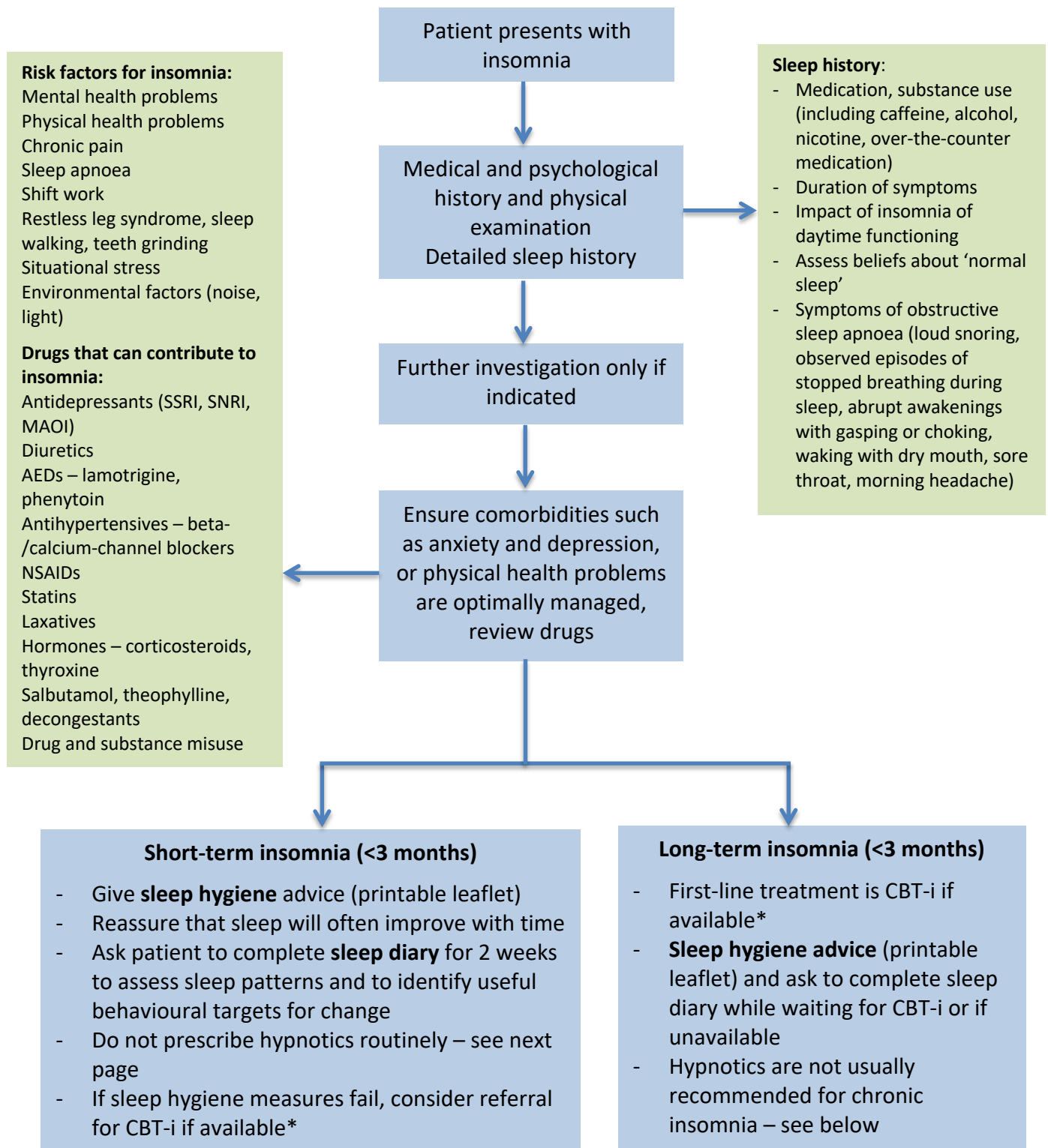


## Insomnia

### Key Facts:

- Insomnia is the disturbance of a normal sleep pattern that can include difficulty getting to sleep, difficulty maintaining sleep or early morning waking
- Insomnia can be a symptom of an underlying condition (e.g. mental health problems or physical illness)
- Prevalence is 10–38% and symptoms can be transient or chronic
- Significant insomnia results in impaired daytime functioning and can cause significant distress
- It occurs more often in women and with increasing age



