Managing Primary Insomnia in Primary Care

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Primary Insomnia

1. Sleep difficulties minimum 3 days a week.

2. Day time distress/Impatient
   Impact: Fatigue, Attention, Concentration, Memory, Mood, Worry.

3. Severity
   a. Greater than 30 minutes
   b. Sleep onset/maintenance
Primary Insomnia (cont’)

4. Distinct – Not due to co-morbid medical and/or psychiatric condition.

5. Acute vs. Chronic
   1. Duration greater than 1-6 months
   2. “A life of its own.”
Assessment

1. History complaint
2. Sleep Diary
3. Nature/Severity
4. Contributing factors: medical, psychopathology, medications, etc.
Assessment (cont’)

5. What has person tried? Impact

6. Motivation

7. Objective vs. Subjective

8. Significant other report
Other Sleep Diagnoses

1. Sleep Apnea
2. Normal Aging
3. Restless legs/Periodic leg movement
4. Circadian Disorder
5. Narcolepsy
6. Medical/Psychiatric Disorder
7. Other: Medications, Alcohol
Framing Interventions

1. Empathic – real issue
2. Work together for improvement over time
3. Why not just a sleep med?
   a. Tolerance
   b. Dependence
   c. Side effects
Sleep Interventions

A. Review Sleep Hygiene
   1. Important but usually not sufficient
   2. Limit caffeine
   3. Limit alcohol
      (Depressant/wakefulness)
   4. Diet
   5. Exercise
Sleep Interventions (cont’)

6. Room Temperature
7. Baths
8. Dark Room/Low Light
9. Position of Clock
10. Avoid Daytime Naps
Sleep Interventions (cont’)

B. Discuss Goal Regular Schedule
7 days a week
Sleep Interventions (cont’)

3. Relaxation as part of intervention
   a. Breathing
   b. Progressive muscle relaxation
   c. Music
   d. Visualization
Sleep Interventions (cont’)

4. Practice relaxation prior to going to bed.

5. Pre-sleep downtime prior to going to bed
Sleep Interventions (cont’)

6. Stimulus Control Therapy
   a. Goal – strengthens connections between bed/bedroom with improved sleep
   b. Go to bed to sleep only when sleepy
   c. Leave the bedroom if awake for more than 15 minutes – low light, low stimulation activity.
   d. Return to bed when sleepy.
Sleep Interventions (cont’)

7. Sleep Restoration Therapy (partial sleep deprivation)
Cognitive Issues

1. Realistic Expectations
2. Multiple Factors/control what you can control
3. Catastrophizing
4. Relapse prevention: predict intermittent sleep loss
5. You can’t force sleep. Be open to it.
Collaboration with Primary Care Team

1. Educate about behavioral approach
2. Discuss potential paths/referrals
   a. PCP rule out/treat other medical cause of insomnia
   b. Suggest first try behavioral intervention rather than medication
   c. Policy on patients requesting refills of sleep medicine
   d. Policy on patients on sleep medications
Resources

• **Insomnia: A Clinical Guide to Assessment and Treatment** by Charles Mornin and Colin ESPIE

• **Cognitive Behavioral Treatment of Insomnia** by Michael Perlis, Carla Jungquist, Michael Smith, Dean Posner

• Multiple Scales; Sleep Diaries; Information Sheets
Contact Information

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