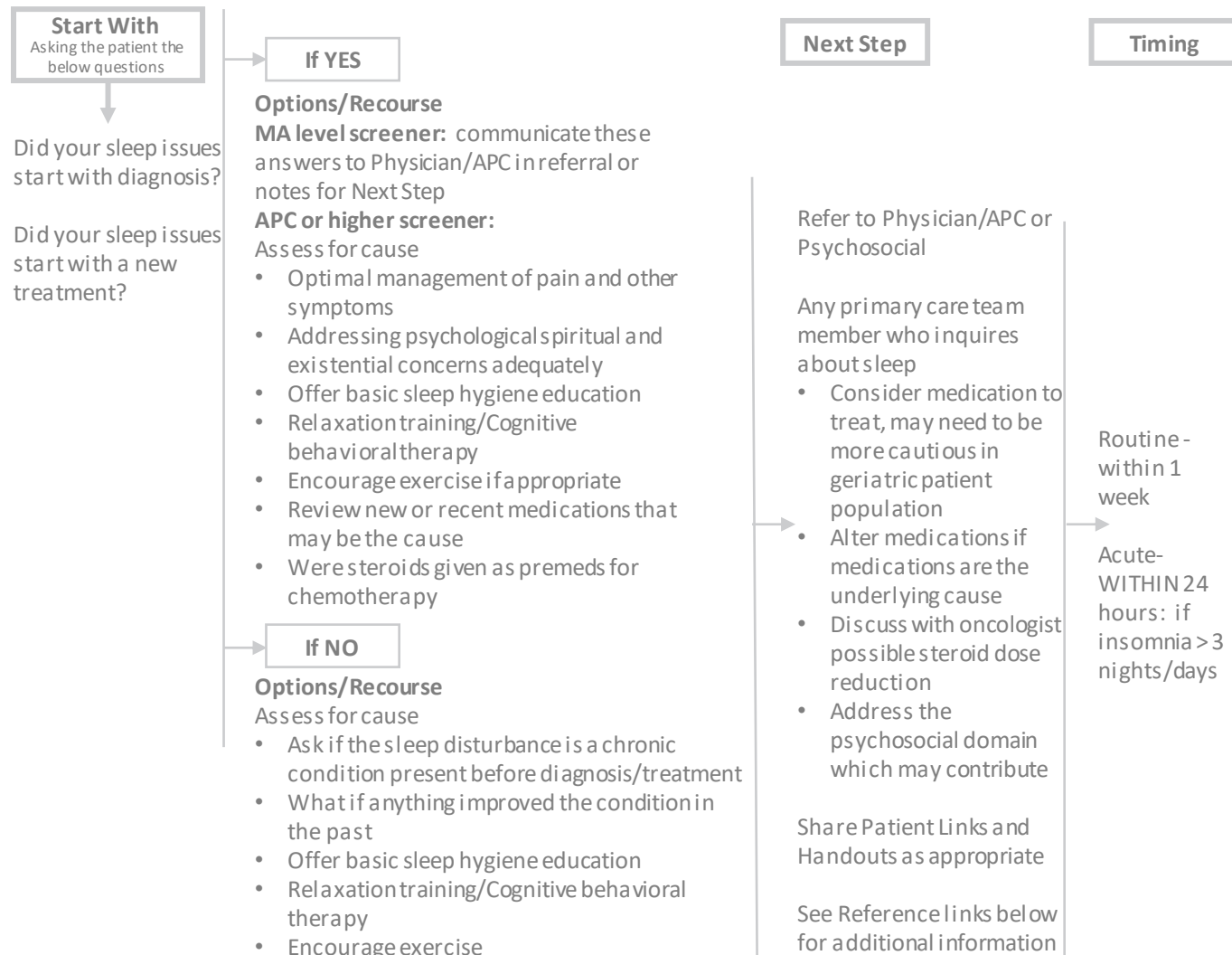


Clinician Follow Up Reference for Supportive Care

Physical Concerns –

“YES” to Sleep



Notes

Stages I-III: Consider whether it is fear of recurrence or due to other life stressors like return to work, relationship issues. Does patient have history of sleep APCea? Try and avoid hypnotics except for very short term use. Older patients should especially use hypnotics with caution, as they can increase risk of confusion and falls. Review medications that may impact sleep such as steroids, diuretics etc. Thorough sleep history is important.

Stage IV: Be sure to address existential concerns or fear of progression. Review medications that may impact sleep such as steroids, diuretics etc. Thorough sleep history is important. Hypnotics or anxiolytics may be useful to help with sleep if other interventions are not possible or unhelpful. For older or frail patients, assess for fall risk and caregiver support at night before prescribing medication for sleep.

Geriatric: Cognitive issues can be a cause of sleep disturbances. Sleep/wake reversal can happen to older adults. Sundowners is an early sign of cognitive issues and a trigger for a cognitive assessment. Needs aggressive sleep hygiene treatment.

Patient Links and Handouts:

- [American Cancer Society, Sleep Problems](#)
- [Cancer.Net, Sleeping Problems: Insomnia](#)
- [NIH, Sleep Problems in People with Cancer](#)
- [NIH Sleep Disorders \(PDO®\) – Patient Version](#)
- CSOC Patient Handout can be accessed at: <http://cancer-help.me/pfn-sleep>