NHS Oxfordshire Clinical Commissioning Group

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/app based CBT programme, free to access for patients across the Thames Valley region: **www.sleepio.com/nhs**

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

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