Diagnosis and Management of Insomnia
GP CME 2015

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When a patient presents with a sleep symptom

- Don’t just whip out your prescription pad and prescribe a hypnotic/ sleep med

- What is causing the symptom? Treat accordingly
  - psychiatric disorder
  - medication/ substances/ medical
  - sleep disorder
  - Lifestyle/ body clock

- Sleep Diary
- Sleep Questionnaire (try the Auckland Sleep Questionnaire www.insomniaspecialist.com)

- Sleep Specialist Referral if needed
- Polysomnography (Overnight Sleep Study) if needed
3 major groups of sleep symptoms

- Insomnia?
- Excessive Daytime Sleepiness?
- Parasomnias?
Insomnias

• Report of poor, unrefreshing sleep
• Initial, middle, late insomnia (delay, fragmentation of sleep)
• Daytime consequences
• More than a month (chronic)
Conditions presenting as insomnia

- Psychiatric disorders- mainly mood disorders and anxiety disorders (50%)
- **Primary insomnia (30%)**
- Medical problems (i.e. chronic pain, GE reflux, CFS/ME, hyperthyroidism, fibromyalgia)
- Substances (Recreational and Prescribed)
- Poor sleep hygiene
- Circadian Rhythm disorders (i.e. DSPD, jet lag, shift work)
- Other sleep disorders (i.e. sleep apnoea, RLS, parasomnias, nocturnal panic, nightmares)
Evaluation of Insomnia

- Clinical Interview
- Sleep Questionnaires
  - Auckland Sleep Questionnaire
    www.insomniaspecialist.com (forms)
- Sleep Diary
- Diagnostic Tests? Polysomnogram (Overnight Sleep Study)? WHEN?
Evaluation of Insomnia

- Clinical Interview
  - Initial, middle, late?
  - Effects during the day? Safety?
  - Onset, course, duration? Triggers?
  - Sleep schedule- usual bed time, preferred bed time if on holiday, awakenings, time feel really sleepy, final waking time, preferred waking time if on holiday
  - Daytime routines- meals, exercises, relaxation times, computer use, NAPS!
  - Sleep conditions
  - Substances (caffeine, nicotine, recreational, prescribed, OTC)
  - Current and past sleep treatments
  - Other sleep symptoms
  - Psychiatric/ Medical/ Family history of sleep symptoms
Auckland Sleep Questionnaire

- Screening tool
- Gold Standard Questionnaire
- Prof Bruce Arroll, Tony Fernando, Karen Falloon, Guy Warman

- validated tool for diagnosing sleep disorders.

- [www.insomniaspecialist.com](http://www.insomniaspecialist.com) (forms)
f. During the past month have you been worrying a lot about every day problems?

☐ No       ☐ Yes     is this something with which you would like help?

☐ No       ☐ Yes but not today       ☐ Yes

ɡ. Do you snore very loudly at night

☐ No       ☐ Yes       ☐ Don't know

ɡi. Do you find yourself falling asleep during the day i.e. in waiting rooms or as a passenger in a vehicle?

☐ No       ☐ Yes

h. When you can choose do you go to bed late at night i.e. after midnight

☐ No       ☐ Yes

hi. When you can choose (i.e. weekends) do you sleep late into the morning i.e. after 10 am

☐ No       ☐ Yes

i. Do you do anything unusual when you are asleep i.e. sleep walking/talking or restless legs or grinding your teeth?

☐ No       ☐ Yes

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

☐ No       ☐ Yes

k. Do you ever feel the need to cut down on your drinking alcohol? (Tick no if you do not drink alcohol OR do not feel the need to cut down)

☐ No       ☐ Yes
Sleep Questionnaire (Screen)

12a. Do you consider yourself naturally a (tick one):

☐ Morning person or a “lark” (someone who normally wakes up early and feels sleepy before 11.00 pm?)
☐ Evening person or an “owl” (someone who normally can stay up late, around midnight or later, and prefer to sleep in late in the morning?)
☐ Neither type or in between
☐ Unsure

12b. When you can choose, (e.g. weekends or holidays) do you go to bed late at night e.g. after midnight?

☐ No  ☐ Yes

12c. When you can choose do you sleep in late in the morning e.g. after 10.00 am?

