



The Better Sleep Programme for Caregivers
Week 2 Handout: **Routine, Light & The Body Clock**

A Gentle Reminder

Sleep is not something we can force. But we *can* shape the conditions that make sleep more likely.

This week is about two of the most powerful supports for sleep - **routine** and **light** - and how we can use them in ways that are realistic for caring life.

What We'll Cover Today

We'll begin with a short check-in, then revisit the key ideas from Week 1. After that we'll explore:

- How the body clock works (and why it matters)
- How routine supports sleep for both carers and relatives
- How light affects melatonin, alertness and bedtime readiness
- Sleep changes in ageing and dementia
- Light therapy: what it is and how it can help
- Building a simple bedtime routine for your relative
- Two short practices: **the Signal Breath** and **Progressive Muscle Relaxation**

We'll finish with a check-out, take-home messages, and home practice for the week.

Recap from Session 1

Last week we learned:

- Sleep is an active brain process that supports body and mind
- We can improve sleep by strengthening the link between bed and sleep
- The **Signal Breath** is a quick way to reduce stress in the moment
- Sleep is often disrupted in dementia for biological and practical reasons
- Caring stress can make sleep harder (tired but wired)

- Mindfulness-Based approaches can support relaxation and resilience

Day and Night Routine: Why It Matters

Your body has an internal timing system - often called the **body clock** or **circadian rhythm**. It helps coordinate:

- Sleep and wake times
- Appetite and digestion
- Body temperature
- Hormone release
- Energy and alertness through the day

The body clock takes its cues from the world around us, especially:

- **Light and darkness**
- **Movement and activity**
- **Mealtimes**
- **Social contact and daytime structure**

When the body clock is supported by a steady rhythm, sleep tends to become easier: we feel more awake in the day, and more ready for rest at night. For carers, this can also reduce the overall “stress load” on the nervous system - which matters because caring often keeps us in a state of readiness.

A routine doesn't have to be perfect or strict. Even a **simple, repeated pattern** can help.

Light and sleep: the strongest signal your brain receives

Light is one of the most powerful cues for the brain. It helps the body decide:

- “It’s daytime - be alert.”
- “It’s evening - start winding down.”

Melatonin: the sleep hormone

When it gets darker, the brain begins to produce **melatonin**. Melatonin helps the body shift into rest mode.

Ideally:

- Melatonin rises in the evening
- Peaks overnight
- Drops in the morning so we wake more easily

As we age, melatonin production often becomes **lower** and may begin **later**, which can contribute to lighter or more disrupted sleep.

Cortisol: the wake-up hormone

Cortisol naturally rises toward morning to help us wake up and get going, then gradually falls across the day.

When stress is high - especially in the evening - cortisol can stay elevated and make it harder to fall asleep.

This is why routine, light, and calming practices work well together: they help the body clock *and* the stress system.

Practical Light and Routine Tips for Carers

These are gentle supports - choose what feels doable.

1) Get morning light (together if possible)

Aim for **15-30 minutes** of daylight in the morning.

If going outside isn't possible, sitting by a bright window can still help.

Morning light helps set the body clock for the day and can lift mood.

2) Dim the evening

After dinner, begin "turning the lights down" on the day:

- Softer lamps rather than overhead lighting
- Lower stimulation
- Screens reduced where possible (or use night mode)

This supports melatonin to rise.

3) Keep wake time and meals roughly steady

Regular wake time and predictable meals are grounding cues for the body clock - and can feel reassuring for someone living with memory difficulties.

4) Create a shared wind-down routine

A repeated "same-ish" pattern in the last 30-60 minutes before bed helps the brain anticipate sleep.

5) Make the bedroom sleep-friendly

- Dark (blackout curtains or eye mask if helpful)
- Quiet (or gentle white noise)
- Slightly cool
- A small night light may reduce distress if your relative wakes

6) Watch stimulants after mid-afternoon

Tea, coffee and caffeinated drinks can linger in the system.

7) Gentle daytime activity helps night sleep

A short walk, light stretching, chair exercises, small purposeful tasks - anything that supports daytime wakefulness can strengthen night-time sleep drive.

Ageing, Dementia and The Body Clock

Sleep often changes with ageing, and dementia can amplify those changes.

Common patterns include:

Greater sensitivity to light and routine shifts

Evening light (TV, tablets, bright rooms) may delay sleepiness.

Small changes in routine can have bigger effects.

Earlier sleep and earlier waking

Some people become sleepy earlier in the evening and wake very early.

Lighter, more fragmented sleep

Older adults often spend less time in deep sleep, making night waking more likely.

Reduced melatonin

Lower melatonin can weaken sleep signals and contribute to irregular patterns.

Increased daytime sleepiness

More daytime naps can reduce night-time sleep drive, creating a difficult cycle.

If any of this is happening in your home, it is not “bad behaviour” or anyone’s fault - it is often the brain and body doing their best with changed signals.

Light Therapy

Light as a “daily reset button”

Bright light in the morning can strengthen daytime alertness and help the brain time melatonin release later in the evening.

Light therapy may be useful when:

- Someone is indoors a lot
- Day–night rhythm feels “flipped”
- Waking is very early, or night waking is frequent
- Daytime sleepiness is high

How to use light supportively

Morning exposure (best time):

- Use daylight by a window or outdoors, or a light therapy box if appropriate
- Aim for **20-40 minutes** shortly after waking
- You do not need to stare at the light - it should be off to the side while you eat breakfast, read, or chat

Evening protection:

- Dim lights after sunset
- Reduce screens 1-2 hours before bed where possible
- Keep the last hour calmer and softer

(If you are using a light therapy box, follow manufacturer guidance and consider medical advice if there are eye conditions or bipolar disorder.)

