Prof Bruce Arroll

University of Auckland

Auckland

Perrin Rowland

Goodfellow Unit

Auckland

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

Friday, 21 June 2013	Start 4:30pm	Duration: 55mins	Da Vinci
	Start 5:35pm	Duration: 55mins	Da Vinci

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Sleep:An Online Resource on Goodfellow Learning

Bruce Arroll (GP) & Perrin Rowland

Department of General Practice and Primary Health Care, School of Population Health, The University of Auckland

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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

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dr karen falloon

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And Introducing:

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- Case Studies
- Toolkits
- Short Courses
- Masterclasses


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.
Sleep

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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?

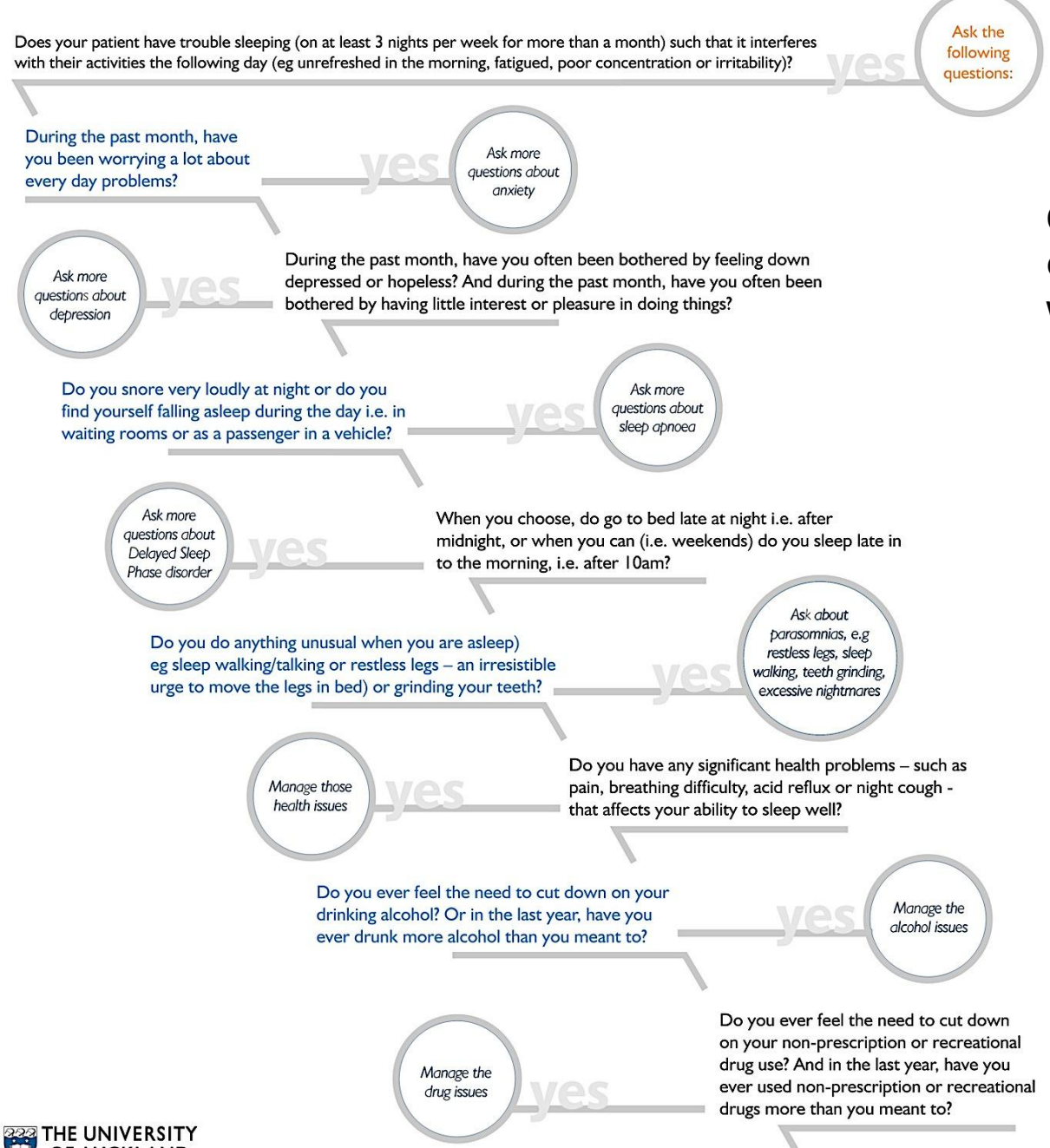
3. Do you snore every night?

