

DICE APPROACH FOR ASSESSMENT AND TREATMENT OF SLEEP PROBLEMS

<p>DESCRIBE</p>	<p>Sundowning Daytime Sleeping Sleep Fragmentation</p>	<p>Initial Insomnia Middle Insomnia</p>
<p>INVESTIGATE (ASSESS)</p>	<p>Pain Osteoarthritis Sleep Apnea or Orthopnea</p>	<p>Boredom Poor Sleep Hygiene Suboptimal Prescribing</p>
<p>CREATE (TREATMENT)</p>	<p>Educate on good sleep hygiene practices Correct any potential medical problems If strict application of sleep hygiene practices and successful treatment of all medical co-morbidities has not resolved the insomnia problem, consider insomnia as potential symptoms of a psychiatric disorder and apply the psychobehavioral metaphor. If insomnia appears to be related to temporary/situational factors, consider use of very low dose FDA approved medication for insomnia.*</p>	
<p>EVALUATE (AND RE-EVALUATE)</p>	<p>*If patient stable 3-6 months, and psychotropic medication has been required, initiate a cautious incremental reduction and monitor patient closely</p> <ul style="list-style-type: none"> • If symptoms are not fully resolved, look for other underlying causes • If intervention not effective or if patient or caregiver are in danger, consider referring to geriatric neurologist or psychiatrist 	