Insomnia

Quick Facts:

Insomnia is characterized by frequent and persistent difficulty initiating or sustaining sleep despite adequate sleep opportunities and circumstances. Those with insomnia may present with sleep dissatisfaction and impaired daytime functioning. Insomnia can occur in isolation or comorbidly with mental disorders, medical conditions or substance abuse. Symptoms must occur at least three times per week for at least three months to meet criteria for chronic insomnia.

It is thought that insomnia is affected by a combination of factors, and these have been summarized as the "3 P's of Insomnia":

- Predisposing factors of insomnia are characterized by general "hyperarousal" states that lower one's threshold for waking and are often difficult to modify. Addressing modifiable predisposing factors of insomnia may considerably help improve the severity of a patient's insomnia. Examples of predisposing factors include genetic predisposition to insomnia and pre-existing conditions (such as chronic pain, chronic mood/affective disorders, sleep-disordered breathing, bladder dysfunction, and shift work).
- Precipitating factors of insomnia are triggers for the onset or worsening of sleep difficulty and are usually related to changes in the patient's life. Examples of precipitating factors include stressful life events, changes in routine, or intense emotional positive or negative experiences. Precipitating factors cannot be undone, but cognitive and behavioral interventions can mitigate the intensity of these triggers.
- Perpetuating factors of insomnia are repeating behaviors or conditions that contribute to insomnia and most are responsive to interventions. Examples of perpetuating factors include inadequate sleep hygiene, negative concepts about insomnia and its effects and environmental factors. Treatment options include cognitive and behavioral therapy, modifications to sleep hygiene, mindfulness-based interventions, and medications.

Why It Matters

- Anyone can suffer insomnia at any age: Up to 33% of adults experience insomnia at least intermittently, as well as 20-40% of children and teenagers.
- Insomnia comes at a high price to society: The total annual direct costs of insomnia to the U.S. economy is projected to exceed $90 billion.
- Insomnia can reduce life expectancy and increase the risk of cardiovascular events, compromised immunity, obesity, diabetes, seizures and asthma.
- Insomnia can affect daily activities, including motivation, road safety, interpersonal relationships, judgement and performance.
- Other disorders can mimic or contribute to insomnia, such as restless legs syndrome (RLS), pain, acute stress, sleep apnea and medication side effects.
- Insomnia can also be a symptom of another disorder, such as depression, anxiety or substance abuse.

What You Can Do

- Start the conversation about your patient's sleep quality. Ask about sleep latency or waking during the middle or end of the night.
- Look for comorbidities and behaviors that may contribute to or mask insomnia. These include mental health conditions (eg, anxiety, depression), medical conditions (e.g., pain, sleep disorder), the use of medications or substances, or issues with sleep hygiene (e.g., excessive caffeine or alcohol intake).
- Consider an evidence-based psychological/behavioral treatment for adults. Treatment can include sleep hygiene education, stimulus control, sleep restriction, relaxation and cognitive behavioral therapy for insomnia. Remember that sleep hygiene education alone is insufficient.
- Consider an evidence-based pharmacological treatment. These include benzodiazepine receptor agonist hypnotics (e.g., zolpidem, eszopiclone, zaleplon, temazepam, flurazepam, estazolam), doxepin, ramelteon and suvorexant. Other agents with some evidence for efficacy, but without a specific FDA indication for insomnia, can also be considered. These include certain benzodiazepine receptor agonists not specifically indicated for insomnia treatment (e.g., clonazepam, lorazepam); sedating antidepressants, used alone or in combination with benzodiazepine receptor agonists. or ramelteon; and, for patients with specific comorbidities, other agents such as gabapentin, tiagabine, quetiapine or olanzapine. Avoid hypnotics as first-line therapy for chronic insomnia.
- Treat any identified underlying psychiatric conditions, such as anxiety, with cognitive behavioral therapy and/or recommended medication treatments.
- Verify improvement of daytime functioning after insomnia treatment.

When to Refer?

- Consider referral to a certified specialist for cognitive behavioral therapy for insomnia.
- Consider referral to sleep medicine physician to address contributing sleep disorders such as obstructive sleep apnea or restless legs syndrome, or when unsure of the cause of the insomnia.

Patient Information Websites:

- National Library of Medicine: *https://medlineplus.gov/insomnia.html*
- National Heart, Lung, and Blood Institute: *https://www.nhlbi.nih.gov/health-topics/insomnia*
- Online cognitive behavioral therapy program (commercial): *http://www.myshuti.com/*

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