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An Online Resource for Insomnia - Concurrent Workshop Repeated

Friday, 16 August 2013

Start 2:00pm

Start 3:05pm

Duration: 55mins

Duration: 55mins

Colosseum

Colosseum



South GP CME 2013

General Practice Conference & Medical Exhibition

15-18 August | Edgar Centre | Dunedin

sleep disorders

a practical approach

Bruce Arroll

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care School of Population Health**



**THE UNIVERSITY
OF AUCKLAND**

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

who am I

- Dept of GP since 1991
- GP in manurewa since 1991
- Hod from 2005 to 2011
- Personal chair 2005
- Cochrane editor
- 3 cochrane reviews
- Interested in practical research
 - Stuff you can use tomorrow

quote

- we are living in an age where sleep is more comfortable than ever and yet more elusive
 - » David K Randall
- www.goodfellowlearning.org.nz
 - need to sign up
 - insomnia
 - gout
 - cme/cne points

dr karen fallooon



classify-ddt

- dims
 - depression/anxiety
 - delayed sleep phase
 - drugs/alcohol
 - do not sleep well (primary insomnia)
- doze
 - OSA
 - narcolepsy
- talk (parasomnias-bumps and jumps)
 - sleep talk, walk, restless legs, grinding teeth

case 1

- 50 year old
- BMI 35
- very tired in in daytime
- wife notices that stops breathing for up to 15 seconds
- snores loudly at night
- wakes with dry mouth
- morning headache
- hikers nightmare



treatments

- CPAP
- various tongue devices
- palatal drilling
- surgery

case 2

- 75 year old woman
- goes to bed at 2100 wakes for 2 hours in middle of night
- gets up at 0600
- does not feel rested when she wakes
- will return to her later



range of definitions -insomnia

- do you have trouble with your sleeping (on at least 3 nights per week) such that it interferes with your activities the following day (eg unrefreshed in the morning, fatigued, poor concentration or irritability- lasting for more than one month
- 41% in Auckland GP Study

range of definitions -insomnia

- major current insomnia (taking at least two hours to fall asleep nearly every night)
- 10% in Seattle Study
 - Simon GE, et *Am j Psychiatr* 1997;154(10):1417-23.

dr tony fernando



developing an interest in insomnia

1. Tony Fernando's story
2. Primary insomnia
3. “all” get better with bed time restriction
4. BA skeptical → need an RCT

developing an interest in insomnia

1. Primary insomnia

1. Insomnia with no other cause

2. Needed to know other causes

3. What are the other causes in primary care

developing an interest in insomnia # 1

1. Causes of insomnia in primary are
 1. Or the differential diagnosis

developing an interest in insomnia # 2

1. Causes of insomnia in primary are

1. Depression 50%
2. Anxiety 48%
3. Sleep apnea 9%
4. General health 43%
5. Parasomnias (Sleep walk 1%, restless legs 22%)
22% ?? Bruxism 2% in reality about 5%

developing an interest in insomnia # 5

1. Causes of insomnia in primary are

1. Alcohol problem 8%
2. Other substance 4%
3. *Delayed sleep phase disorder 2%
4. *Primary insomnia 12%
 1. * mutually exclusive of other conditions

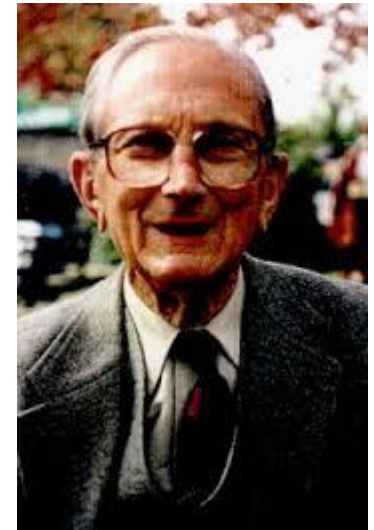
rct results

- $nnt = 3$ for time in bed restriction
 - 75% in intervention 33% in control group
- matching the time spent asleep with the time spent in bed
- start getting a deep sleep for the first time in years

who is this- v. famous australian



- lord howard florey
- developer of penicillin 1940
 - Lancet 1943 march 27th 387-97
- got noble prize
- no NZ scientists in oxford
 - writing poetry or running 1500 m
- norman heatley
 - Ba shook hands
 - Did not get noble-cups and saucers



Does your patient have trouble sleeping (on at least 3 nights per week for more than a month) such that it interferes with their activities the following day (eg unrefreshed in the morning, fatigued, poor concentration or irritability)?

