, some ADRD patients spend as much as 40% of the night awake, creating increased risk through falls and injury if they get out of bed and extra worry and tiredness for family caregivers.

Clinical research has shown that light can help correct the rest/activity cycles of ADRD patients (there's also some evidence it can help with agitation and aggression as well as depression in this group) so here are some ideas for improving the lighting either at home or in a care setting:

- **Brightness** In general, lighting for ADRD sufferers needs to be much brighter than normal indoor lighting to counteract the loss of visual acuity that occurs with aging. Good lighting and an enhanced visual environment often results in renewed interest and optimism patients may regain mobility and remain more active. Try to achieve high levels of illumination while still maintaining a homely feel.
- **Bright light therapy** [Lots of studies](#) have shown that bright light therapy (at least 1,000 lux, distance between light and light source) for two hours

rest/activity patterns overall. Bright light therapy doesn't involve extra effort or time; for example, patients can have a [light box](#) switched on while they're watching TV or having breakfast.

- **Even and consistent** Try to keep light at a similar level throughout the room as uneven brightness patterns can produce frightening shadows causing agitation and confusion. Where transitions are necessary - for example, between outside daylight areas and indoor spaces - changes should be gradual as older eyes adapt much more slowly to changes in light levels.
- **Be aware of glare** Direct glare, which comes from inadequately shielded light sources, must be avoided. Looking directly into bright light, whether that's sunshine through a window or at a bare bulb, is not healthy for anyone but damage may be even more noticeable in the elderly. Reflected glare is created by strong light bouncing off smooth, reflective surfaces. Reducing glare not only contributes to comfort, it also helps to minimize falls and maximize attention span.
- **Natural light** Sunlight stimulates the circadian (a biological rhythm on a 24-hour cycle) and neuroendocrine systems that regulate the body's entire system so, where possible, make the most of it by getting outside. Large windows and conservatories are nice but bear in mind that light levels quickly drop away from them; patients 3-4 feet from a window may not receive enough light to have a circadian effect, even on a bright, sunny day.
- **Task lighting** Provide specific task lighting when necessary so patients can see and enjoy what they're doing instead of becoming frustrated. [Desk lamp](#) offers both light therapy and effective task lighting in one!
- **True colors** Lighting shouldn't distort the true colors of the environment or the people who live in that environment. Elizabeth Brawley, author of **Designing for Alzheimer's Disease**, says "*Cool-white fluorescent lamps are known by designers as 'cruel white' because this light is deficient in both the red and blue-violet areas of the lighting spectrum. Cool-white light loses its warmth and aliveness and the skin takes on a lifeless pallor.*" Choose [bulbs with higher color-rendering indexes \(CRI\)](#) instead - triphosphor tubes with 80-91 CRI will produce better color differentiation and more vibrant colors.
- **Nighttime illumination** Careful attention to nighttime lighting can help reduce the risk of falls - ADRD sufferers are three times more likely to fall than healthy older adults and they take much longer to heal. Strips of

areas. References: Light Therapy and Alzheimer's Disease and Related Dementia: Past, Present, and Future J Alzheimer's Dis. Jan 1, 2013;33(4):913-922.

Recommended Resource: [Mental Wellness in Adults with Down Syndrome: A Guide to Emotional and Behavioral Strengths and Challenges](#) by David McGuire, Ph.D. & Brian Chicoine, M.D. Intended for those who want to understand how to promote mental health and resolve psychosocial problems with people with Down syndrome. This guide clarifies what the common behavioral characteristics of Down syndrome are, how some could be mistaken for mental illness, and what bona fide mental health problems occur in people with Down syndrome. Although this is not specifically related to aging, it does address Alzheimer's and dementia.

Activity Tip

February is National Potato Month. To celebrate this, try these "Potato Games"

1. Get different types of potato chips and have a sample tasting of each type of chip. Have the individual guess the flavor, and talk about which ones have the best flavor. Ask several questions that will encourage memory and discussion. For example, did you pack potato chips in your lunch? Did you snack on them after work?
2. Think of food that is made with potatoes and then prepare some of these with the individuals. For example, potato salad, potato soup and potato pancake.

Pinecone Bird Feeders: Help out "Our Feathered Friends" in this cold and dreary month of February

Tie a cord on the top of a large pinecone. Using a plastic spoon and or knife; put peanut butter into the cavities of the pinecone. Put birdseed on a cookie sheet, wax paper or a newspaper. Roll the pinecones in the birdseed. Hang the feeder on a tree branch.

Coming Soon in the March Addition of Aging Gracefully: Fall Prevention

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