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An Online Resource for Insomnia - Concurrent Breakout Session (Repeated)

Friday, 21 June 2013

Start 4:30pm

Start 5:35pm

Duration: 55mins

Duration: 55mins

Da Vinci

Da Vinci



 **Rotorua GP CME 2013** 

General Practice Conference & Medical Exhibition

20-23 June 2013 | Energy Events Centre | Rotorua

Sleep: An Online Resource on Goodfellow Learning

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Dr. Bruce Arroll

- Dept of GP 1991 and GP Manurewa
- HOD 2005–2011
- Cochrane Editor
- 3 Cochrane Reviews
- P.E.A.R.L.S.
- Interested in knowledge transition
- Making a difference

Perrin Rowland

- PTF/PM Goodfellow Learning
- Learner Experience
- Making a Difference

dr tony fernando



dr karen fallooon



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And Introducing:



- Case Studies
- Toolkits
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What Sleep Can Do For You

While the number of **hours of sleep** a person needs varies based on individual needs, a **good night's rest** has many **benefits**:



Reduces **stress**.



Improves your **memory**.



Can help you **lose weight**.



Can **prevent depression**.



It can help you **heal faster**.



Reduces inflammation that could lead to heart-related conditions, cancer and diabetes.



Makes you **more alert** and have faster reaction times.



Why a Toolkit on Insomnia in General Practice?

Insomnia affects approximately 20–30% of the population and up to 50% of patients attending primary care will report these symptoms ...*if asked*.



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

1. Do you have any problems with your sleep?
2. Are you sleepy or tired in the daytime?
3. Do you snore every night?

Auckland Sleep Questionnaire:

Primary Insomnia is a diagnosis of exclusion.

In order to diagnose primary insomnia, other common causes of sleep disorders needed to be ruled out.

[The Auckland Sleep Questionnaire](#)

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)?

yes

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.

Developing an interest in insomnia # 2

1. Causes of insomnia in primary are

- Depression 50%
- Anxiety 48%
- Sleep apnea 9%
- General health 43%
- 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

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



Cases # 1

1. Yes to insomnia

2. And no to the rest

3. Second case the 75 year old woman

Cases # 1

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 # 2

1. Yes to insomnia

2. Yes to both depression questions
and yes to help

Cases # 2

1. Go to gold standard PHQ
2. $\text{PHQ} \geq 10$
3. Probable major depression

Cases # 3

1. Yes to insomnia
2. Yes to one of the depression questions

Cases # 3

1. Go to gold standard
2. PHQ = 9
3. ? Sub threshold major depression
4. ? False +ve screening
5. What do you do

Cases # 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

Cases # 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

Cases # 5

1. 28 year old 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

Cases # 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

Cases # 6

1. Patient presents very tired; falls asleep at work
2. Age 55
3. Works in a bank

One third of patients with primary insomnia will improve through simple measures:

- Good History to determine accurate conditions.
- Bedtime restrictions.
- Sleep hygiene measures
- [Sleep Flyer.](#)



INSOMNIA

Maybe you could sleep if you had some normal pajamas?

Asking is important!

- Treatment of different causes vary.
- Important to rule out all other causes of insomnia.
- Auckland Sleep Questionnaire (ASQ)

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Actually, The Sandman's little brother
"Boulder Boy" could get people asleep
a whole lot quicker.

I've tried everything to get to sleep. Well, except that thing where you shut off your phone and close your eyes, but let's not get crazy.



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
- (and yes, perhaps shut off your phone)

- <http://www.sleepwellclinic.co.nz/services.html>
 - **Dr Alex bartle**
- **Dr Andrew Veale (09) 638 5255**
- **Dr Tony Fernando (09) 638 9804**

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