

Caring, In Your Own Words: Call for Stories

As editors of *Caring for the Ages*, we often hear from the readers that opinions, news, and advice from their colleagues in post-acute and long-term care (PALTC) is what they value the most in our publication. As we pursue

our vision of *Caring* as the platform for PALTC practitioners to not only read industry news but also connect and share ideas to advance our field, we invite you to lend your voice to *Caring* by submitting a story on the topic of your choice.

When prospective contributors inquire about our submission guidelines, we respond that the story should be valuable to PALTC practitioners — offering practical recommendations to improve the lives of their patients, staff, and themselves as well as their practice. Ethics, patient safety, and clinical insight are always of interest, as are the ever-green issues in PALTC medicine such as policy changes, staffing, patient-centered care, deprescribing, and reducing rehospitalizations. Most importantly, you should choose a topic you are passionate about. Only if the writer's passion shines through will it inspire change in the field.

From the technical perspective, the stories can range from 800 to 1,500 words in length and should be written in a magazine style (rather than a peer-reviewed article style). For that reason, we publish only the most salient references, up to five per story. Some stories we receive are carefully referenced, but it is not required. Contributors are welcome to provide valuable references and links for further reading separately, which could then be published as a "Resources" box alongside the main story or as online-only content. All articles are reviewed by a medical editor; if they are then accepted for publication, they are copyedited.



Photo by Helioquence on Unsplash

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Writing in co-authorship is certainly acceptable and is common. For each author, please include a headshot and a brief biographical statement (two to three sentences) that includes credentials, expertise, and affiliation.

We try to review, accept, and publish stories as soon as the editorial schedule permits. E-mail us your story, and we will do everything possible to share it with our readership quickly.

Stories should be sent to the editorial office of *Caring for the Ages*, to the attention of Anna Boyum, managing editor (a.boyum@elsevier.com).

Caring for Consumers

How to Go From Wide Awake to Sweet Dreams

Caring for the Ages editor-in-chief Karl Steinberg, MD, CMD, HMDC, talks about insomnia — how to prevent it and how to address it.

It's happened to most of us at one time or another. You go to bed, and instead of falling asleep, you toss and turn. You can't shut off your mind or relax, and you lie awake. Insomnia isn't uncommon, especially as a person ages, but it isn't a normal part of aging. In fact, lack of sleep can contribute to problems with memory, daytime sleepiness, fatigue, depression, and falls.

There are many possible causes of insomnia, including:

- Stress and anxiety, including losses such as a move, the death of a loved one, concerns about medical illness, or other major life changes.
- Poor sleep hygiene, including napping during the day, falling asleep with the TV on, or going to bed and getting up at different times every day.
- Stimulant intake, ranging from teas and coffees to chocolates or high-sugar candies, energy drinks, and sodas.
- Drinking, eating, or exercising too close to bedtime.
- Drinking alcohol, including a glass or two of wine or a cocktail to help fall asleep which can prevent deep, or REM, sleep.
- Medications, including antidepressants, antihypertensives, Parkinson's disease treatments, sedatives/hypnotics, and diuretics. (Make sure your practitioner knows about all the drugs — prescription and over-the-counter — that you or your loved one is taking, and consider their effects on sleep.)
- Physical problems, such as pain, frequent urination, or restless leg syndrome.
- Neurodegenerative disorders, such as Alzheimer's disease or other dementias or Parkinson's disease.

Don't try to self-treat insomnia with over-the-counter sleep aids. Many of these are particularly bad for older people. Instead, talk to your practitioner, who will get a complete sleep history, do what it takes to identify the cause of the insomnia, and then suggest treatments — with a goal of improving sleep time and quality and reducing insomnia-related daytime problems. Your practitioner may be able to identify nondrug treatments, such as improving your sleep environment (for example, by reducing light and noise or changing the room temperature), increasing your daytime physical activity, or making behavioral changes (such as reducing your caffeine, sugar, or alcohol intake).

If the diagnosis suggests that medication is needed to address insomnia, the practitioner will choose the best agent, taking into account other medications that you or your loved one are taking, illnesses and health conditions, and other factors. The medication will be prescribed at the lowest dose, for the shortest amount of time possible. If you or your loved one gets a prescription for medication to treat insomnia, be sure to take it as directed. If you experience any side effects, talk to your practitioner right away.

You don't have to face insomnia alone. Talk to your practitioner and learn how you can sleep well and enjoy sweet dreams.

Questions to Ask Your Practitioner

- How do I know if my loved one or I have insomnia versus just having a bad week or something?
- What is wrong with just taking over-the-counter sleep aids, drinking herbal teas, or something else?
- What lifestyle changes should my loved one or I make to help improve sleep?
- Is it necessary to wake my loved one or me up at night for blood pressure checks or repositioning?
- Can insomnia be cured?

What You Can Do

- Avoid naps during the day.
- Try to go to bed and get up at similar times every day.
- Try to exercise regularly, preferably early in the day.
- Avoid coffee or other caffeinated beverages, especially late in the day, during the evening, and especially before bedtime.
- Try to make the room as quiet and dark as possible when you are ready to sleep. Try to use your bedroom only for sleeping and spend your waking hours elsewhere when possible.

For More Information

- Choosing Wisely and *Consumer Reports*, "Insomnia and Anxiety in Older People," <http://bit.ly/2Xittr9>
- National Sleep Foundation, "Insomnia & Older Adults," <http://bit.ly/2VK6Zic>
- Greta M. Pelegrin, PharmD, "Insomnia: An Overview of Sleep Disorders in the Geriatrics Patient," *Pharmacy Times*, Oct. 1, 2004, <http://bit.ly/2UIKkbh>



Caring for the Ages is the official newspaper of AMDA – The Society for Post-Acute and Long-Term Care Medicine and provides post-acute and long-term care professionals with timely and relevant news and commentary about clinical developments and about the impact of health care policy on long-term care. Content for *Caring for the Ages* is provided by writers, reporters, columnists, and Editorial Advisory Board members under the editorial direction of Elsevier and AMDA.

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