



Composure

SONIC SLEEP TREATMENT

Research Study Summary

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Introduction

In the summer of 2021, Composure engaged in a research study, developed in cooperation with [The Center for Health Design](#), within a newly-built memory support building of a leading Life Plan Community located in Pennsylvania.

This research included the evaluation of behavioral responses to a curated sonic* treatment developed by Composure that aimed to improve quality of sleep.

The following summarizes the study to provide meaningful insights into its construction, execution and evaluation. Peer-reviewed journal publication of complete study details is pending.

**The term "sonic" refers to a sound-based stimulus.*



Quick Stats

Method

Treatment/Control Groups: **30/30**

Measures: **>100 total**
22 Daily

NOTE: Previously validated tools were used throughout

Timeline

Period: **May-June, 2021**

Baseline: **14 days**

Study: **30 days**

Washout: **14 days**

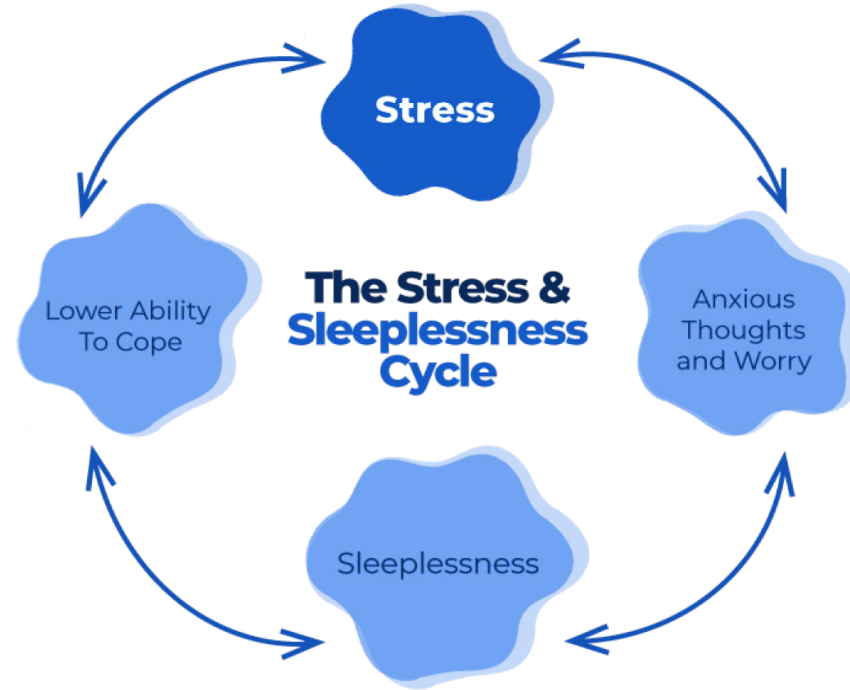


Ability to hear (with hearing aid or hearing assistance if normally used)	1. Moderate - no difficulty in hearing conversations, with background sounds (e.g., when people talking in TV)	2. Moderate - no difficulty in hearing conversations, with background sounds (e.g., when people talking in TV)	3. Moderate - difficulty in hearing conversations, with background sounds (e.g., when people talking in TV)	4. Moderate - no difficulty in hearing conversations, with background sounds (e.g., when people talking in TV)
Hearing aid or other hearing assistance	0. No	1. No	2. No	3. No
Any other issues or hearing problems? If yes, what part is greatest?	No glasses, doesn't wear them from work/glasses	hearing glasses	hearing glasses	hearing glasses
Have been Average (75%) of measured at 1, 2, 3, 4	0.000	0.000	0.000	0.000
Asychronous info	Default text	No	No	Default setting
Notes	doesn't wear hearing aid	hearing glasses		
Preferred Routine & Activities				
Prefer staying up past 8:00 p.m.	0. No	1. No	2. No	3. No
Preference for constant background noise (e.g., TV or music)	0. No	1. No	2. No	3. No
Prefer listening to music	0. No	1. No	2. No	3. No
Favorite music	classical, swing, pop, folk, country, jazz	classical music	classical	classical
Mood & Behavior				
Being short tempered, easily annoyed	0. More or less	0. More or less	1. A few days (more or less)	2. A few days (more or less)
Sleep				
Wakeness (compared to expected level of functioning for age)	0. Wakeness is not morning awakening or frequent awakenings during the night and the subject does not get out of bed early to go to work, school or other morning	1. Wakeness is slight to moderate awakening or frequent awakenings during the night and the subject does not get out of bed early to go to work, school or other morning	2. Wakeness is light to moderate awakening or frequent awakenings during the night and the subject does not get out of bed early to go to work, school or other morning	3. Wakeness is moderate to severe awakening or frequent awakenings during the night and the subject does not get out of bed early to go to work, school or other morning
Daytime drowsiness (compared to expected level of functioning for age)	0. No awake drowsiness during the day with occasional yawning	1. No awake drowsiness	2. Mild awake drowsiness during the day with occasional yawning	3. Mild awake drowsiness during the day with occasional yawning
What time does resident like to get up in the morning?	0. No rate	0. No rate	1. No rate	2. No rate
What time does resident like to go to bed in evening?	0. No rate	0. No rate	1. No rate	2. No rate
Preferred way to relax and wind down	Music - Electronic, pop, rock, jazz	Pop, folk, hard rock, country		
What helps resident to fall asleep?				
Preference for noise at night (e.g., lights on/off, room cool/warm, door open/closed, etc.)	warm, no lights, door shut	warm, no lights, door shut	warm, no lights, door shut	warm, no lights, door shut
Do resident have difficulty sleeping? What helps?	No trouble with going to bed, waking up or staying through the night	No trouble up sometimes when wife gets out of bed	wakes up through the night	wakes up through the night
Do resident have any superstitions or fears about night sleep?	No	No	No	No
Does resident need to get up to go to the bathroom at night?	No	No	No	No
Does resident like TV or radio noise the morning? If yes, what station?	No	No	No	No
Notes	sleep 10 days, waken 100 times	sleep 10 days, waken 100 times	sleep 10 days, waken 6 days	sleep 10 days to get up to school, breakfast 6 days
Notes (SDSD22) from Midday	*** should mention 0.00 and 0.000 last sleep in middle scale, last sleep frequency 1.00, 0.00, 0.000 0.00, 0.00, 0.00, 0.00	*** should mention 0.00 and 0.000 last sleep in middle scale, last sleep frequency 1.00, 0.00, 0.000 0.00, 0.00, 0.00, 0.00		1.00 & sleep through, last sleep in 0.00, 0.00, 0.00, 0.00
Sleep Environment Stimulus				
Nighttime ambient volume (head of bed)				
Nighttime lighting time (PM/AM)				
Notes (sound, music, light, etc.)				
Photos (location, door, room, speaker)				
Vertical distance (below to ceiling)				
Horizontal distance (below to speaker)				
Daytime ambient volume (head of bed)				
Daytime lighting time (PM/AM)				