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



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

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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


Before Guidance Comes Trust
BAYLEYS

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. PHQ ≥ 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

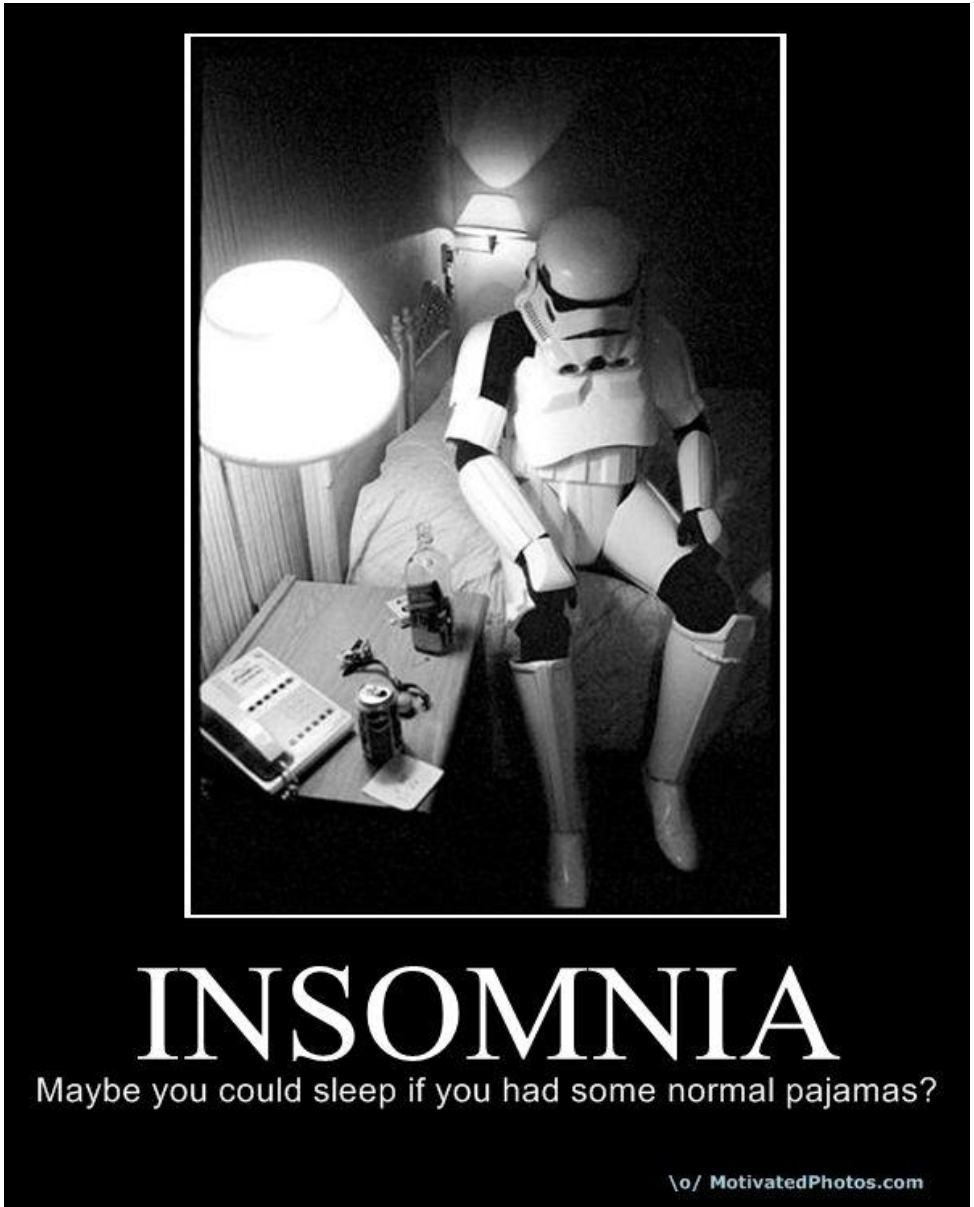
1. Possible Delayed sleep phase disorder
2. Rx melatonin 3 to 5 mg 1-4 hours before bedtime
3. And/or light boxes in am

