

# 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

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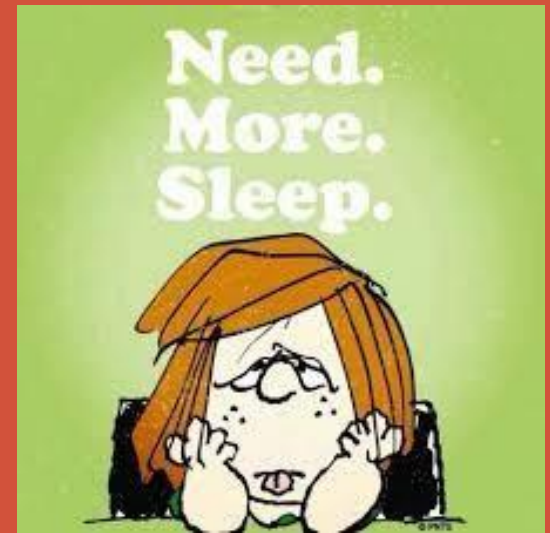


# Definition

- **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

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# 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

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# 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

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# 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 ,COPD (Chronic Obstructive Pulmonary Disease)
- Dementia
- Psychiatric disorders:depression ,PTSD, generalized anxiety disorder,Bipolar disorder
- Neurological conditions:Parkinson's disease ,stroke ,restless leg syndrome ,epilepsy.
- 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 of metabolic disorders like diabetes mellitus.
- Bidirectional relationship between insomnia and depression, anxiety, and substance abuse.



# EVALUATION

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# 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 drug cocaine ,Heroin )

# 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

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# 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

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"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**