A Calming Bedtime Routine for your Relative

For many people living with dementia, routine offers **structure, safety and familiarity**.

Start winding down 30-60 minutes before bed

- Lower lights
- Reduce noise and stimulation
- Move slowly and gently

Choose one or two calming activities

Examples:

- Looking at a photo album
- A short story or audiobook
- Soft music
- A warm caffeine-free drink
- Simple breathing together

Avoid stimulating activities close to bed

- Intense TV
- Late problem-solving conversations
- Tasks that create stress or rush
- Bright screens where possible

Use sensory cues

These cues help the brain “recognise bedtime”:

- Soft lighting
- Familiar sounds (gentle music, nature sounds)
- Comfortable temperature
- Soothing scent or hand cream (if enjoyed)

If helpful, you can write your routine as a short checklist and keep it somewhere visible - not as a demand, but as a gentle anchor on tired evenings.

Mindfulness Break: The Signal Breath

The Signal Breath is a short “pause button” for the nervous system - useful when you feel overwhelmed or when the night feels long.

1. Notice your stress level (0–10).
2. Breathe in slowly through the nose.
3. Pause for a moment.
4. Breathe out gently, longer than the in-breath.
5. Repeat 2–3 times, then notice if anything has shifted.

You can also try it with your relative. Keeping it simple and breathing together can be reassuring.

Practice: Progressive Muscle Relaxation

Progressive Muscle Relaxation (PMR) helps release physical tension by tensing and relaxing muscle groups in sequence. It can support sleep by encouraging the body into “rest and digest.”

A simple PMR practice

1. Get comfortable (sitting or lying down).
2. Take a few slow breaths.
3. Starting at the feet: tense for 5-10 seconds, then release.
4. Move up through calves, thighs, stomach, hands, arms, shoulders, face.
5. End with a few slow breaths and a sense of letting the body soften.

Carer-friendly tip: Even 5 minutes is useful. If your relative struggles with instructions, you can do a simplified version (e.g., “squeeze hands... and let go”).

Home Practice for Week 2

Choose what feels realistic this week:

1) Create a simple “day anchor”

Pick one consistent daytime cue:

- Wake time, *or*
- Morning light by the window, *or*
- A regular breakfast time

2) Create a simple “evening anchor”

Pick one repeatable wind-down cue:

- Dim lights after dinner, *or*
- A short shared calming activity, *or*
- Signal Breath or PMR before bed

3) Draft a Sleep Home Plan

Create a short plan for you and/or your relative. For example:

- **Morning:** sit by the window with tea for 15 minutes
- **Daytime:** one gentle activity (walk / chair exercise / purposeful task)
- **Evening:** dim lights + soft music
- **Bedtime:** short routine + PMR

Keep it small. The goal is consistency, not perfection.

Take-Home Messages

- A steady day-night rhythm supports sleep and resilience
- Light is the strongest cue for the body clock
- Melatonin and cortisol are influenced by routine and stress
- Dementia can disrupt the body clock and fragment sleep
- Morning light and dim evenings can help reset rhythms
- A simple bedtime routine can support your relative and reduce night stress

What's Coming Next Week

- Daytime routine and sleep drive
- Exercise, movement and sleep
- Home planning and troubleshooting
- Building routines that work in real caring life

See you next week.

Your Light & Routine Plan (Week 2)

You don't need to complete every section. Choose what feels realistic and gentle for this week.

1) Morning light (your daily “reset” signal)

Where will we get morning light?

- Outdoors (garden, balcony, short walk)
- Bright window seat
- Light therapy box
- Other: _____

When? (aim for shortly after waking)

Time: _____

For how long? (15–40 minutes is ideal)

- 10–15 mins
- 15–30 mins
- 30–40 mins
- Flexible

What will we be doing while we sit in the light?

- Breakfast together
 - Tea/coffee
 - Reading/listening to radio
 - Gentle conversation
 - Other: _____
-

2) Daytime rhythm (keeping the body clock steady)

One simple daytime anchor we will try this week:

- Regular wake time
- Regular mealtimes
- One gentle activity together
- Short walk outside
- Chair exercises or stretching

Other: _____

Notes:

3) Evening light (protecting sleep signals)

After dinner we will:

- Lower overhead lights
- Use warm lamps / night lights
- Reduce TV or screen brightness
- Use night mode / blue-light filter
- Keep rooms softer and quieter

What time will we begin “dimming the day”?

Time: _____

4) A simple wind-down routine (30–60 minutes before bed)

Our calm pre-bedtime steps will be:

1. _____
2. _____
3. _____
4. _____

Optional shared activity:

- Soft music
- Photo album / story
- Signal Breath together
- Progressive Muscle Relaxation
- Warm caffeine-free drink

5) Bedroom set-up for better sleep

We will aim for:

- Darker room (curtains / eye mask)
 - Slightly cooler temperature
 - Quiet or gentle white noise
 - Small night light (if helpful)
 - Comfortable bedding
-

6) Noticing what happens (no judgement, just curiosity)

What do we hope might improve this week?

- Falling asleep more easily
- Fewer night wakings
- Less daytime sleepiness
- Calmer evenings
- Easier mornings
- Other: _____

At the end of the week, we'll notice:

What worked well?

What felt difficult?

What might we keep or adjust next week?
