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An Online Resource for Insomnia - Concurrent Workshop Repeated

Friday, 16 August 2013	Start 2:00pm	Duration: 55mins	Colosseum
	Start 3:05pm	Duration: 55mins	Colosseum

sleep disorders

a practical approach

Bruce Arroll

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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

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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

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dr karen falloon

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

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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

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treatments

- CPAP
- various tongue devices
- palatal drilling
- surgery

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case 2

- 75 year old woman
- goes to bed a 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

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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

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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.

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dr tony fernando

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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

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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

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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%

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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

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who is this- v. famous australian

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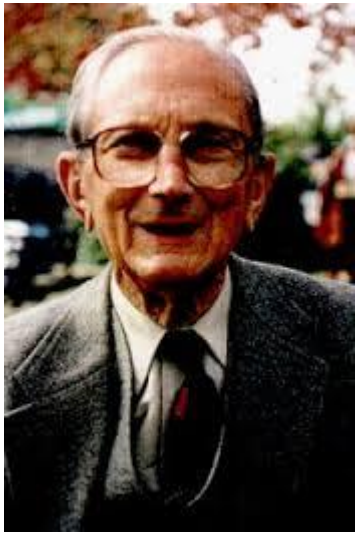
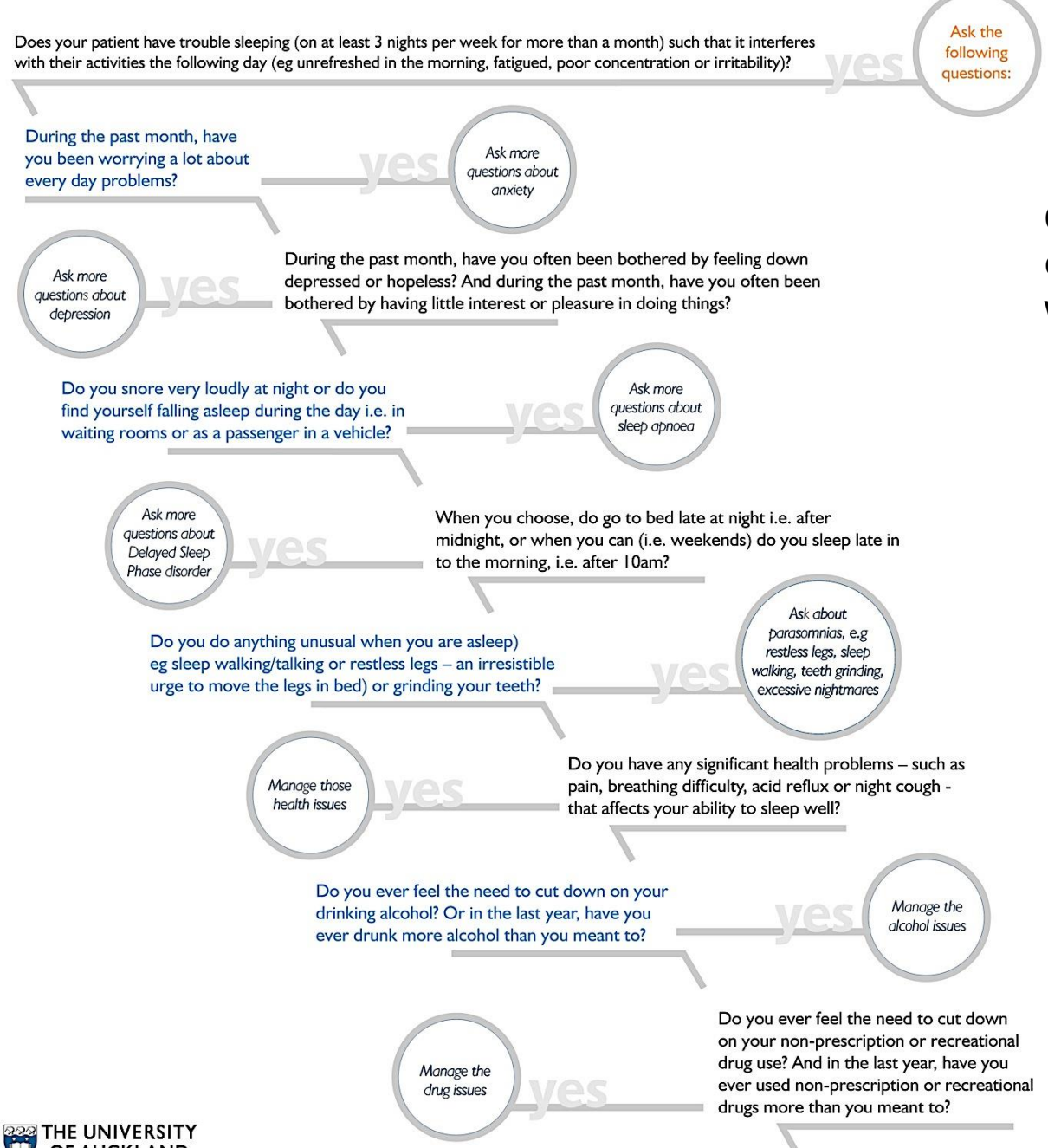
- lord howard florey
- developer of penicillin 1940
  - Lancet 1943 march 27th 387-97
- got noble prize
- no NZ scientists in oxford
  - writing poetry or running 1500 m
- norman heatley
  - Ba shook hands
  - Did not get noble-cups and saucers





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

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case 2

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

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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)

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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

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case # 3

1. Go to gold standard PHQ
2. PHQ ≥ 10
3. Probable major depression
4. Treat depression
    1. Tcas
    2. Mirtazpine
    3. Ssris + benzos

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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

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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

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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

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

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case #7

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

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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

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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

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- http://www.sleepwellclinic.co.nz/services.html
  - alex bartle

- **dr andrew veale (09) 638 5255**
- **dr tony fernando (09) 638 9804**