Does your patient have trouble sleeping?

goodfellow unit

Does your patient have trouble sleeping (on at least 3 nights per week for more than a month) such that it interferes with their activities the following day (eg unrefreshed in the morning, fatigued, poor concentration or irritability)?

yes → Ask the following questions:

During the past month, have you been worrying a lot about every day problems?

yes → *Ask more questions about anxiety*

Ask more questions about depression ← yes

During the past month, have you often been bothered by feeling down depressed or hopeless? And during the past month, have you often been bothered by having little interest or pleasure in doing things?

Do you snore very loudly at night or do you find yourself falling asleep during the day i.e. in waiting rooms or as a passenger in a vehicle?

yes → *Ask more questions about sleep apnoea*

Ask more questions about Delayed Sleep Phase disorder ← yes

When you choose, do you go to bed late at night i.e. after midnight, or when you can (i.e. weekends) do you sleep late in to the morning, i.e. after 10am?

Do you do anything unusual when you are asleep) eg sleep walking/talking or restless legs – an irresistible urge to move the legs in bed) or grinding your teeth?

yes → *Ask about parasomnias, e.g restless legs, sleep walking, teeth grinding, excessive nightmares*

Manage those health issues ← yes

Do you have any significant health problems – such as pain, breathing difficulty, acid reflux or night cough - that affects your ability to sleep well?

Do you ever feel the need to cut down on your drinking alcohol? Or in the last year, have you ever drunk more alcohol than you meant to?

yes → *Manage the alcohol issues*

Manage the drug issues ← yes

Do you ever feel the need to cut down on your non-prescription or recreational drug use? And in the last year, have you ever used non-prescription or recreational drugs more than you meant to?

If you answered 'no' to all the questions above then you probably have primary insomnia.

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Treating Primary Insomnia without *medication*

Bedtime restriction

Bedtime restriction is a simple treatment that can be used in primary care.

Advise the patient to:

- *Restrict their total time in bed to their estimated total sleep time.*
- *Do only quiet, relaxing activities before bedtime. These activities have to be done outside of bed and not lying down to avoid naps, which can disrupt the routine.*
- *Maintain the new routine, restricting time in bed for two weeks before making any adjustments.*

The patient usually reports that the quality of their sleep improves very quickly as they feel they are starting to have deep sleep and the sleep period is consolidated.

Note: It is usually best for the patient to get up at the usual time (usually required for work or household demands) and go to bed later. For example, if the usual getting up time is 0600, suggest that they go to bed at 2400 instead of their usual 2200.

Sleep hygiene instructions

Limit use of caffeine to one cup of coffee in the morning (if at all)

Caffeine and nicotine are stimulants that can delay sleep onset and impair sleep quality. People vary in their ability to metabolise these substances from their system. Some people use alcohol to help them get to sleep because it relaxes them, but it may cause awakenings and reduce sleep quality.

Avoid going to bed until you are drowsy and ready to sleep

People do not fall asleep if their brain is wide awake, so going to bed before they are sleepy leads to frustration at not being able to sleep, which can further delay sleep onset. Napping reduces the "sleep pressure" that builds up during the day to the point where a threshold is reached and we are ready to sleep; napping may delay the time of readiness for sleep and lead to erratic bedtimes, especially if the person can sleep in to compensate for a later bedtime (leading to a "domino" effect for the day after).

Avoid napping during the day

If a person takes a naps during the day, and then goes to bed at the "usual" bedtime, sleep onset may be delayed, leading to frustration and anxiety, which further prolongs sleep onset.

Regular daily exercise can help improve sleep, but avoid late in the evening

Exercise too close to a sleep period can serve as an arousal stimulus, delaying sleep onset.

Ensure that the bedtime environment is comfortable and conducive to sleep

The bed should be comfortable, the temperature not too hot or cold, the room dark, and noise minimised; discomfort, being too hot or cold, noise, and light can disrupt sleep.

Think about computer screens, clocks, and co-sleepers

Looking at a computer screen in the hours before bed may delay sleep onset (the light waves emitted are thought to reduce the production of melatonin, a hormone that is secreted by the pineal gland to promote sleep); looking at a clock during awakenings can delay sleep onset by contributing to frustration at being awake (lit clocks may also contribute arousal stimuli to the brain). If co-sleepers are disturbing sleep (by excessive movements or snoring) they probably warrant their own assessment for sleep disorder.

If you are not asleep within 15-20 minutes, get out of bed and return only when drowsy

Bed needs to be associated with being asleep, not with being awake and having difficulty getting to sleep.

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