Insomnia

A VA Clinician's Guide to Optimizing the Treatment of Insomnia

VA

U.S. Department of Veterans Affairs
Veterans Health Administration
PBM Academic Detailing Service

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Office of Mental Health and Suicide Prevention

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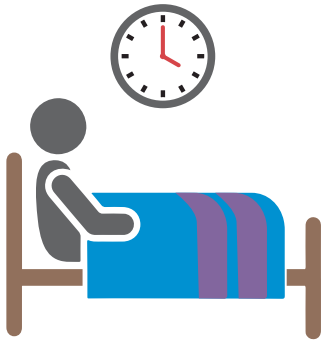
Insomnia

Identification and management of Insomnia Disorder is important to reduce risk for additional conditions and promote overall better health. Studies show that insomnia is a risk factor for hypertension, alcohol use, depression, psychiatric morbidity, suicidality, and increased mortality.[1-10] It has also been shown to reduce productivity at work, increase absenteeism, and reduce quality of life.[2,11,12]



Insomnia is the 2nd most common overall complaint

Background

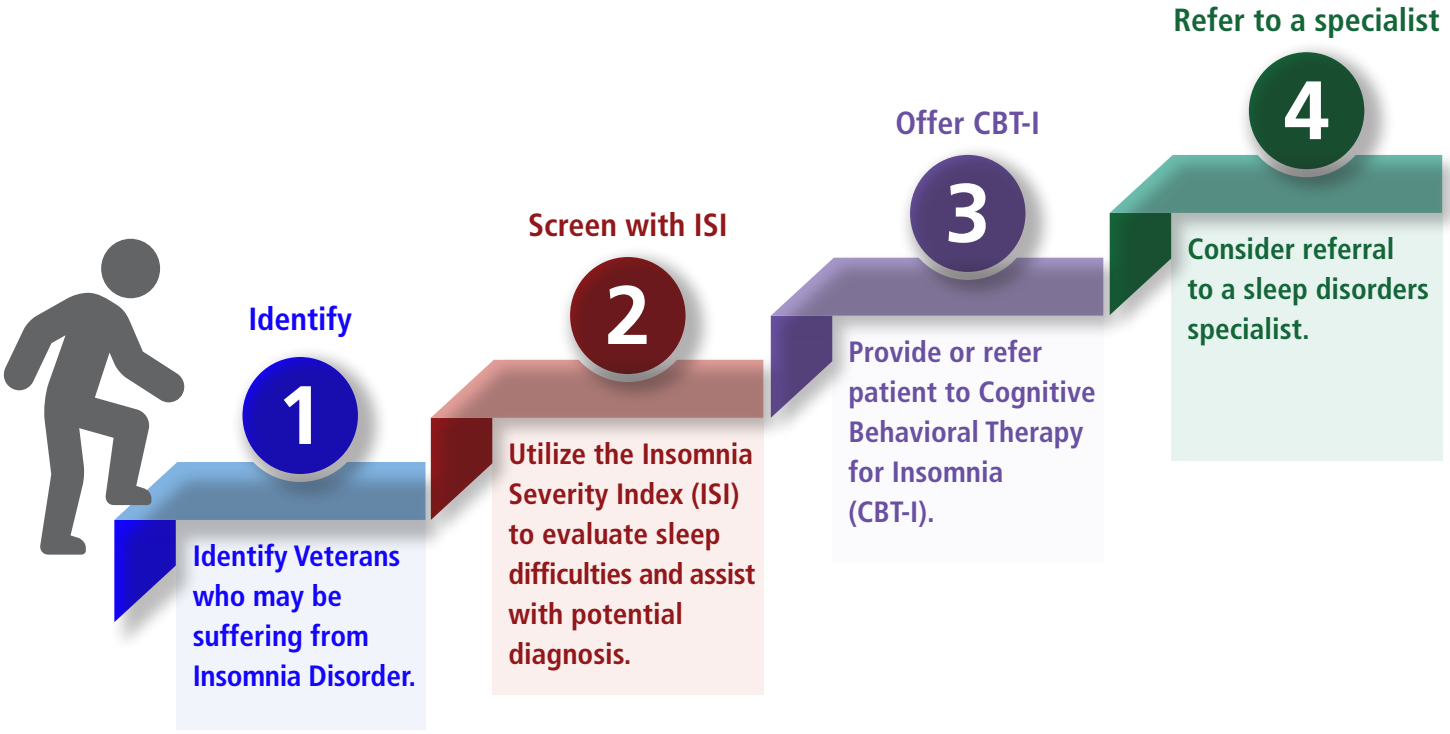
- Insomnia is the second most common overall complaint reported in general primary care settings (after pain). About 30–50% of adults report sleep trouble in a given year, and it is the second most commonly diagnosed sleep disorder among VA consumers.[2]
- Insomnia Disorder is diagnosed when 1) the patient experiences persistent (occurring at least three nights per week for at least three months) difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and 2) the patient experiences some form of daytime impairment.[2,11]
- When Insomnia Disorder is suspected by a medical or mental health provider, **referral for Cognitive Behavioral Therapy for Insomnia (CBT-I) may be the next step.**

