**DICE APPROACH FOR ASSESSMENT AND TREATMENT OF SLEEP PROBLEMS**

| DESCRIBE | Sundowning  
Daytime Sleeping  
Sleep Fragmentation | Initial Insomnia  
Middle Insomnia |
|---|---|
| INVESTIGATE  
(ASSESS) | Pain  
Osteoarthritis  
Sleep Apnea or Orthopnea | Boredom  
Poor Sleep Hygiene  
Suboptimal Prescribing |
| CREATE  
(TREATMENT) | 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.* |
| EVALUATE  
(AND RE-EVALUATE) | *If patient stable 3-6 months, and psychotropc medication has been required, initiate a cautious incremental reduction and monitor patient closely  
• 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 |

*THE ALZHEIMER’S PROJECT*