insomnia





persistent difficulty getting to sleep, maintaining sleep or quality of sleep, resulting in impaired daytime functioning.

prevalence of insomnia is higher in people with **co-morbidities** such as COPD, heart failure, chronic pain and psychiatric conditions

two types of insomnia:

short-term insomnia

- caused by stressful events e.g. bereavement, illness, employment changes, financial difficulties
- changes in sleep pattern due to childbirth, environmental disturbance
- duration < 3 months

chronic insomnia

commonly exists with other conditions such as:

- psychiatric disorders e.g. anxiety and depression
- medical disorders e.g. COPD
- substances misuse e.g. alcohol, illicit drugs
- occur several days per week for 3+ months

gp referal

- pregnancy
- for CBT

management

sleep hygiene advice

- limit caffeine
- avoid: alcohol, smoking, napping
- avoid vigorous exercise 1 hour before bed

pharmacological treatment

is to be avoided in long term treatment of insomnia

- otc promethazine
- otc diphenhydramine

only a short course (3-7 days) of a nonbenzodiazepine hypnotic medication (z-drug) could be considered but these are not routinely prescibed

INSOMNIA
RESPONDING TO SYMPTOMS