CBT-I Reduces Suicide Risk Linked to Poor Sleep[13]

- Insomnia is a significant and modifiable risk factor for suicidal ideation.
- Improvement in insomnia, achieved through CBT-I, is associated with reductions in suicidal ideation:
  - Overall, suicidal ideation decreased by 33% during CBT-I.
  - 47% reduction in odds of suicidal ideation was attributable to measured improvement in insomnia severity.
  - Reduced insomnia severity was associated with decreased suicidal ideation even after accounting for reductions in depression symptoms.
- Among Veterans with insomnia and suicidal ideation, CBT-I may be particularly important.

Steps for Optimizing Treatment of Insomnia

Figure 1. Core Components of Evaluation and Management



1 Identify Veterans Who May Be Suffering from Insomnia Disorder

While occasional poor sleep does not typically require clinical attention, Insomnia Disorder should be addressed, just like other mental health conditions. To identify patients who may have Insomnia Disorder, ask for details and consider the diagnostic criteria.

- Is your patient experiencing the following sleeping difficulties?
  - Difficulty falling asleep or staying asleep
  - Early-morning awakening
  - Poor quality sleep
  - Excessive daytime sleepiness
- If the answers are "yes" and the patient has struggled for more than three months, they may have Insomnia Disorder that requires intervention.
- Acute insomnia symptoms can occur with various medical and psychiatric comorbidities and will sometimes go away on their own with management of the comorbidity. A medication/co-morbidity evaluation should be conducted to rule out other causes of insomnia and/or address comorbidities quickly.

- Chronic insomnia symptoms, indicative of Insomnia Disorder, are unlikely to spontaneously remit or to fully resolve when comorbid conditions are treated.
- **Insomnia Disorder should be treated using CBT-I, even when comorbid conditions exist.**

Table 1. Symptoms and Patient Behaviors in Insomnia Disorder[11]*

Symptoms of Insomnia Disorder	Example patient behaviors	Possible daytime complaints
Difficulty initiating sleep	• Laying in bed for ≥ 30 minutes struggling to fall asleep. • Drinking alcohol or using drugs in an attempt to fall asleep.	• Difficulty concentrating • Difficulty maintaining attention • Difficulty remembering things • Reduced productivity at work or school • Daytime sleepiness • Low energy or fatigue • Mood disturbances (such as mood lability or irritability)
Difficulty maintaining sleep	• Waking up multiple times per night due to unidentifiable factors and/or for unknown reasons. • Waking one or more times per night and remaining awake for ≥ 30 minutes.	
Early morning awakening with inability to return to sleep	• Waking before the desired rise time and being unable to return to sleep.	

