

Signs of Sundowning & Agitation

For Caregivers | Tailored Senior Services (TSS)

This reference guide is designed to help caregivers recognize the **common signs of sundowning and agitation** in clients living with dementia or Alzheimer's disease. Early recognition allows you to respond calmly, keep the client safe, and reduce distress for everyone involved.

What Is Sundowning?

Sundowning refers to a pattern of **increased confusion, agitation, anxiety, or restlessness** that typically occurs in the **late afternoon, evening, or nighttime**. While it is most common in individuals with dementia, it may also be seen in clients with cognitive impairment, illness, or significant fatigue.

Sundowning is **not intentional behavior**. These changes are a result of brain changes, sensory overload, fatigue, and difficulty processing their environment.

Common Signs of Sundowning

A client experiencing sundowning may show one or more of the following signs:

Changes in Mood & Behavior

- Increased irritability or agitation
- Anxiety, fearfulness, or panic without a clear cause
- Restlessness or pacing
- Emotional outbursts (crying, yelling, anger)
- Sudden mood swings

Changes in Thinking & Awareness

- Increased confusion or disorientation
- Difficulty recognizing familiar people or surroundings
- Repeating questions or phrases more frequently
- Suspicion, paranoia, or accusations (e.g., believing items are stolen)
- Hallucinations or misinterpreting shadows, reflections, or sounds

Physical & Activity Changes

- Wandering or attempts to leave the home
- Resistance to care or redirection

- Fidgeting, picking at clothing, or repetitive movements
- Trouble settling down or relaxing
- Changes in sleep patterns (difficulty falling asleep or staying asleep)

Signs of Escalating Agitation

Agitation can increase if sundowning is not recognized early. Watch closely for:

- Raised voice, clenched fists, or tense body language
- Refusing care that is normally accepted
- Increased pacing or rapid movements
- Verbal aggression or threats
- Physical resistance (pushing away, swatting, blocking care)

Early intervention is key. Addressing agitation early helps prevent escalation.

Common Triggers That May Worsen Sundowning

Sundowning can be intensified by:

- Fatigue or overstimulation during the day
- Low lighting or increased shadows in the evening
- Excessive noise or busy environments
- Changes in routine or unfamiliar caregivers
- Hunger, thirst, pain, or discomfort
- Illness, infection, or medication changes
- Lack of daytime activity or poor sleep

Why Recognizing the Signs Matters

Early recognition allows caregivers to:

- Respond calmly and compassionately
- Adjust the environment before behaviors escalate
- Maintain safety for the client and caregiver
- Provide reassurance and comfort
- Communicate accurate observations to the office and family

Important Reminders for Caregivers

- Sundowning behaviors are not within the client's control
- Avoid arguing, correcting, or confronting
- Stay calm—your tone and body language matter
- Document observed behaviors accurately
- Report significant changes or safety concerns to the office promptly

What to Do / What Not to Do

✔ What to Do

- Stay calm, patient, and reassuring
- Speak slowly using short, simple sentences
- Validate feelings ("I can see you're upset" or "You're safe here")
- Reduce noise, distractions, and visual clutter
- Ensure adequate lighting to reduce shadows
- Offer comfort items (favorite blanket, music, snack, or drink)
- Redirect gently to a familiar or soothing activity
- Maintain routine whenever possible
- Document behaviors clearly and factually
- Notify the office of changes, concerns, or safety risks

✘ What Not to Do

- Do not argue, correct, or try to reason logically
- Do not raise your voice or show frustration
- Do not rush the client or force care
- Do not ignore signs of distress or agitation
- Do not take behaviors personally
- Do not restrain unless trained and instructed per care plan

This document is intended as a caregiver reference and does not replace medical guidance.