GERIA REVIEWER MIDTERMS

COMMUNICATION WITH OLDER ADULTS

1. What is Communication?

Communication is a two-way process. It is not simply the nurse talking to the patient.

The nurse must also:
Listen
Observe
Understand
Respond
Give the patient an opportunity to speak

- The lecture emphasizes that nurses should recognize the challenges the older adult may experience during communication.

Easy way to understand:
Communication = Send + Receive + Understand + Respond
For example:
Nurse: "How are you feeling today?"
Patient: "My chest feels uncomfortable."
Nurse: listens carefully and asks appropriate follow-up questions.

- The nurse should not just hear the words. The nurse should also observe the patient's facial expression, tone, posture, and behavior.

2. COMMUNICATION WITH OLDER ADULTS
When communicating with an older adult:

Remember: L-E-A-R-N
L– Listen
E – Eye contact
A – Allow extra time
R – Respect personal space
N – Never rush

- The lecture recommends listening carefully, maintaining eye contact, using an active posture, respecting personal space, and getting on the patient's eye level.

Why?
Older adults may have:
Hearing loss
Vision problems
Slower processing of information
Difficulty concentrating
Anxiety
Memory problems

- So the nurse may need to **slow down**, simplify information, and give more time.

3. HEARING LOSS — PRESBYCUSIS
Presbycusis: Age-related hearing loss.
An older adult may have difficulty hearing what the nurse is saying.

What should the nurse do?
✅ Face the patient
✅ Speak clearly
✅ Speak slowly
✅ Use a calm tone
✅ Reduce background noise
✅ Make sure the patient can see your face
✅ Use the patient's better-hearing side when appropriate

Don't:
Shout
Speak too quickly
Talk while facing away
Assume the patient is ignoring you

- The lecture specifically explains that shouting is not appropriate because the patient may interpret the tone as anger. Speaking in a lower, clear tone near the patient's better ear may be more effective.

Exam clue: Older adult + hearing problem → Don't shout. Face the patient and speak clearly.

4. VISION CHANGES
The lecture identifies vision loss as another age-related communication barrier.

Helpful interventions:
Face the patient
Use good lighting
Keep important objects visible
Use large, clear writing
Use pictures/models
Explain what you are doing

- Visual aids can help patients understand their condition and treatment.

5. ALLOW EXTRA TIME
Older adults may need more time to:
Hear the question
Process information
Think
Organize their answer
Respond

- The lecture emphasizes that nurses should not appear rushed or uninterested.

Important: Silence does NOT automatically mean the patient doesn't understand.

Give the patient time. Don't finish their sentences.

The lecture describes completing an older adult's sentences as disrespectful because the nurse may answer according to their own assumptions instead of what the patient intended to say.

6. AVOID DISTRACTIONS
Choose a:
Quiet environment
Comfortable area
Low-noise setting

Avoid:
Loud television
Multiple people talking
Unnecessary interruptions
Busy hallways

- This allows the patient to focus on the conversation.

7. SIT FACE-TO-FACE
Sitting face-to-face helps because:
The patient can see your face
The patient may read your lips
Distractions are reduced
It shows that you are giving attention

Remember: Face-to-face = better attention + better visual communication

8. EYE CONTACT
Eye contact communicates:
Attention
Interest
Acceptance
Trust

- However, culture matters. The lecture points out that eye contact may have different meanings across cultures.

Important: Don't force prolonged eye contact if it makes the patient uncomfortable.

9. USE SIMPLE WORDS
The nurse should avoid unnecessary medical jargon.

For example: "You need to monitor your hypertension."

Better: "We need to check your blood pressure regularly."

The goal is not to make the patient feel unintelligent. The goal is to make the information understandable.

The lecture emphasizes choosing language that is neither too technical nor so simplified that it becomes patronizing.

10. ONE TOPIC AT A TIME
Avoid giving too much information at once.

For example, instead of explaining:
Heart disease
Blood pressure
Medication
Diet
Exercise

all at once, divide it:
Step 1: Explain the condition.
Step 2: Explain the medication.
Step 3: Explain diet.
Step 4: Explain exercise.

This prevents information overload.

11. WRITE DOWN INSTRUCTIONS
Written instructions are useful because patients can review them later.

For example: Medication
Take medicine in the morning.
Take it as prescribed.
Do not skip doses unless instructed.

Activity
Walk in the morning.
Rest when needed.

- The lecture recommends simple written instructions and information sheets.

