

Identifying sleep disturbance in cognitive assessments: an audit

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Aims and Hypothesis

To assess identification of sleep disturbance and Rapid Eye Movement (REM) sleep disorder in patients presenting to the Devon Memory Service, with the hypothesis that there may be variations in clinical practice.

Specific aims of project:

- To ensure that all patients are asked about their sleep
- That all patients are screened for REM sleep disorder (to help identify potential cases of Lewy Body Dementia)
- To establish how much information is gathered about sleep difficulties generally.

Background

- There is a known association between sleep dysfunction and cognitive impairment. This is particularly recognised in Lewy Body Dementia where REM sleep disorder is now one of the core features.
- There is ongoing research into whether sleep disturbance may help identify other types of dementia.
- For patients and carers, sleep dysfunction can have a significant effect on quality of life. Taking a brief sleep history when assessing cognition is therefore valuable in both diagnosis and management.

Methods

All new cognitive assessments conducted in the Exeter, East and Mid Devon Memory Clinic and 2 Older People's Mental Health (OPMH) teams in February 2023. Audit of assessment proformas for patients seen in Memory Clinic and clinic letters for those assessed in community teams. Data to be collected on the following criteria:

- Age
- Sleep history
- REM sleep disorder screening
- Diagnosis and severity if dementia diagnosed.

The assessment proforma states: 'History of sleep disorder, especially REM sleep disorder.' The proforma completed by the assistant psychologist also mentions insomnia and obstructive sleep apnoea as examples of sleep disorder.

Results

- 54 patients were included in the audit. Of these, 45 were seen in Memory Clinic; 9 by a community team.
- Age range 64-96
- Mean age 85

Diagnosis:

| Diagnosis | Number |
|---|--------|
| Alzheimer's | 16 |
| Vascular dementia | 10 |
| Mixed dementia: unspecified | 6 |
| Mixed dementia: Alzheimer's and vascular | 7 |
| Mixed dementia: vascular and Parkinson's disease dementia | 1 |
| Lewy Body Dementia | 1 |
| MCI | 6 |
| Diagnosis unclear | 2 |
| No organic diagnosis given | 5 |

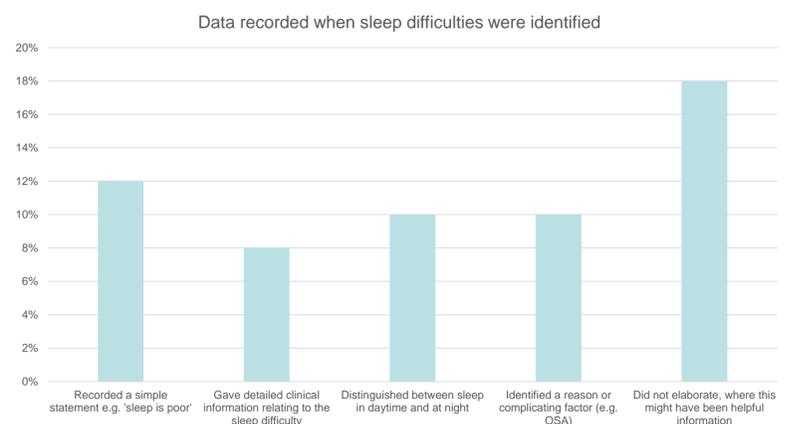
Dementia severity:

| Dementia severity: | Number |
|--------------------|--------|
| Mild | 15 |
| Moderate | 8 |
| Severe | 2 |
| Not specified | 15 |

Results continued

Of patients seen in Memory Clinics:

- 100% of patients were asked about their sleep
- 40% of patients were identified as having difficulties with their sleep
- In cases where a sleep difficulty was identified:



- 9% of forms specifically made reference to REM sleep disorder, but references to vivid dreams or nightmares appeared on 49%. It may be that these questions were being used as a proxy but this is unclear.
- It is not clear if the validated REM sleep disorder screening question (RBDQ1) recommended by the Assessment Toolkit for Dementia with Lewy Bodies is being routinely used. This states:

'Have you ever been told, or suspected yourself, that you seem to act out your dreams while asleep (for example, punching, flailing arms in the air, making running movements etc)?'

The data gathered from community team assessments in this audit is quite limited and further work may be required in this area. However, broadly speaking there appeared to be less detail about sleep in these assessments.

- 22% patients were identified as having difficulties with their sleep
- 11% of letters contained no information regarding sleep

Summary:

- 100% of patients presenting to the Memory Clinic were asked about their sleep
- Only 9% of forms from Memory Clinic specifically referred to REM sleep disorder; however, 49% of forms made reference to vivid dreams or nightmares.
- All the data recorded was qualitative.

Conclusions

All patients being assessed in the Devon Memory Clinic are being asked about their sleep, although it is not clear if the validated REM sleep disorder screening question is being routinely asked.

Gathering a small amount of quantitative data may help to standardise practice and identify cases of sleep disturbance, which would be of value in both diagnosis and management.

Key recommendations:

- Incorporation of the validated RBD screening question (RBDQ1) into assessment proformas.
- Brief quantitative questions might also be incorporated, for example:
 - Do you sleep <4 hours a night or >10 hours a night?
 - Do you spend 2 or more hours asleep in the daytime? (Assessment of Excessive Daytime Sleepiness)