\*CBT-i: CBT for insomnia, available with Millicent, Clinical Psychologist

## Kijabe Guidelines

### Sleep hygiene advice

This is the cornerstone of any treatment plan for insomnia and should be discussed with anyone suffering with insomnia. 30% of people with primary insomnia will get better with sleep hygiene alone.

**This information is available to print** for the patient (Kijabe wordpress OPD guidelines).

Specific advice or problem-solving may arise following history-taking or analysis of a patient's sleep diary.

General advice includes:

- Stick to a regular sleep pattern and avoid daytime naps or 'lie-ins' if you've had a bad night's sleep
- Create a comfortable environment in your bedroom wherever possible (temperature, light, clutter)
- Avoid working in your bedroom
- Do not watch TV or use a computer/phone/tablet in bed.  
*(\*back-lit screens devices can suppress the release of melatonin and therefore prevent sleep)*
- Increase daily exercise (but not in the evening)
- Avoid caffeine, cigarettes and alcohol in the 6 hours before bed
- Use anxiety management or relaxation techniques.
- Plan a relaxing or calming activity before bed to prepare for sleep
- Keep realistic expectations about sleep; recognise that you can cope even after broken sleep
- Don't lie in bed awake for long periods – get up if still awake after 20 minutes, do something calming and then try again
- Try and postpone night-time worries until the morning – note the worry down on paper and tell yourself that you will deal with it in the morning

### Pharmacological treatment in insomnia

- Should **ONLY** be considered when non-drug measures have failed and where the insomnia is severe, disabling or causing extreme distress
- Use the **lowest possible dose for the shortest possible time**, typically 3-7 days and for a maximum of 2 weeks. **Intermittent use** is also desirable
- REMEMBER:
  - Hypnotics may provide some relief from the symptoms of insomnia, but they do not treat any underlying cause and a **large placebo effect** has been shown
  - Risks arise with even a short-term prescription of a hypnotic – falls and fractures, accidents
  - Long-term complications – dependence and withdrawal, cognitive impairment and risk of dementia

First Line	Diazepam	<i>Adult over 18 years; 5-10mg at bedtime; Elderly, initially 5mg at bedtime increased if necessary</i>
Second Line	Promethazine hydrochloride	<i>25-50mg at bedtime</i>

#### Notes:

1. *If there is an inadequate response to one hypnotic there is no evidence any other will help.*
2. *Switching from one hypnotic to another should only occur if a patient experiences adverse effects considered to be directly related to a specific agent.*
3. *Sedating antihistamines such as promethazine may be useful where possible risk of dependence is a concern however their sedative effect diminishes quickly.*
4. *Antipsychotics should not be used to treat insomnia (but insomnia may improve in response to adequate treatment of a psychotic episode with antipsychotics).*
5. *Antidepressants should NOT be used to treat insomnia (but insomnia may improve in response to adequate treatment of a depressive episode). Low dose amitriptyline is sometimes used to treat insomnia but, where there is no relevant co-morbidity (e.g. neuropathic pain), it should not be used as tolerance is quickly developed to the sedating effects and the relative side effects are unfavourable compared to the preferred hypnotics above.*

**References:** Am Fam Physician. 2015;92(12):1058-1064; BMJ 354: i2123, 2021; 372:680 NICE CKS Insomnia;

<https://www.prescgipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1340%2fb175-hypnotics-20.pdf>