12. USE PICTURES AND MODELS
Visual aids can include:
Pictures
Diagrams
Models
Charts

- These can make complicated health information easier to understand.

Example: Instead of explaining the lungs only with words, show a picture of the lungs and point to the affected area.

13. TEACH-BACK METHOD
One of the most important nursing communication techniques.

What is teach-back?
After explaining something, ask the patient to explain it in their own words.

Example: I want to make sure I explained it clearly. Can you tell me how you will take your medicine at home?

Why?
It checks whether the nurse explained clearly, rather than simply testing the patient's intelligence.

- The lecture recommends having patients repeat important instructions and simplifying/rephrasing when needed.

Exam clue: "Can you explain it back to me?" = Teach-back

14. VERBAL COMMUNICATION
Verbal communication uses words.

It can be: Formal/Therapeutic
Communication with a specific healthcare purpose.

Example: “Can you describe where your pain is?"

Informal/Social
Conversation used to build rapport.

Example: "How was your morning?"

Both can have a place in nursing.

15. THERAPEUTIC COMMUNICATION
Therapeutic communication is a deliberate nursing communication process used to gather information and support the patient's well-being and understanding of care.

Purpose:
Obtain information
Build trust
Reduce anxiety
Promote understanding
Support the patient
Improve care

Example:
Patient: "I'm scared about my procedure."
Nurse: "It's understandable to feel worried. What concerns you most about the procedure?"

- This encourages the patient to express concerns.

16. NONVERBAL COMMUNICATION
Nonverbal communication occurs without words.
Examples:
Facial expression
Eye contact
Tone
Posture
Gestures
Touch
Distance
Body movement

- The lecture emphasizes that nonverbal communication strongly influences how messages are received.

Important: Your body language must match your words.

Example:
The nurse says: "I'm listening." But the nurse keeps looking at the phone.
The patient may believe the body language, not the words.

17. TONE OF VOICE
The same words can have different meanings depending on tone.

Example: "What happened?"
can sound:
Concerned
Angry
Impatient
Worried

Important: Do not shout at a hearing-impaired older adult. Speak clearly and calmly instead.

18. BODY LANGUAGE
Body language includes:
Sitting position
Standing
Facial expression
Posture
Movement

- The lecture gives an important example: a nurse may verbally say, "Can I help you?" while their body suggests that they are in a hurry.

Nursing lesson: Be present, not just physically there.

19. PERSONAL SPACE
The study of personal space is called:
Proxemics

- The lecture describes different zones of interpersonal distance.

Important for nursing:
Before entering an older person's intimate space:
1. Get their attention.
2. Explain what you're going to do.
3. Ask permission when appropriate.
4. Approach calmly.

- This is especially important if the patient has poor hearing, poor vision, is sleeping, or is confused.

20. GESTURES
Gestures are movements used to communicate ideas.

Examples:
Nodding
Pointing
Waving

Cultural consideration: Gestures can mean different things in different cultures. Therefore, Never assume a gesture has the same meaning for everyone.

21. FACIAL EXPRESSIONS
Facial expressions communicate emotions such as:
Fear
Anger
Happiness
Sadness
Pain

- The nurse must be careful because an inappropriate facial expression can make the patient feel judged or rejected.

Example: The patient is discussing a serious concern.

The nurse smiles or looks distracted.

The patient may think: "The nurse doesn't care."

22. TOUCH
Touch can communicate:
Caring
Comfort
Support
Concern
Reassurance

But touch must be used appropriately and respectfully.

Always consider:
Patient preference
Culture
Pain
Personal boundaries
Consent

- The lecture specifically advises caution when the patient is experiencing pain.

23. COMMUNICATION WITH A PERSON WITH DEMENTIA
The file recommends: Approach from the front

Don't suddenly approach from behind.

Use calm body language
Sudden movements can cause distress.
Maintain eye level: This can help the person feel more comfortable and in control.

- Use demonstrations: Showing what you want the patient to do may be easier than giving a long verbal explanation.
- Use gentle facial expression: A calm smile can make communication more comfortable.

IMPORTANT PHILIPPINE LAWS

I. LAWS AFFECTING SENIOR CITIZENS / OLDER PERSONS

1. **Republic Act No. 344 — Accessibility Law**

Purpose: Provides minimum requirements and standards to make buildings, facilities, and public utilities accessible to persons with disabilities, including older persons.
Important points:
Promotes accessibility and mobility
Important for older adults who:

- Use wheelchairs
- Have difficulty walking
- Have difficulty climbing stairs
- Public places should have facilities that make movement safer and easier.