*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for Insomnia Disorder requires a predominant complaint of dissatisfaction with the quality or quantity of sleep, associated with one (or more) of the above symptoms which results in clinically significant distress or impairment in social, occupational, educational, academic, behavioral, or other important areas of functioning. **The sleep problem must occur despite adequate opportunity to sleep.**

2

Screen Using the Insomnia Severity Index (ISI)

The Insomnia Severity Index (ISI) is a screening tool that can be found in **MyHealtheVet**, Mental Health Assistant, and/or Behavioral Health Labs platforms.[14,15]

www.myhealth.va.gov

The ISI comprises seven items assessing the following symptom areas:

- Difficulty initiating sleep?
- Difficulty staying asleep?
- Early morning awakenings?
- Sleep pattern satisfaction?
- Impairment related to sleep problem?
- Problems with daily functioning related to sleep problem?
- Degree of distress related to sleep problem?

Not complete for clinical use.

ISI scores of 8 or above should be referred for further evaluation by a CBT-I provider.

What Causes Insomnia Disorder (Chronic Insomnia)?

Many environmental, medical, and psychiatric factors can lead to or perpetuate insomnia. Unless such factors *fully account* for the insomnia (e.g., poor opportunity for sleep, obvious medical factor that is untreated), then specific insomnia treatment (CBT-I) is recommended regardless of the co-occurring condition(s).

Alcohol is often used by Veterans to induce sedation; however, it leads to sleep fragmentation. Over time, its effect on sleep latency (time it takes to fall asleep) diminishes while sleep disruption persists. Use of alcohol to aid sleep can lead to a vicious cycle of daytime dysfunction, early morning awakening, insomnia, and increased alcohol use and/or abuse.[3,16,17]

CLINICAL PEARL:
CBT-I can help reduce use of alcohol as a sleep aid.

3

Provide or Refer Veterans with Suspected Insomnia Disorder to CBT-I[12,18,19]

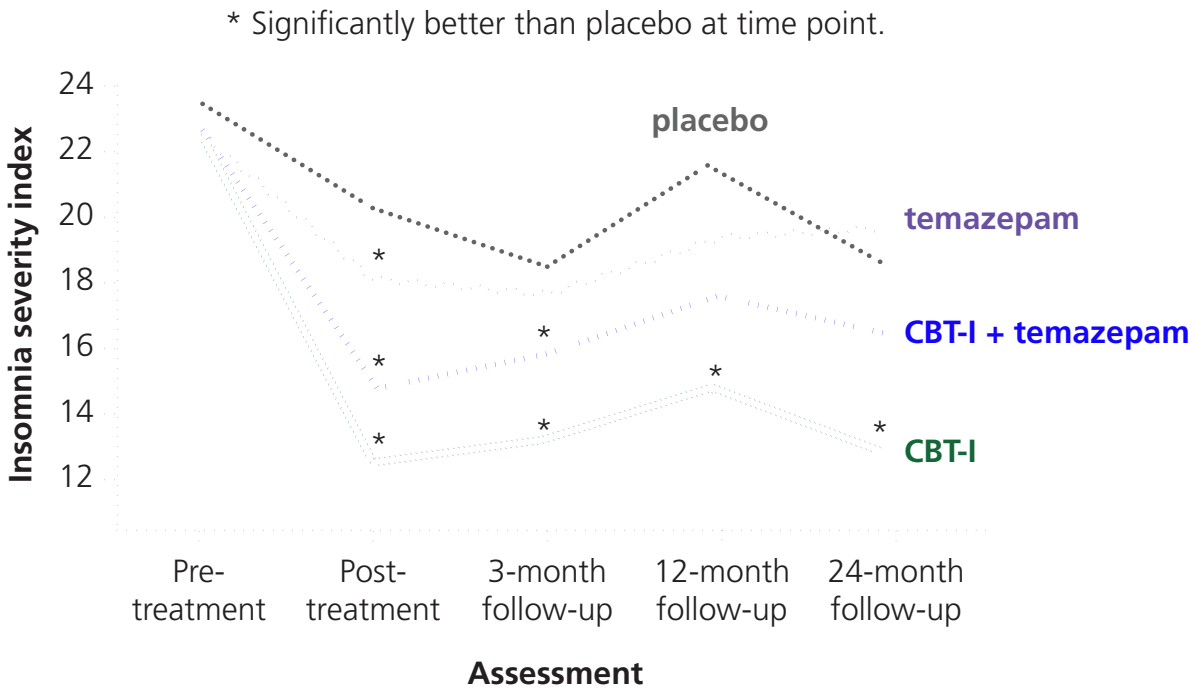
GOLD STANDARD

Cognitive Behavioral Therapy for Insomnia (CBT-I) Is First-Line Treatment for Insomnia Disorder.[1,12,18-21]

