

APPROACH TO PATIENT WITH INSOMNIA



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Learning Objectives

- To define “Insomnia.”
- To identify the different types of insomnia.
- To evaluate a patient presenting with insomnia.
- To list the different treatment options for insomnia.

DEFINITION

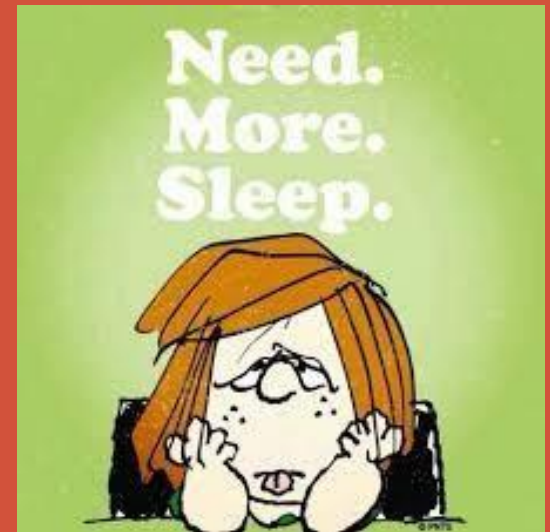


Definition

- **Insomnia is defined as a lack of sleep**
- Insomnia is present if all the following criteria are met:
 - **Difficulty initiating sleep, or difficulty maintaining sleep, or waking up too early.**
 - **The sleep difficulty occurs despite adequate opportunity and circumstances for sleep.**
 - **The impaired sleep produces deficits in daytime function.**

Associated Daytime Symptoms

- Insomnia is usually accompanied with symptoms during the day:
 - Fatigue or malaise
 - Poor attention or concentration
 - Social or educational dysfunction
 - Mood disturbance or irritability
 - Daytime sleepiness
 - Reduced motivation or energy
 - Increased errors or accidents
 - Behavioral problems such as hyperactivity, or aggression
 - Ongoing worries about sleep.



TYPES OF INSOMNIA

Types of Insomnia

- **The International Classification of Sleep Disorders**, identifies 3 major types of insomnia:
 - Short-term insomnia
 - Chronic insomnia
 - Other insomnia

Short-Term Insomnia

- Known also as **adjustment** insomnia, **acute** insomnia, **stress-related** insomnia, or **transient** insomnia.
- Symptoms are present for less than **3 months**.
- Symptoms may be temporally related to an identifiable stressor.

Chronic Insomnia

- Symptoms occur at least **3 times per week** for **3 months or more** and they are **not related to:**
 - an inadequate opportunity for sleep
 - an inappropriate sleep environment
 - another sleep disorder.

Other Insomnia

- This term is used for patients who have **difficulty initiating or maintaining sleep** but without meeting all of the criteria for either short-term or chronic insomnia.



EPIDEMIOLOGY

Sleep statistics worldwide

- More than **20%** of the general adult population in the U.S. and Canada have reported experiencing insomnia.
- **%62** of adults around the world say they don't sleep as well as they'd like.
- As many as **67%** of adults report sleep problems at least once every night.

Sleep statistics worldwide

- **8 out of 10** adults around the world want to improve their sleep.
- **%44** of adults around the world say that the quality of their sleep has gotten worse over the past five years
- Philips Global Sleep Survey 2019

RISK FACTORS & ASSOCIATED CONDITIONS

Risk Factors

- Previous episode of insomnia.
- Family history of insomnia.
- Predisposition to being more easily aroused from sleep.
- Specific medical conditions usually associated with insomnia.

Possible Associated Conditions

- Respiratory diseases (Obstructive Sleep Apnea, Asthma, Chronic Obstructive Pulmonary Disease)
- Dementia
- Psychiatric disorders
- Neurological conditions
- Heart failure

Medication Use

- **Insomnia can be caused by a wide variety of medications:**
 - Central nervous system stimulants like Caffeine, Amphetamine
 - Theophylline
 - Appetite suppressants
 - Calcium channel blockers
 - Antidepressants
 - Beta blockers
 - Steroids

Possible Complications

- Elevated cardiovascular risk, including hypertension and myocardial infarction.
- Increased risk for diabetes mellitus.
- Bidirectional relationship between insomnia and depression, anxiety, and substance abuse.



