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 <u>part</u> 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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