- Longer lasting than medication
- No medication side effects or drug-drug interactions
- Cost-effective, short-term therapy

Patients often develop perpetuating behavioral and psychological factors that can lead to further wakefulness, negative expectations, and distorted beliefs about their insomnia. CBT-I addresses these factors.

Figure 2. CBT-I Demonstrates Better Outcomes Than Medication or Medication + CBT-I[22]



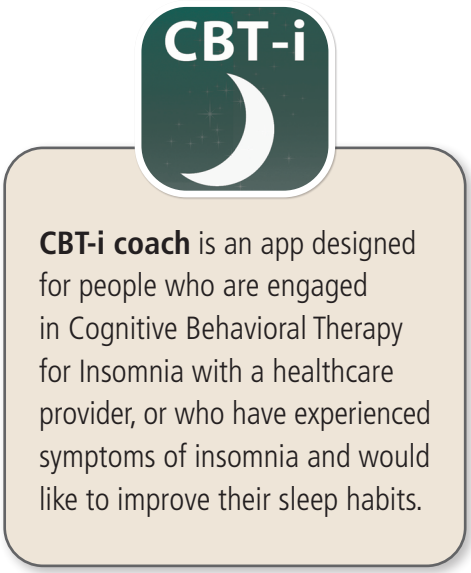
CBT-I Is a Psychotherapy That Targets:

Behaviors

- Increasing sleep drive
- Optimizing congruency between circadian clock and placement of sleep opportunity (time in bed)
- Strengthening the signals from the circadian clock
- Strengthening the association between bed and sleep (conditioned insomnia)
- Reducing physiological arousal

Cognitions

- Reducing sleep effort
- Reducing cognitive arousal
- Addressing dysfunctional beliefs about sleep
- Addressing obstacles to adherence



CBT-i coach is an app designed for people who are engaged in Cognitive Behavioral Therapy for Insomnia with a healthcare provider, or who have experienced symptoms of insomnia and would like to improve their sleep habits.

Table 2. Components and Aims of CBT-I[21]

Stimulus control	Avoid struggling with sleep in bed to eliminate conditioned arousal in the bed. Typically, this involves getting out of bed when struggling to sleep.
Sleep restriction	Limit time in bed to increase sleep drive and consolidate sleep.
Relaxation, buffer, worry time	Reduce arousal at bedtime and during the night.
Cognitive restructuring	Address thoughts and beliefs that interfere with sleep and adherence to CBT-I treatment.
Circadian rhythm entrainment	Shift or strengthen the circadian sleep/wake patterns.
Targeted sleep hygiene	Address substances, exercise, eating, and sleep environment factors, when relevant.*

***Sleep hygiene is not recommended as a stand-alone treatment for Insomnia Disorder.**

Table 3. Frequently Asked Questions and Answers Regarding CBT-I[21]

Question	Answer
What does CBT-I require from the Veteran?	✓ Attend about six, 50 to 60-minute individual or 90-minute group therapy sessions weekly. Some people may improve with fewer sessions and some people may require more sessions. ✓ Complete a daily sleep diary and follow recommended treatment guidelines between sessions. ✓ Participate in evaluation of progress and determining whether initial goals for treatment were achieved.
For which patients is CBT-I most helpful?	CBT-I can be tailored for Veterans of all ages and with varied presentations, including those involving comorbidities.* For example, there is empirical support for CBT-I for the treatment of those with insomnia and: • A prior history of substance use disorder. • Psychiatric conditions such as PTSD, depression, bipolar disorder, anxiety disorders, and psychotic disorders. • Chronic pain conditions. • Other sleep disorders, such as sleep apnea.
Are there ever times when CBT-I is not indicated?	Yes, some examples are if the Veteran: • Does not meet criteria for Insomnia Disorder. • Is working nights or rotating shifts. • Has poorly controlled seizure disorders or severe, unstable psychiatric symptoms.
Can CBT-I be done in Primary Care?	CBT-I can be offered in Primary Care Mental Health Integration (PCMHI) settings. It can also be offered within specialty care (e.g., sleep disorders clinics), mental health clinics, and via telehealth.