☐ No  ☐ Yes

12d. What time do you usually go to bed _______________________________________

12e. What time do you usually get up _______________________________________

12f. How many hours do you actually sleep ____________________ (this can be different from the hours you spend in bed)

13a. Do you sleep walk? If no go to 14a  ☐ No  ☐ Yes
# Sleep Diary

<table>
<thead>
<tr>
<th>Information to record:</th>
<th>Example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day and date</td>
<td>Mon 30/08</td>
</tr>
<tr>
<td>Naps (in minutes)</td>
<td>90 minutes</td>
</tr>
<tr>
<td>Dinner time</td>
<td>7pm</td>
</tr>
<tr>
<td>Caffeine/alcohol (amount and time)</td>
<td>1 coffee at breakfast, 1 glass of wine with dinner</td>
</tr>
<tr>
<td>Medications</td>
<td>2 paracetamol at 10am</td>
</tr>
<tr>
<td>Cigarettes (amount and time)</td>
<td>8am, 10am, 1pm, 5pm, 9pm</td>
</tr>
<tr>
<td>Relaxation/quiet time (amount and time)</td>
<td>30 minutes at 8pm</td>
</tr>
<tr>
<td>Before bed activities</td>
<td>Watched TV</td>
</tr>
<tr>
<td>In bed activities</td>
<td>Read for 30 minutes</td>
</tr>
<tr>
<td>Average energy level during the day (1-10) *</td>
<td>5</td>
</tr>
<tr>
<td>Comments</td>
<td>Argument with partner in the evening</td>
</tr>
</tbody>
</table>

| Lights out time | 10pm |
| Minutes to fall asleep | 45 minutes |
| Times awoke after first falling asleep | 3 times |
| Total minutes awake after first falling asleep | 1 hour |
| Final waking time | 6am |
| Time got out of bed | 7am |
| Total hours asleep | 6.25 hours |
| Quality of sleep (1-10) * | 4 |
| Feeling at waking (1-10) * | 4 |

* Note: For ratings, use 1=lowest/worst, 10=best/highest

Dr Tony Fernando Insomnia Service 2001
Primary Insomnia

- DSM diagnosis
- About 30% of chronic insomniacs
- Diagnosis of exclusion; must have ruled out psychiatric, medical, neurologic, substances

- Marker for future depression?
Primary Insomnia

- Clinical features
  - Initial/ middle or late insomnia
  - Not attributable to other sleep/ psychiatric/ medical disorders
  - Poor functioning the following day
  - Hyperarousal
Primary Insomnia

• Treatments
  – CBT for Insomnia
    • Addressing distorted cognitions about sleep/insomnia
    • Sleep hygiene
    • Stimulus control
    • **Sleep Restriction/ Sleep Rescheduling***
Primary Insomnia

• Treatments
  – Medications
    • Benzo and analogues
    • Sedating antidepressants; antihistamines; antipsychotics
    • Melatonin? Valerian?
  – Non medications
    • Relaxation techniques- PMR
    • Mindfulness Meditation***
    • Cardiovascular exercise
    • Light treatment
Optimizing body clocks

- Examining their circadian patterns. Look at sleep diary.

- Consider increased activities and stimulation during the early part of the day and winding down/relaxing activities at night.

- Avoiding gadgets from 3 hours before target bed time
• Calm and focused mind
  - Learning mindfulness
    • Focusing on the present moment usually by focusing on the breathing sensation
    • Not judging, just observing
    • www.calm.auckland.ac.nz
www.calm.auckland.ac.nz
CLINICAL REVIEW

The assessment and management of insomnia in primary care

Karen Falloon PhD candidate¹, Bruce Arroll professor and head of department¹, C Raina Elley associate professor¹, Antonio Fernando III senior lecturer²

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When a patient presents with a sleep symptom

- Don’t just prescribe a sleep medication
- What is causing the symptom? Treat accordingly.
  - psychiatric disorder
  - medication/substances/medical
  - sleep disorder
  - lifestyle
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Helpful Websites

- [www.insomniaspecialist.com](http://www.insomniaspecialist.com) (sleep questionnaire and sleep diary)
- [www.calm.auckland.ac.nz](http://www.calm.auckland.ac.nz) (downloadable mp3’s on meditation, relaxation, self hypnosis, positive psychology)
- [http://yoursleep.aasmnet.org](http://yoursleep.aasmnet.org) (general information, patient resources on sleep and sleep disorders)
You can wake up now.
Talk over...