

# SLEEP HEALTH NEWS

THE INSOMNIA EDITION



## INSIDE

### 2.1 CHRONIC INSOMNIA

Patients with more than a month of distressing insomnia or using frequent sleeping pills are 66% likely to still have insomnia in 3 years, without specific treatment.

### 2.1-2.2 NON-PHARMACOLOGIC INSOMNIA TREATMENT

A growing body of evidence suggests that Cognitive Behavioural Therapy for insomnia has superiority over long-term hypnotic use.

### 2.2 OUR INSOMNIA SERVICES

Our team of psychologists and sleep disorders physicians can customise a program for patients with insomnia, to break the cycle of persistent sleeplessness.

### 2.2 NEED MORE INFO?

Find links to better sleep education for you and your patients, along with referral details and a list of services we provide at the Melbourne Sleep Disorders Centre's website [www.msdc.com.au](http://www.msdc.com.au).

Insomnia requires early intervention - but not just with medication

## Insomnia is destined to persist, without comprehensive treatment

All of us will experience difficulty sleeping from time to time, and often recognize that this occurs at times when we are stressed or unwell. This acute insomnia commonly settles within a month, particularly if treated promptly. However, often the symptoms of insomnia will persist, long after the initial stressor has been resolved. When sleep difficulties don't settle down, there is a very high risk of chronic insomnia, even with good management of stress, comorbid depression and/or anxiety.

Insomnia is usually defined as difficulty initiating or maintaining sleep, or non-restorative sleep, that results in impairment of daytime functioning and has been present for more than one month. In a study published in June this year in the Archives of Internal Medicine, a cohort of Canadian patients reporting sleep difficulties were followed over 3 years, to help us understand the natural history of insomnia. In those meeting these classic criteria for insomnia at baseline, or those taking sleeping pills on 3 or more nights per week, 66% had persistent insomnia across the 3 years of the study. In addition, of those with sleep problems but less classic features of insomnia at the start of the study, a full 37% had persistent insomnia symptoms. The remainder had periods of remission followed by bouts of insomnia relapse.

Ongoing insomnia is associated with a significant reduction in quality of life, affecting health, relationships, work performance and safety. In particular, chronic insomnia is linked to increases in the risk of depression, obesity and diabetes. Given the chronic and persistent nature of insomnia, it is

important that it be carefully assessed and treated.

### QUICK FACTS

Insomnia, with resultant daytime impairment, that persists beyond one month or requires hypnotics at least 3 days per week is 66% likely to be present at three year follow up.

*For more information on how to access sleep psychologist assessment for your patients, see the [Insomnia Services section on page 2.2](#).*

### Multifaceted treatment is the key Insomnia: non pharmacologic treatments superior

It won't surprise primary care doctors to know that Australian data on the treatment of insomnia in general practice shows that over 90% of patients receive a prescription for benzodiazepines. However, current evidence suggests that the mainstay of treatment for insomnia should be non-pharmacologic. This is an area for which one can be poorly prepared by medical school, where approaches to reduce sleep-related anxieties and associated self-defeating thoughts are just not taught. To this end, a series of techniques have been developed and standardised. These are known as Cognitive Behavioural Therapy (CBT), in this case specifically directed towards insomnia.

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In a sentinel paper published in JAMA this year, CBT delivered by a psychologist experienced in the management of sleep disorders over 6 sessions induced remission of insomnia symptoms in 60% of patients and these results persisted at 12 months. In the same study, it was shown that whilst adjunctive use of hypnotics together with CBT in the initial treatment period was effective, if hypnotics continued for more than 3 months, the outcomes at 12 months were significantly worse, with only 40% of patients remaining in remission.

**QUICK FACTS**

CBT for insomnia produces high rates of remission, with significantly worse outcomes if sleeping pills continue for more than 3 months

These data have highlighted the importance of CBT as the cornerstone of treatment for insomnia, with a high likelihood of significantly improving symptoms. Nonetheless, even with CBT, a proportion of patients will have ongoing symptoms of sufficient severity to warrant pharmacotherapy. In these patients it is important to assess and treat co-morbidities such as physical and/or mental illness, review other medications that may be affecting sleep and more thoroughly assess the patient for other primary sleep disorders, including referral to an appropriate Sleep Disorders Centre, if required.

**Rapid access to sleep psychology  
Insomnia Services**

Melbourne Sleep Disorders Centre is a multi-disciplinary sleep centre experienced in the assessment and treatment of patients with insomnia. Our

team includes psychologists who specialize in treating patients with a range of sleep disorders, and have specific expertise in using CBT for insomnia, together with sleep physicians, recognized nationally and internationally as leaders in the management of insomnia. We are committed to training and research and have been granted funding for a College of Physicians approved advanced trainee in sleep medicine. Our research program has ongoing clinical trials assessing both new and established medications as well as non-pharmacologic techniques in managing sleep disorders such as insomnia and sleep-related anxiety.

Since persistent insomnia is classified as a disease in the International Classification of Diseases, patients with insomnia meet the criteria for a Mental Health Care Plan, and can be referred directly to Melbourne Sleep Disorders Centre's psychologists, Dr Moira Junge and Dr Paula Mitchell for CBT. For patients needing assessment by a sleep specialist due to complex co-morbidities or medication requirements, referrals can be made to Dr John Swieca or Dr David Cunningham.

See [www.msdc.com.au](http://www.msdc.com.au) for referral forms.

**More information  
Need to Know More?**

Call us directly on **1300 246 000** or via email at [reception@msdc.com.au](mailto:reception@msdc.com.au). Our website [www.msdc.com.au](http://www.msdc.com.au) details the services we provide and has downloadable referral forms.

**We know you want your patients to be seen swiftly, once a problem is detected by you. That's why we have redesigned our weekly schedule to allow most new and urgent referrals to be seen within two weeks.**

**MELBOURNE  
SLEEP  
DISORDERS  
CENTRE**

The Melbourne Sleep Disorders Centre's specialists have over 20 years experience between them and are recognised both within Australia and internationally as leaders in the field of sleep medicine.

Services offered at Melbourne Sleep Disorders Centre include specialist consultation, sleep psychology, CPAP therapy and clinical research trials. Following consultation, sleep studies can be arranged for both private and public patients.

**OUR TEAM:  
Physicians**

Dr John Swieca  
Dr David Cunningham

**Sleep Psychologists**

Dr Moira Junge  
Dr Paula Mitchell

**Sleep Scientist: CPAP  
Therapy, Clinical Research**

Kelly Linaker

**Advanced Trainee in Sleep  
Medicine**

Dr Dien Dang

**Contact us:**

Level 5, 100 Victoria Parade  
East Melbourne 3002

**Tel: 03 9663 1993**

Fax: 03 9663 1553

**Or Call: 1300 246 000**