EVALUATION

Diagnostic Evaluation

- Insomnia is clinically diagnosed.
- Diagnostic Evaluation is based on:
 - Sleep History
 - General History
 - Physical Examination.
- Additional testing is guided by the history and physical examination but it is not required in most patients.

Sleep History:

- A sleep history is the main diagnostic evaluation. It includes:
 - Number of awakenings
 - Duration of awakenings
 - Duration of the problem
 - Sleep times over a 24-hour period and over a week
 - Symptoms of disturbed sleep (daytime sleepiness, fatigue)
 - Duration of the symptoms (acute or chronic)
 - The sleep environment

General History

- It is important to evaluate patients for the presence of other factors that can cause insomnia:
 - **Medical conditions** (wheezing, dyspnea, peripheral edema, pain)
 - **Psychiatric conditions** (depressed mood, anxiety, and suicidal ideation)
 - **Sleep disorders** (snoring and sleep apnea)
 - **Neurological diseases** (memory loss)
 - **Medications** (stimulant)
 - **Substances** (alcohol, caffeine, illicit drugs)

Physical examination

- Physical examination is normal in most cases, but sometimes **it may reveal medical problems that are frequently associated with insomnia.**
 - Excessive oropharyngeal tissue may be seen in obstructive sleep apnea.
 - Lower extremity swelling in heart failure.
 - Extremity deformity in rheumatologic disease.
 - Abnormal mental status in dementia.

MANAGEMENT

Initial Management

- Treat first any **medical** condition, **psychiatric** illness, **substance abuse**, or **sleep disorder** that may be precipitating or exacerbating insomnia.
- Initial management is based on basic **behavioral counseling** about **sleep hygiene** and **stimulus control**.

Sleep Hygiene - Advice to Patients

- Sleep time needed to feel rested (around 7 - 8 hours in adults)
- Maintain regular sleep schedule.
- Try not to force sleep.
- Avoid caffeinated beverages after lunch.
- Avoid alcohol.
- Avoid smoking, especially in the evening.
- Adjust the bedroom environment in order to decrease stimuli (decrease light, turn off the television or radio)

Sleep Hygiene - Advice to Patients

- Avoid prolonged use of light-emitting screens (laptops, smart phones...) before bedtime.
- Resolve concerns or worries before bedtime.
- Exercise regularly for at least 20 minutes, preferably more than 4 to 5 hours before bedtime.
- Avoid daytime naps, especially if they are longer than 20 to 30 minutes or occur late in the day.

Basic Behavioral Therapy

- Basic behavioral therapy for insomnia includes: sleep hygiene education, stimulus control, relaxation, and cognitive behavioral therapy.
- Behavioral therapy is typically implemented over a series of approximately 6 to 10 sessions.



MEDICATIONS

- Medications used commonly to treat insomnia include:
 - Benzodiazepines
 - Non-benzodiazepine sedatives
 - Melatonin agonists



Follow Up

- **Response to treatment** is manifested by improved sleep at night and improvement of daytime deficits.
- **Discontinuation of the medication** should be considered in any patient who is receiving pharmacologic therapy alone or combination therapy.
- **Other causes for poor sleep should be investigated** in patients who have little improvement during the initial trial of cognitive behavioral therapy, pharmacologic therapy, or combination therapy.

INDICATIONS FOR REFERRAL



"I want to sleep
but my brain
won't stop
talking to
itself."

Indications for Referral

- Refer to a sleep medicine physician:
 - Patients with insomnia not responding to treatment.
 - Patients with insomnia in addition to symptoms of other sleep disorders such as sleep apnea, periodic limb movements, narcolepsy and parasomnias.



THANK YOU