Cases # 6

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

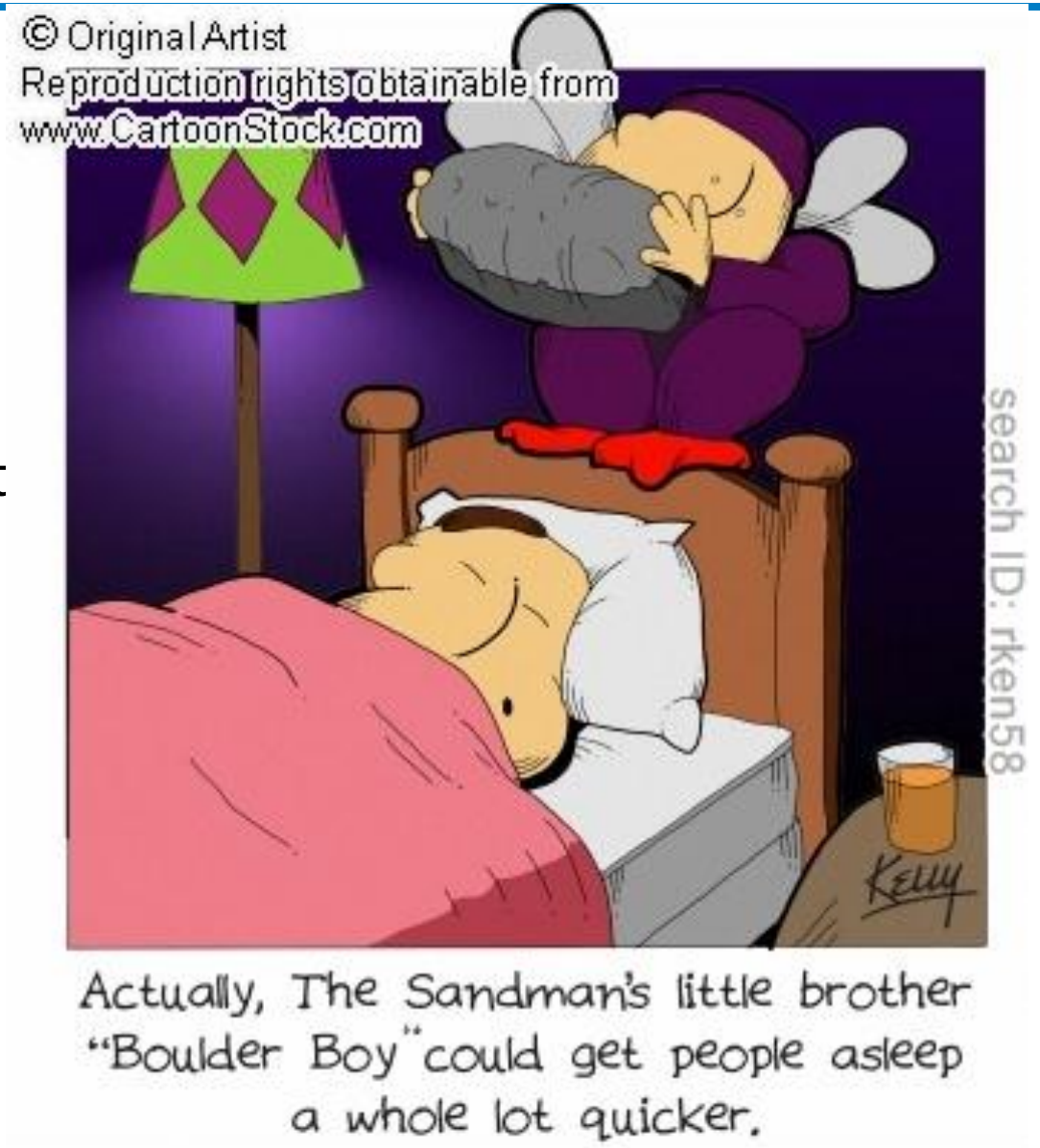
One third of patients with primary insomnia will improve through simple measures:

