

Insomnia

RFQs

- It's particularly important that I check that you are not using alcohol to excess. Alcohol causes poor quality sleep, anxiety and depression. A lot of people think that alcohol helps them to get off to sleep. But alcohol results in poor quality sleep. Alcohol is also linked with snoring and sleep apnoea and a full bladder. Can I also check about other substances? What about smoking, or caffeine, or even too much fluid?
- How is your mood? What about your anxiety levels?
- Is pain an issue?
- Might you have sleep apnoea? (If overweight.) Do you stop breathing at night? Perhaps your sleeping partner could watch you for half an hour as you sleep? It would also help me to know how likely you are to nod off during the day. Would you mind filling in this Epworth questionnaire before you leave the surgery?
- Could you fill in this insomnia questionnaire out, to bring back next time? For the time being, you might want to read this sleep hygiene leaflet (or access it on this website....) to see if we can improve the quality of your sleep.

Provide

Have you got any thoughts as to what is causing your sleep difficulties? Perhaps we should try to figure that out in a separate appointment, since it is so important.

I rarely recommend sleeping tablets, unless they are essential for a short term crisis. (They can leave you drowsy the following day - with knock on dangers for tasks such as driving). But some shift workers need to reset their body clock with the body clock hormone melatonin. (We use it for international travellers who want to avoid jet lag and for children with autism who have a faulty body clock.)

It looks as if you are mostly having difficulty switching off at night, from your stresses. What might we do to help you deal with your anxiety? (eg CBT for insomnia and anxiety)

It's common for depression to affect your sleep. You are waking early and you're feeling unrefreshed. Let me help you to tackle your low mood and depression. Would you mind me giving you some choices of what is proven to help depression and poor sleep? Any treatment that will help with your depression, will help your sleep pattern in time. But there are a couple of options of antidepressant medications that will also help you to sleep as a side effect. One option is a tablet called mirtazapine. It is an antidepressant that has a happy side effect of improving your sleep. But it tends to increase your appetite too. If you are not keen to gain weight, it might not be a good choice in the long term. What shall we prioritise? Sleep or mood? Or both to start with? And then we could swap you to something with less side effects, once you have had some sleep and benefit for your mood?

This questionnaire, that you have filled in, suggests that pain is interfering with your sleep. Amitriptyline has a long track record of treating both pain and sleep, although it was originally developed as a treatment for depression. I don't often recommend it as a treatment for depression these days, since at high doses it can be too sedating, and it causes a lot of dryness of the mouth. Would you be interested in trying out a tiny dose, to help you with your pain and your sleep? Since some people are more sensitive than others to this medicine, I would suggest that you start with either half a tablet (use a pill cutter), or a single 10mg tablet. So long as you have no trouble with side effects, you can then slowly increase the dose each 3-4 days until your sleep improves. Reduce the dose if you are too dry in the mouth or too drowsy in the mornings. The pain killing benefit might take a couple of weeks to kick in, after each dose change.

Since you are above your ideal weight we should consider the possibility of sleep apnoea. Would you mind asking your partner to watch you at night, for half an hour or so, to check that you don't stop breathing? And I'll ask you fill in this Epworth questionnaire to see how likely you are to nod off during the day.

Do you have jerky movements of your legs or violent movements in bed? Occasionally, restless legs can be part of the problem. What about breathlessness? Do you ever wake up very breathless at night?

Cognitive behavioural therapy for sleep, CBTi, combines sleep hygiene, sleep restriction and relaxation, with a program that is proven to be more effective than sleeping tablets. And CBTi is likely to work in the long term by changing behaviours. You can do it through a computer program, an app or with a therapist.

Exercise has proven benefits for your sleep too and has lots of other benefits.

Again even Nytol (Diphenhydramine) is not great at helping you to sleep, and causes day time sedation, just like other sleeping tablets. and there is concern that sleeping tablets are linked with dementia.

Safety net:

Since we haven't found any obvious medical problem, there is a good chance that you are just spending too much time in bed. I would suggest that you keep a sleep diary for a week, so that we can figure out how much sleep you need. We should aim for you to limit your time in bed so that your sleep efficiency is 75% or better. So for example, if you only need 6 hours sleep. In order to get up at the same time as the rest of the family: it would be far better for you to go to bed no more than 7 and a half hours before you want to get up. I can give you a more detailed regime to tackle this "primary insomnia" problem if you are interested?

Perhaps we could refer you for Cognitive Behavioural Therapy for insomnia if things aren't picking up with the sleep hygiene advice that I've given you. Let me know if things aren't improving within a month.