***When managing co-morbidities,** ensure the Veteran is being offered or is receiving evidence-based treatment for that co-morbidity (e.g., psychotherapy for PTSD, comprehensive pain management).

Offering CBT-I to Veterans

Most Veterans prefer non-medication approaches but may not know about alternative options. **Help Veterans access CBT-I by:**

- Understanding what options are available for access to CBT-I at your facility.
- Providing education about CBT-I and its long-term benefits over medications in treating Insomnia Disorder.
- Considering a shared decision-making approach to discuss this first-line treatment option with Veterans.[23]

Tips and Example Conversation Starters

Figure 3. Shared Decision-Making for CBT-I[23]

S	**Seek your patient's participation.**	*"Now that we've identified the problem, let's think about what to do next. I'd like us to make any treatment decisions together."* *"There are different treatment options. Are you interested in discussing options before we consider a treatment plan?"*
H	**Help your patient explore and compare treatment options.**	*"What treatment options are you familiar with for insomnia?"* *"Here are some options we can consider…"* Discuss available treatment options and clearly communicate risks and benefits of each option. Use simple visual aids when possible.
A	**Assess your patient's values and preferences.**	*"As you think about your options, what's important to you?"* *"When you think about possible risks, what matters most to you?"* Use open-ended questions and incorporate the values and preferences that matter to your patient.
R	**Reach a decision with your patient.**	*"Would you like more time to think about your treatment options?"* *"What questions do you have for me about these options?"* *"Considering what we've discussed, which treatment option do you think is right for you?"*
E	**Evaluate your patient's decision.**	*"Let's plan on reviewing this decision at your next appointment."* *"If you don't feel like your symptoms are improving, please schedule a follow-up visit so we can discuss the current approach."* **Patient buy-in is essential!**

Use the CBT-I Template to Ensure Quality Treatment Is Provided and Recorded

- Accurate documentation plays an important role in ongoing quality of care.
- Use of templates by clinicians providing CBT-I is required to capture delivery of the treatment.
- Benefits of the CBT-I Documentation Template:
  - Valuable clinician resource that facilitates documentation of CBT-I delivery.
  - Promotes fidelity in delivery of CBT-I.
  - Reduces protocol drift over time.
  - Allows for accurate reporting of information on use of CBT-I.
- Standardized CBT-I Templates are available throughout the VA system. If you are not familiar with these templates, please contact your Local EBP Coordinator for assistance.

Accurate documentation plays an important role in ongoing quality of care.

Please remember to reach out to your local psychotherapy academic detailer to discuss the challenges you are encountering in your practice. They are available to partner with you to address challenges, connect you with local resources, and help improve the care of Veterans.

Other Clinical Considerations: Pharmacotherapy

Medications Should Be Considered for Insomnia Disorder When:[12]

- The patient declines a referral for CBT-I.
- CBT-I did not work for the patient.
- Specific psychological or psychiatric factors exist that contraindicate CBT-I.

CLINICAL PEARL:
CBT-I can assist with dose reduction and discontinuation of pharmacotherapy when overseen by a medical provider.[22,24]

If the patient has completed CBT-I but still suffers from insomnia, or if CBT-I is not a good option for that patient, a short pharmacotherapy treatment period of < 2 to 4 weeks of intermittent dosing may be considered.[1,12] CBT-I can be considered at any point in treatment.

Long-term treatment with medication is not the optimal treatment strategy for patients with insomnia.

