Chronic Insomnia

Biopsychosocial Assessment and Treatment

in Integrated Primary Care Settings

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Combined DSM-V and ICSD Criteria

- Subjective complaints of poor sleep
- Difficulties initiating and/or maintaining sleep
  - Sleep onset latency (SOL) > 30 mins, or
  - Wake after sleep onset (WASO) > 30 mins
  - Time in bed and asleep (sleep efficiency) < 85%
- Sleep problems 3 or more nights per week
- Duration of insomnia > 3 months
- Causes impairment
Evolution from Acute to Chronic Problem

- **Premorbid**
- **Acute Insomnia**
- **Early Insomnia**
- **Primary Insomnia**

**Factors**
- **Perpetuating Factors**
- **Precipitating Factors**
- **Predisposing Factors**
Assess

• **History**
  - Onset, duration, frequency
  - Initiating factors

• **Sleep environment**
  - Quiet, comfortable, arousal

• **Pre-sleep behaviors**
  - **Sleep aids** (medication, alcohol)
  - Activity
  - **Substance use**
    - **Caffeine** (how much, last time)
    - Tobacco
Assess

• In bed behaviors
  • TV, read, eat, talk on the phone

• Sleep Schedule (Week vs Weekend)
  • Naps (frequency, length)
  • Time in bed (Why?)
  • Time to fall asleep
  • How often do they wake up—for how long?
  • Use of an alarm
    • Wake before or after? Snooze?

• Consequences
  • After waking (rested or tired)
  • Throughout the day
    • Concentration, sleepy or tired
      • Fallen asleep in inappropriate places
Assess

• Rule Outs
  • Respiratory distress/Sleep apnea
    • Snoring, gasping for breath, waking with a headache
  • Periodic limb movements
    • Kicking bed partner, suddenly awake
  • Restless leg syndrome
    • Discomfort in legs: burning, itching, or crawly sensation
  • Pain/Headaches
  • GERD
  • Bruxism
    • Grind your teeth at night
  • Emotional
    • Depression, Anxiety, PTSD
Assess

- Sleep Diary
- Insomnia Severity Index
  - 7 items
- Actigraphy
- Polysomnography
Advise/Agree

- Determine what patient is willing to change
- May get worse before improvements
- Highlight importance of sticking to plan
Assist

Sleep Hygiene Principles

• Avoid caffeine 4 to 6 hours before bedtime
• Avoid nicotine before bedtime
• Avoid alcohol before bedtime
• A light snack at bedtime may be sleep promoting
• Avoid vigorous exercise within 2 hours of bedtime
• Bedroom environment: moderate temp, quiet, dark
• Comfortable mattress and pillows
• Wind-down routine
Assist

Sleep Scheduling: Stimulus Control & Sleep Restriction

- **Avoid daytime napping**
  - Limit to 15-30 minutes before 1500
- **Use the bed & bedroom for sleep and sex ONLY**
  - NO TV, reading, eating, studying, phone
- **Go to bed only when sleepy, after threshold time**
- **Get out of bed if not asleep in 15 minutes**
  - Where will the patient go?
  - What will the patient do?
  - Return to bed when sleepy
  - Repeat as necessary
Assist
Sleep Scheduling: Stimulus Control & Sleep Restriction

• **Threshold time**
  - Calculate **average total sleep time**
    - **Include naps**
  - Establish when patient **wants to wake-up**
  - **What time** would patient go to bed to achieve average total sleep time?
    - **In bed = wake time - TST**
      - **In bed = 0500 – 6hrs**
      - **In bed = 2300**
  - **Increase 15 min increments** if sleep efficiency at 90% or higher
Assist
Additional Interventions

• Stress Management Training
• Neuromuscular Relaxation Training
• Worry Control/Problem Solving Training
• Generalized Anxiety Management
Arrange

- Determine *adherence to plan*
- **Consider referrals** to sleep medicine/specialty if no improvements