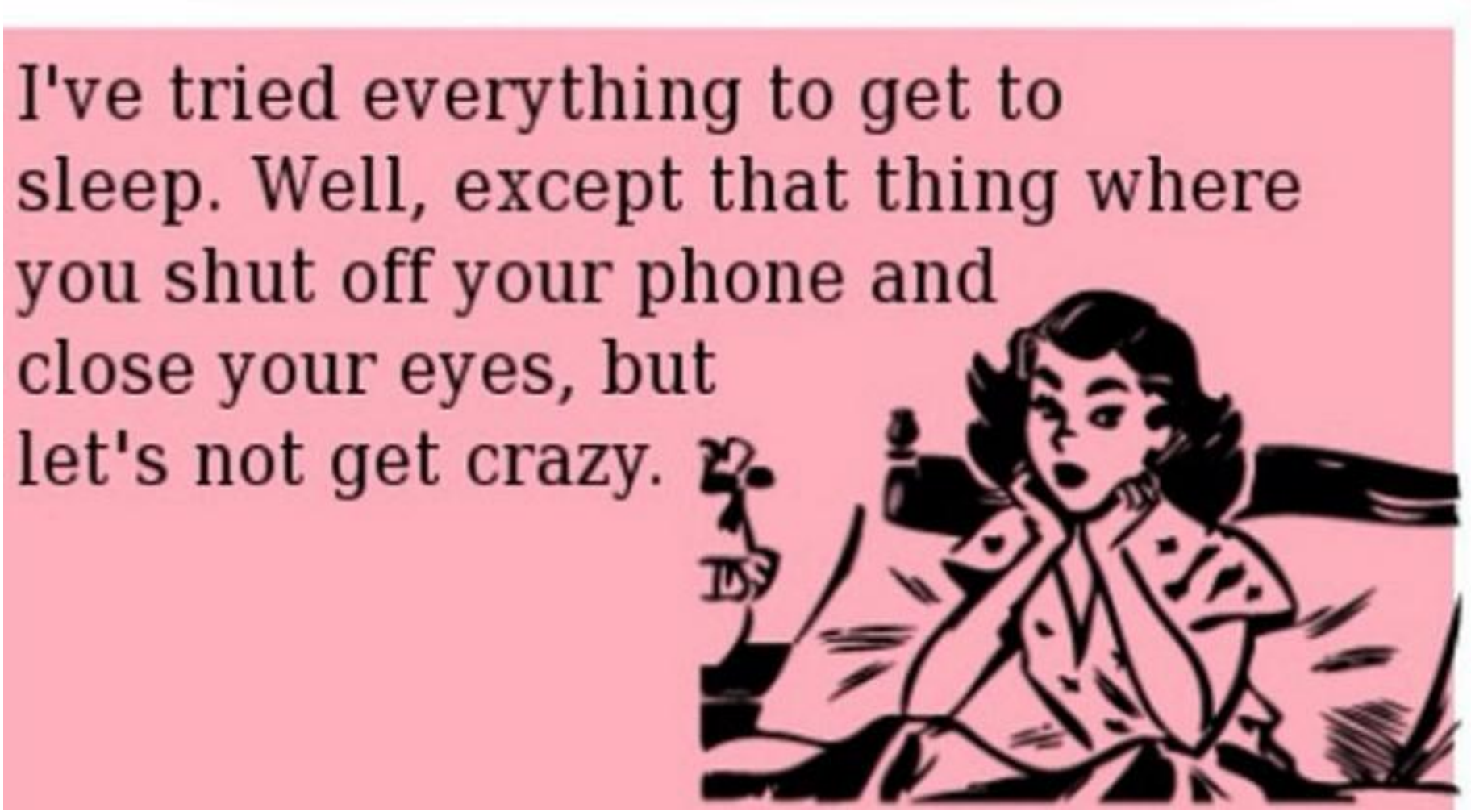
- Good History to determine accurate conditions.
- Bedtime restrictions.
- Sleep hygiene measures
- Sleep Flyer.



Asking is important!

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




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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