Examples:

- Ramps
- Handrails
- Accessible entrances
- Appropriate pathways
- Facilities designed for people with mobility limitations

Nursing connection: Nurses should consider whether the environment is safe and accessible for older patients.

Remember: RA 344 = Accessibility

2. *Republic Act No. 7432*

Purpose: Known as the law that seeks to maximize the contribution of senior citizens to nation-building and provide them with benefits and special privileges. The presentation also identifies RA 7432 with the establishment of Senior Citizens Centers in cities and municipalities.

Senior Citizens Centers provide:

- Socialization
- Interaction
- Meaningful activities
- Community participation

Why is this important?

+ Older adults need more than medical care. They also need:

- Social interaction
- Emotional support
- Meaningful activities
- Opportunities to participate in the community

Remember: RA 7432 = Senior citizens' benefits + Senior Citizens Centers

3. *Republic Act No. 8425 — Social Reform and Poverty Alleviation Act*

This law institutionalized and enhanced the Social Reform Agenda and created the: National Anti-Poverty Commission (NAPC) The NAPC uses a multidimensional and cross-sectoral approach to poverty reduction.

Importance to older adults: It provides opportunities for older persons to participate in:

- Policy formulation
- Decision-making
- Poverty alleviation programs

Simple meaning: Older adults should not simply receive assistance. They should also have a voice in decisions and programs that affect them.

Remember: RA 8425 = NAPC + poverty alleviation + participation

4. *Republic Act No. 9994 — Expanded Senior Citizens Act of 2010*

This is one of the most important laws to remember. It is known as the: Expanded Senior Citizens Act of 2010

- It provides additional benefits and privileges to senior citizens and further amended RA 7432.

Main idea: The law aims to:

- Protect senior citizens
- Provide benefits
- Give special privileges
- Improve their welfare
- Recognize their contribution to society

Important: RA 9994 expanded the benefits and privileges previously provided under RA 7432.

Remember: RA 9994 = Expanded Senior Citizens Act

5. *Republic Act No. 10155 — General Appropriations Act of 2012*

Under Section 28, government agencies and instrumentalities are mandated to allocate: 1% of their total agency budget for programs and projects for:

- Older persons
- Persons with disabilities

Why is this important? It ensures that government programs have financial support for older persons and persons with disabilities.

Memory tip: RA 10155 = 1% budget

6. *Republic Act No. 10645 — Mandatory PhilHealth Coverage for Senior Citizens*

Main purpose: Provides mandatory PhilHealth coverage for all senior citizens. It amended RA 7432 as amended by RA 9994.

Important change: A senior citizen does not have to be indigent to qualify for PhilHealth coverage.

Simple meaning: Being a senior citizen itself qualifies a person for the mandatory coverage provided by the law.

Remember: RA 10645 = Mandatory PhilHealth for Senior Citizens

7. *Republic Act No. 10868 — Centenarians Act of 2016*

Known as the: Centenarians Act of 2016. This law honors Filipino citizens who reach the age of: 100 years old

Benefits mentioned in the presentation: A Filipino centenarian receives:

- Plaque of recognition
- Cash incentive from the city or municipal government
- Letter of felicitation
- Centenarian gift of ₱100,000

Agencies involved:
- DSWD — Department of Social Welfare and Development
- DILG — Department of the Interior and Local Government
- DOH — Department of Health
- CFO — Commission on Filipinos Overseas

Memory tip: RA 10868 = 100 years old = Centenarian

8. Presidential Proclamation No. 470, Series of 1994

Declares the: First week of October
+ every year as: Elderly Filipino Week**

Purpose:
- Recognize older persons
- Promote awareness of their needs
- Celebrate their contributions to society
- Encourage respect for older adults

Remember: Proclamation 470 = Elderly Filipino Week

9. Presidential Proclamation No. 1048, Series of 1999

Declares the nationwide observance in the Philippines of the: International Year of Older Persons. This emphasizes recognition of the importance, dignity, and participation of older persons.

10. Executive Order No. 105, Series of 2003

Provides for programs involving: Group homes and foster homes for neglected, abandoned, abused, detached, and poor:
- Older persons
- Persons with disabilities

Purpose: To provide care and a supportive living environment for vulnerable older persons.

Important terms:

- Neglected — not receiving proper care
- Abandoned — left without appropriate support
- Abused — experiencing harmful treatment
- Detached — separated from family/social support

11. Philippine Plan of Action for Senior Citizens 2011–2016

Main goal: Promote the welfare and participation of senior citizens.

