

Advice for GPs on Managing Insomnia

Primary Care Assessment

Assess for, and address, secondary causes; for example:

- a. mental health problems
- b. physical health such as pain or dyspnoea
- c. alcohol
- d. obstructive sleep apnoea
- e. Restless legs
- f. circadian rhythm disorders such as shift work sleep disorder or delayed sleep phase syndrome

Primary Care Management for Primary Insomnia

- Warn about the risks of **driving** tired.
 - Offer written advice on **sleep hygiene** (such as can be found [here](#))
30% get better with advice on sleep hygiene alone.
 - **Shift work & jet lag**: helpful advice [here](#)
1. For Short-Term Insomnia (<4 weeks):
 - Sleep hygiene is usually all that is needed.
 - Consider a **hypnotic** (temazepam and zopiclone are options on the [Oxfordshire formulary](#)) *only* if daytime impairment is severe
 - i. Use the lowest effective dose for the shortest period possible. Maximum two weeks.
 - ii. Lower doses in women recommended (metabolism differences → higher blood levels).
 - iii. Be aware: Z-drugs bring forward sleep by a modest 22mins on average
 - iv. Warn of morning sedation: driving, operating machinery etc.
 - NICE suggests avoiding sedating antidepressants, antihistamines or other sedating drugs (insufficient evidence and increased adverse events).
 - **Melatonin** is licenced for age >55yr. 2mg once daily for maximum 13 weeks, but it is non-formulary, so not recommended in local guidelines. Be aware that some patients source their own supply.
 2. For long-term Insomnia (>4 weeks):
 - Encourage self-referral to [Talking SpacePlus](#) for **cognitive behavioural therapy for insomnia (CBTI)**
 - Sleepio Digital Sleep Therapy – Web based CBT programme, free to access for patients across the Thames Valley region (funding available for one year from October 2018) www.sleepio.com/NHS
Patient information leaflet available here www.BigHealth.com/patients

When and where to refer for sleep disorders

Primary insomnia would normally not be referred as the management strategies are available outside of secondary care (above)

Respiratory Sleep Clinic:

- Suspected obstructive sleep apnoea or other ventilation disorders affecting sleep

Neurology Sleep Clinic:

- Suspected narcolepsy
- Disabling parasomnias (such as REM sleep behaviour disorder, or severe sleep/walking/talking/night terrors)
- Nocturnal epilepsy
- Refractory circadian rhythm disorders.
- Refractory restless leg syndrome