Problem

Poor sleep performance and insomnia are known and pervasive issues that negatively impact quality of life for memory care residents, and subsequently that of the staff.

Furthermore, prior research suggests the quality of the environment, **including the auditory environment**, is a significant influence on older adult's health and behavioral outcomes, especially those with reduced coping thresholds who are particularly susceptible to environmental overstimulation due to dementia.



Hypothesis

We hypothesized that the delivery of a **specially composed sonic environmental treatment**, delivered during sleep, could **improve behavioral outcomes** for individuals living in a long-term memory care setting.

intervention

Sonic treatment will

change

improve

results

resident sleep & related outcomes.



Outcome Assumptions

Based on previous research and our collective professional expertise, we identified **5 types of resident outcomes** that we believed would improve if sleep were also improved:

- Mood
- Behavior
- Quality of Life
- Functional Ability
- Treatments, Medications, & Precautions



Setup

Demographic

Information was gathered for each residents' **ability to hear**, their **preferences for sounds**, any **vulnerabilities for over stimulation**, and **regular daily routines**. This helped determine which residents should be included or excluded from the study.

Technical

Leveraged the capabilities of an existing **IP Speaker System** and **centralized sound management software system** to deliver individualized timing and volumes for audio playback to **best suit the circadian rhythms and hearing profile** of each participating resident.

Creative

Decisions for composing the Sonic Sleep Treatment were made based on **input and ideation from key staff members, resident demographics, technical capability**, and the overall objective of **selecting and sequencing sounds** most likely to induce calm and restful sleep.

Operational

Processes were put in place to **ensure safety, compliance and success of the study**. Two training sessions were given to staff prior to study launch, and a **protocol was implemented to allow staff to quickly discontinue sounds** in the unlikely event a resident reacted adversely to the Sonic Sleep Treatment.

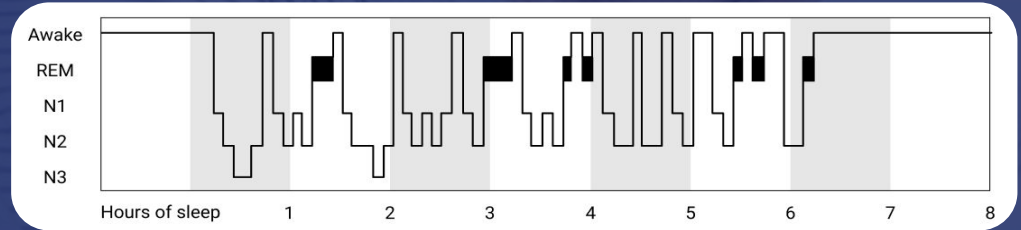




Sleep and Sound

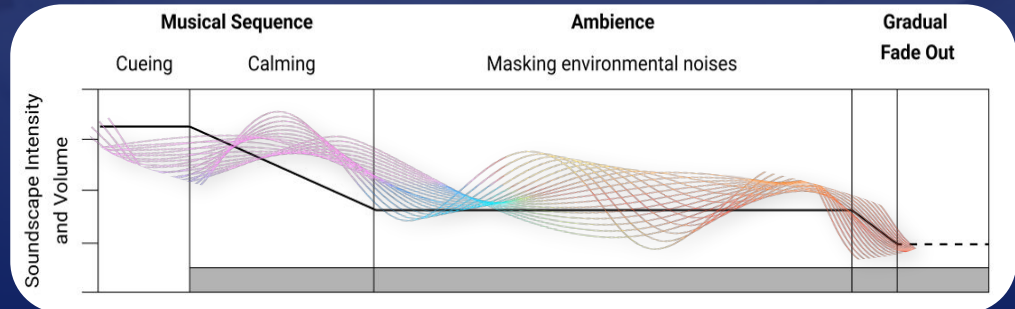
Poor sleep in older adults with dementia is impacted by:

- Natural aging, comorbidities, polypharma
- Lack of cuing and clear transitions
- Over-stimulation, depression, anxiety



Composure has developed a sequence of sounds designed to:

- Cue bedtime
- Calm the mind and body
- Reduce arousal and wakefulness



Execution



Final Outcomes

While there were a variety of improved outcomes, **the first two in the list below** were statistically significant.

1. **Daytime drowsiness**
2. **Cooperation with care**
3. Eating performance
4. Nighttime insomnia
5. Following instructions
6. Bathing performance
7. Rising/retiring activities
8. Bed mobility
9. Toilet use
10. Number of falls



Principles

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The Center for Health Design



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Thank you



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