When Pharmacotherapy Is Used, It Is Important to Consider Factors Such as:[12,25,26]

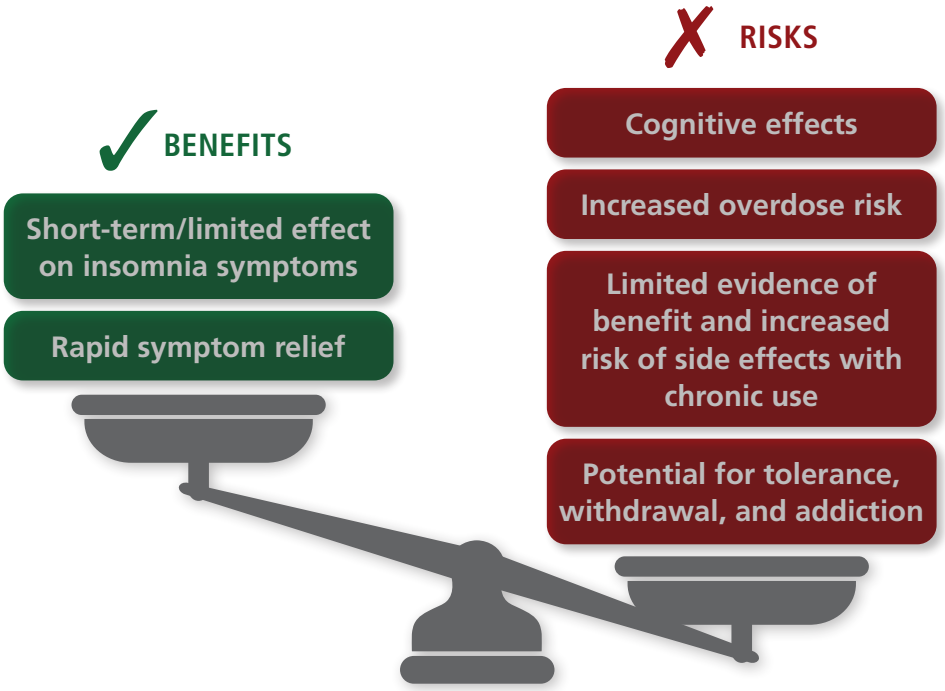
- Symptom pattern—e.g., sleep onset or sleep maintenance difficulties
- Treatment goals and patient preference
- Past treatment responses
- Availability of other treatments
- Comorbid conditions and contraindications
- Concurrent medication interactions
- Potential adverse effects

Short-term pharmacotherapy should be supplemented with behavioral and cognitive therapies whenever possible.[2,11]

Many medications have side effects or other risks that may outweigh the benefits in some patients. It is important to weigh the risks and benefits before selecting an agent.[25]

Benzodiazepines are known to cause physical dependence and are not recommended as a long-term sleep aid.[26]

Figure 4. Weighing the Potential Risks Versus Benefits of Benzodiazepine Use[25,26]



In General, AVOID Benzodiazepines If the Patient Has:

- ✗ A substance use disorder
- ✗ PTSD
- ✗ Chronic respiratory disease
- ✗ Sleep apnea
- ✗ A history of traumatic brain injury
- ✗ Dementia or is over age 60
- ✗ A prescription for other CNS depressants such as opioids