The plan emphasizes:
- Community-based approaches
- Gender-responsive programs
- Effective leadership
- Meaningful participation of senior citizens
- Decision-making
- Family participation
- Community participation

Simple idea: Older adults should be included, not excluded. They should have an active role in decisions affecting their lives.

II. PHARMACOLOGY AND OLDER ADULTS

Older adults are at greater risk for adverse drug events (ADEs).

Why? Because aging changes the way the body:
Absorbs → Distributes → Metabolizes → Excretes medications.

This is commonly remembered as: ADME

- A — Absorption
- D — Distribution
- M — Metabolism
- E — Excretion

III. FACTORS AFFECTING MEDICATION RESPONSE

A person's chronological age alone is not enough to predict how they will respond to medication. More important predictors include:

1. ***General health***

A healthier older adult may respond differently from a frail older adult.

2. ***Number and types of medications***

The more medications a person takes, the greater the possibility of interactions.

3. ***Liver function***

The liver metabolizes many medications. Reduced liver function may cause drugs to remain in the body longer.

4. ***Renal function***

The kidneys remove many drugs from the body. Reduced kidney function may cause medications or metabolites to accumulate.

5. ***Comorbidities***

These are other diseases or conditions that the patient has.
Examples:

- Hypertension
- Diabetes
- Heart disease
- Kidney disease

6. ***Race/ethnic background***

The presentation notes that physiological responses may also vary according to race or ethnic background.

IV. AGE-RELATED PHARMACOLOGICAL CHANGES

1. ***Decreased body water***

Older adults experience a decrease in total body water. The presentation mentions a decrease of as much as 15%.

Effect: Water-soluble medications become more concentrated.
Example: A water-soluble drug may have a stronger or longer effect because there is less water available for distribution.

2. ***Increased body fat***

Older adults generally have a higher proportion of body fat.

Effect: Fat-soluble drugs can be stored in body fat.

This may cause:

- Longer duration of action

Memory: More fat → fat-soluble drugs stay longer

3. ***Decreased hepatic blood flow***

The liver receives less blood flow with aging.

Effect: Some drugs may be metabolized more slowly. This can increase the drug's duration or concentration.

4. ***Decreased serum albumin***

Albumin is an important blood protein that binds many medications.

When albumin decreases: More unbound/free drugs may be available. This can increase the pharmacologic effect or toxicity of certain highly protein-bound drugs.

5. ***Decreased renal function***

The kidneys excrete many drugs. Because renal function can decline with age:

Drug elimination may become slower.
This can result in: Drug accumulation → increased drug effect → possible toxicity

V. MEDICATION ERRORS

A medication error can happen during:

1. Prescribing
2. Dispensing
3. Administering
4. Monitoring

Example: A doctor prescribes the wrong dose → prescribing error.

Pharmacy provides the wrong medication → dispensing error.

The nurse gives the wrong medication → administration error.

Failure to monitor the patient's response → monitoring error.

Root causes of medication errors. The presentation identifies:

- Human knowledge deficiencies
- Lack of sophisticated systems
- Inadequate support for monitoring drug therapy

Nursing prevention:
Always check:

- Right patient
- Right medication
- Right dose
- Right route
- Right time
- Right documentation
- Right reason
- Right response

VI. ADR vs ADE

These two terms are important.
Adverse Drug Reaction — ADR: An ADR is a harmful or unintended response to a medication when the drug is used appropriately.

Example: A patient develops a serious unwanted reaction despite receiving the medication correctly.

Adverse Drug Event — ADE: An ADE is a broader term referring to harm related to medication use.

It may include:

- Medication reactions
- Medication errors
- Overdose
- Incorrect administration

Easy distinction:

- ADR = harmful reaction to a drug
- ADE = broader medication-related harm

VII. FACTORS INCREASING THE RISK OF ADE

A. Pharmacokinetic changes

Pharmacokinetics = what the body does to the drug.

Includes:
A — Absorption
D — Distribution
M — Metabolism
E — Excretion

B. Drug absorption

Aging can change the absorption of some medications.

Factors can include:

- Changes in gastrointestinal function
- Changes in gastric activity
- Changes in blood flow

Not every drug is significantly affected by these changes.

C. Drug distribution

Drug distribution refers to how medication moves from the bloodstream into tissues.

Important age-related changes:
↓ Plasma albumin - Can increase free drug levels for highly protein-bound medications.
↓ Total body water - Can increase concentration of water-soluble drugs.
↑ Body fat - Can increase distribution and storage of fat-soluble medications.