Ask the following questions:

During the past month, have you been worrying a lot about every day problems?

yes

Ask more questions about anxiety

Ask more questions about depression

yes

During the past month, have you often been bothered by feeling down, depressed or hopeless? And during the past month, have you often been bothered by having little interest or pleasure in doing things?

Do you snore very loudly at night or do you find yourself falling asleep during the day i.e. in waiting rooms or as a passenger in a vehicle?

yes

Ask more questions about sleep apnoea

Ask more questions about Delayed Sleep Phase disorder

yes

When you choose, do go to bed late at night i.e. after midnight, or when you can (i.e. weekends) do you sleep late in the morning, i.e. after 10am?

Do you do anything unusual when you are asleep) eg sleep walking/talking or restless legs – an irresistible urge to move the legs in bed) or grinding your teeth?

yes

Ask about parasomnias, e.g. restless legs, sleep walking, teeth grinding, excessive nightmares

Manage those health issues

yes

Do you have any significant health problems – such as pain, breathing difficulty, acid reflux or night cough - that affects your ability to sleep well?

Do you ever feel the need to cut down on your drinking alcohol? Or in the last year, have you ever drunk more alcohol than you meant to?

yes

Manage the alcohol issues

Manage the drug issues

yes

Do you ever feel the need to cut down on your non-prescription or recreational drug use? And in the last year, have you ever used non-prescription or recreational drugs more than you meant to?

Copies of this tool are available online at
www.goodfellowlearning.org.nz

If you answered 'no' to all the questions above then you probably have primary insomnia.

case 2

- 75 year old woman
- goes to bed at 2100 wakes for 2 hours in middle of night
- gets up at 0600
- does not feel rested when she wakes

Cases # 2

1. Primary insomnia
2. Bed time restriction
3. CBT if you can find it
4. Melatonin
5. All else fails lowest dose hypnotic
6. Tricyclic in low doses
7. Mirtazapine 15mg 30 mg (about \$30 per month)

cases # 3

1. Yes to insomnia
2. Do you feel depressed down or hopeless for all or most of the past month
3. Have you lost interest or pleasure in some or all activities in the past month
4. Yes to both depression questions and yes to help

case # 3

1. Go to gold standard PHQ
2. $\text{PHQ} \geq 10$
3. Probable major depression
4. Treat depression
 1. Tcas
 2. Mirtazpine
 3. Ssris + benzos

case # 4

1. Yes to insomnia
2. Yes to two depression screening tools
3. Yes to snore loudly and yes to falling asleep easily
4. BMI 23 age 32



case # 4

1. Go to gold standard
2. PHQ = 14
3. Yes has major depression + sleep apnea
4. Works for Fisher and Paykell –tests oxygen sats → getting desats
5. What do you do

case # 5

1. 28 year old acoustic engineer
2. Goes to bed at 2 pm and in weekend wakes at 1000 hrs
3. During the week gets up at 6 am to go to work – tired all day
4. What's the diagnosis



case # 5

1. Possible Delayed sleep phase disorder
2. Rx melatonin 3 to 5 mg 1-4 hours before bedtime
3. And/or light boxes in am

case # 6

1. Patient presents very tired; falls asleep at work
2. Age 55, indian
3. Works in a bank
4. bmi 26
5. What to ask about



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case #6

- does he stop breathing and how often
- does he sore
- does he wake with a headache
- does he wake with a dry mouth

case #7

- patient ticks multiple boxes
- where do you start
- some participants had 8 conditions

take home message

- 11 major causes of insomnia
- New ones are
 - Primary insomnia
 - Delayed sleep phase
- Most of the others you know
- Helpful to have a tool

sleep advice

- don't read in bed
- slow down breathing
- make your eyes half closed eyes
- say relax- not try to get to sleep
- having lots Of thoughts is a sign of going to sleep- put them aside or write them down

- <http://www.sleepwellclinic.co.nz/services.html>
 - alex bartle
- **dr andrew veale (09) 638 5255**
- **dr tony fernando (09) 638 9804**