4

Consider Referral to a Sleep Disorders Specialist

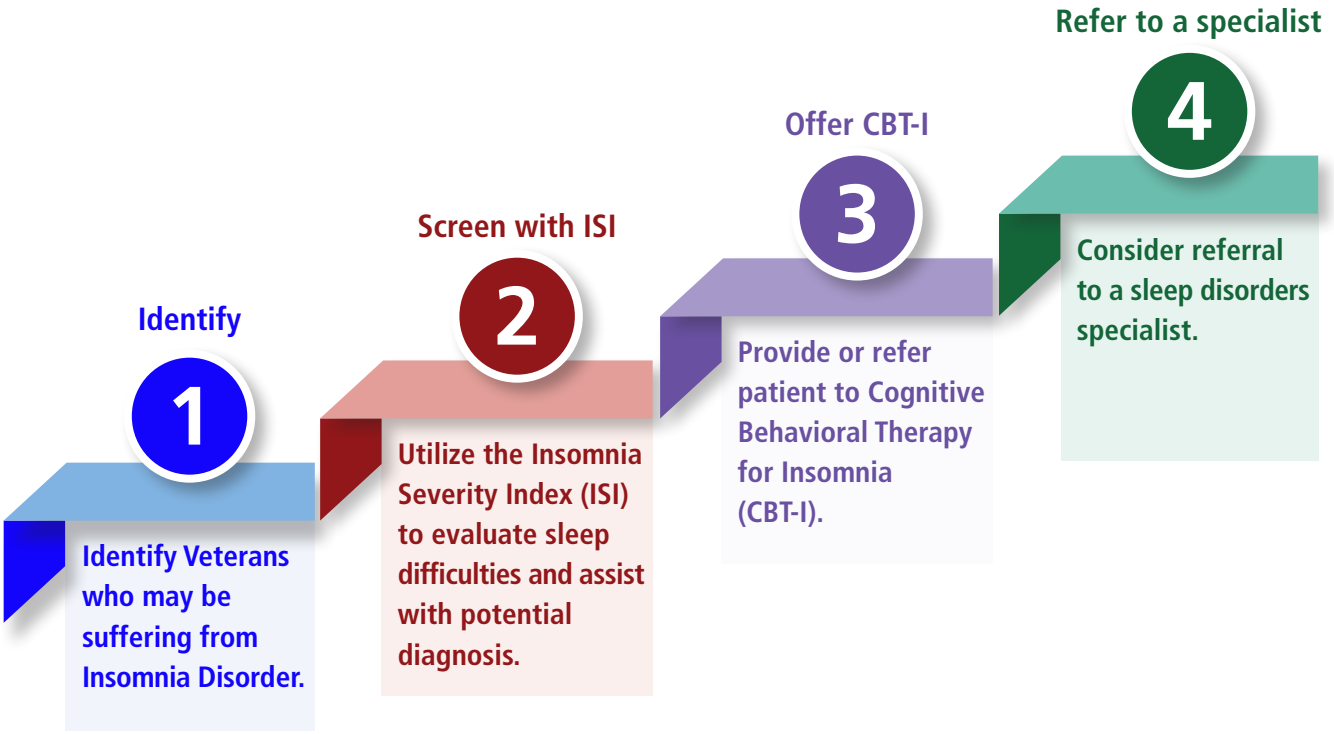
If a patient does not respond to CBT-I treatment or has symptoms of other sleep disorders, a referral to a sleep disorders specialist is an important step:[2,12]

To Investigate/Evaluate:

- All sleep-related symptoms that may be caused by other sleep disorders.
- Clinical suspicion of breathing (sleep apnea) or movement disorders, when initial diagnosis is uncertain.
- Failure of or limited response to insomnia treatment (behavioral or pharmacologic), ***or***
- Precipitous arousals that occur with violent or injurious behavior.

To Consider Other Treatment Options or Combinations.

REVIEW: Core Components of Evaluation and Management



Summary

Insomnia can be caused by or co-occur with a number of environmental, medical, and mental health conditions. When insomnia becomes chronic over time, it is necessary to treat the insomnia directly. Cognitive Behavioral Therapy for Insomnia (CBT-I) is the first-line treatment for addressing Insomnia Disorder.

- **If you suspect Insomnia Disorder, utilize the Insomnia Severity Index (ISI)** to evaluate sleep difficulties and assist in potential diagnosis.
- If the patient suffers from suspected or diagnosed Insomnia Disorder, offer treatment consistent with **Clinical Practice Guidelines (CPGs) and use a Shared-Decision Making (SDM) approach.**
- Provide or refer Veterans with suspected Insomnia Disorder to **CBT-I**.
- **If providing CBT-I, use templates** to ensure quality treatment is provided and recorded.
- Provision of CBT-I, as with evidence-based psychotherapies in general, creates new access **opportunities for treatment and recovery** by reducing the need for ongoing care and thus increasing availability of treatment slots for other Veterans.

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These are general recommendations only; specific clinical decisions should be made by the treating provider based on an individual patient's clinical condition. For specific recommendations on policies and procedures, please identify and contact your facility representative.

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