D. Bioavailability

Bioavailability refers to the amount of a drug that reaches systemic circulation and is available to produce an effect.

E. Hepatic metabolism

The liver is responsible for metabolizing many drugs. Reduced hepatic blood flow and changes in liver function can affect drug metabolism.

Result: Some drugs may remain in the body longer.

F. Renal excretion

The kidneys remove many medications and metabolites.

Aging → possible decreased renal function → slower elimination. Therefore, some medications may require:

- Lower doses
- Longer dosing intervals
- Careful monitoring

VIII. OTHER FACTORS THAT INCREASE ADE RISK

1. Drug-food interactions

Certain foods can affect medication absorption or metabolism. Therefore, nurses should check whether medications should be taken:

- With food
- Without food
- At a specific time

2. Drug-disease interactions

A medication can worsen an existing disease.
Example: A medication may be unsafe for a patient with a particular cardiac, renal, or respiratory condition.

3. Polypharmacy

Polypharmacy = taking multiple medications. Older adults commonly take several medications because they may have multiple chronic conditions.
Risks:

- Drug interactions
- Duplicate medications
- Medication errors
- Increased adverse effects
- Poor adherence
- Increased confusion

Nursing responsibility: Regularly review the medication list.

IX. BEERS CRITERIA

What is it? The Beers Criteria are commonly used consensus criteria for identifying potentially inappropriate medications in older adults. The presentation states that they were:

- Developed in 1997
- Adopted in 1999 by the Centers for Medicare and Medical Services for regulation of medications in nursing homes.

Purpose: To help healthcare professionals identify medications that may pose unnecessary risks to older adults.

Important: The Beers Criteria does not automatically mean a medication can never be used. Instead, it encourages healthcare professionals to carefully evaluate:

- Risks
- Benefits
- Alternatives
- Patient-specific factors

X. ANXIOLYTICS AND HYPNOTICS

Older adults may experience anxiety, which can occur with:

- Depression
- Dementia
- Other health problems

Benzodiazepines - According to the presentation, benzodiazepines with long half-lives should be avoided when possible in older adults.

Why? They can increase:

- Sedation
- Confusion
- Falls
- Cognitive problems

XI. LONG- AND SHORT-ACTING BENZODIAZEPINES

The presentation states that daily use should be: Limited to less than 4 continuous months. Unless an attempt at gradual dose reduction is unsuccessful.

Dose reduction: Should be considered after 4 months.

Nursing concern: Older adults may be especially sensitive to sedative medications.

Watch for:

- Excessive sleepiness
- Confusion
- Poor coordination
- Falls

XII. ANTIDEPRESSANTS

General information:

Antidepressants generally take about: 2–4 weeks to begin showing therapeutic effects.

Tricyclic antidepressants (TCAs)

Generally avoided in older adults because of:

- Anticholinergic effects
- Sedation
- Other adverse effects

Possible anticholinergic effects:

- Dry mouth
- Constipation
- Blurred vision
- Urinary retention
- Confusion

SSRIs - ***Selective Serotonin Reuptake Inhibitors (SSRIs)*** are often considered a first choice for depression in older adults because they generally have fewer TCA-type anticholinergic effects.

XIII. ANTIPSYCHOTICS

Antipsychotics should only be prescribed when there is a: Valid and clearly documented need because these medications can cause significant adverse effects.

Appropriate indications include:

- Schizophrenia
- Paranoid states
- Psychosis
- Hallucinations
- Delusions

XIV. THE 3 D's FOR ANTIPSYCHOTIC USE

Remember:

DANGER - Danger to the resident or others.

DISTRESS - Significant distress for the resident.

DYSFUNCTION - Interference with basic functioning or nursing care.

Memory trick: 3 D's = Danger + Distress + Dysfunction

XV. CARDIOVASCULAR MEDICATIONS

Main concerns in older adults:

Orthostatic hypotension - A drop in blood pressure when changing position, especially standing.

Can cause:

- Dizziness
- Weakness
- Fainting
- Falls

Dehydration

Especially with:

- Volume-depleting medications
- Diuretics
- Vasodilators

Nursing care: Monitor:

- Blood pressure
- Orthostatic symptoms
- Hydration
- Fall risk

XVI. ANTIMICROBIALS

Antibiotic doses may need to be adjusted because older adults may have:

Reduced renal elimination. Always consider:

- Renal function
- Appropriate dose
- Appropriate interval
- Signs of adverse effects

XVII. NONPRESCRIPTION / OTC MEDICATIONS

OTC does not mean risk-free. Older adults may be more sensitive to OTC medications.

Always assess:

- What OTC medications the patient takes
- Dose
- Frequency
- Possible interactions
- Other prescription medications

XVIII. SLEEP AND OLDER ADULTS

Importance of sleep. Proper sleep architecture and adequate total sleep time are necessary for:

- Physical functioning
- Mental functioning
- Memory
- Emotional stability
- Recovery and restoration

XIX. BIOLOGIC BRAIN FUNCTIONS RESPONSIBLE FOR SLEEP

Important brain structures include:

1. *Hypothalamus* - Helps regulate sleep-wake cycles.
2. *Thalamus* - Plays a role in sleep and sensory processing.
3. *Limbic system* - Associated with emotions, memory, and aspects of sleep.

XX. AGE-RELATED CHANGES IN SLEEP

Older adults may experience: Increased sleep latency. They take longer to fall asleep.

Reduced sleep efficiency - They spend a smaller percentage of time in bed actually sleeping.
Increased nocturnal awakenings - They wake more frequently during the night.
Increased daytime sleepiness - They may feel sleepy during the day.
Greater difficulty falling asleep - More frequent awakenings

XXI. ADDITIONAL AGE-RELATED SLEEP CHANGES

Older adults may experience:

- Decreased nighttime sleep
- More frequent daytime naps
- Increased time spent trying to sleep
- Less efficient sleep

Important: Aging does not automatically mean a person needs much less sleep.

XXII. NERVOUS SYSTEM CHANGES AND SLEEP

Age-related nervous system changes include:
↓ Cerebral metabolic rate
↓ Cerebral blood flow
↓ Neuronal cell counts

Structural changes:

- Neuronal degeneration
- Atrophy

These changes can contribute to changes in sleep patterns.

XXIII. SLEEP REQUIREMENTS

Important myth: "Older adults need very little sleep." This is a myth. The presentation states that most older adults require approximately:

- 6–10 hours of sleep per night

It also notes that sleeping less than 4 hours or more than 9 hours is associated with higher risk in some populations.

Nursing point: Do not assume poor sleep is simply a normal part of aging. Investigate possible causes.

XXIV. CAUSES OF SLEEP DISRUPTION

Sleep problems may result from a combination of: Personal characteristics

Examples:

- Health conditions
- Pain
- Anxiety
- Depression
- Lifestyle

Environmental characteristics
Examples:
- Noise
- Light
- Temperature
- Uncomfortable bed
- Hospital interruptions

XXV. STAGES OF SLEEP
Stage 1 — Light Sleep
Characteristics:
- Easily awakened
- Beginning of sleep
- Lightest stage

Stage 2 — Medium/Deeper Sleep
Characteristics:
- More relaxed than Stage 1
- Slow eye movements
- Fragmentary dreams
- Can still be awakened relatively easily

Stage 3 — Medium Deep Sleep
Characteristics:

* Relaxed muscles
* Slower pulse
* Decreased body temperature
* Requires moderate stimulation to awaken

Stage 4 — Deep Sleep
Characteristics:
- Restorative sleep
- Body movement is rare
- Requires vigorous stimulation to awaken

Remember: Deep sleep = restoration

XXVI. REM SLEEP
REM = Rapid Eye Movement
Characteristics:
- Rapid eye movements
- Pulse may increase or fluctuate
- Blood pressure may fluctuate
- Respirations may fluctuate
- Dreaming commonly occurs

Memory: REM = active sleep + dreaming

XXVII. FACTORS AFFECTING SLEEP
1. ***Environment -*** Noise, lighting, temper and comfort can affect sleep.
2. ***Home environment -*** Family routines, household noise, and living conditions may affect sleep.
3. ***Medications -*** Some medications can disturb normal sleep.

XXVIII. MEDICATIONS AND SLEEP
Medications can cause different types of sleep problems, such as:
- Alteration of REM sleep
- Delayed onset of sleep
- Nocturnal awakening
- Daytime sleepiness

Nursing responsibility: When an older adult complains of poor sleep, assess their medications rather than immediately assuming insomnia.

XXIX. SLEEP DISORDERS
1. ***Sleep Apnea*** - A condition involving repeated interruptions of breathing during sleep.

It can result in:
- Poor-quality sleep
- Daytime sleepiness
- Reduced daytime functioning

2. ***Periodic Limb Movement -*** Repeated involuntary movements of the limbs during sleep. These movements can interrupt sleep and reduce sleep quality.