Putting Insomnia to Bed

John Angel, MD, FRCPC

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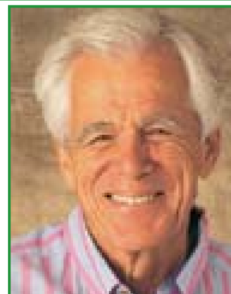
Insomnia is one of the most common sleep complaints. Insomnia indicates trouble initiating or maintaining sleep, and may be transient or persistent. Up to one in four Canadians will report sleep problems at some point during their life.

While most people require six to nine hours of sleep, this amount varies and decreases with age. Ongoing changes in a society, that includes 24-hour day scheduling and shift work, can cause significant changes in sleep patterns. We know that people who do shift work are at an increased risk of developing insomnia later on in life. The most common insomnia complaint is difficulty falling asleep.

Chronic insomnia decreases productivity and increases absenteeism and accidents. It impairs short-term memory and cognitive performance, and increases the risk of anxiety, depression, and other illnesses. Insomnia can be symptomatic of underlying depressive illnesses, especially when broken sleep and early morning awakenings are involved.

Trevor's sleeplessness



You have recently moved to a rural practice. Trevor, 60, phones your office asking for a refill of lorazepam 2 mg orally at bedtime. You have never seen Trevor before, but he explains he has been on this medication for insomnia for years. Trevor tells you that previous doctors would phone in his medications without any problem. He says that apart from his insomnia, he is well. Office notes on Trevor do not document any serious illness. Neither do the notes outline why Trevor has been taking lorazepam for over 10 years. He insists he will not be able to sleep without the medication.

What do you do?

See page 104 for answers.

How do I reassure my patient?

There exists a group of people who sleep well, but perceive they are waking up frequently. As such, they complain that their total sleep time is not enough. Ask these patients to fill out sleep charts (confirmed by their partners) prior to initiating treatment.

Intermittent episodes of insomnia are often normal, and patients just need to be reassured. A cognitive behavioural treatment approach is helpful ("don't catastrophize about an occasional bad night's sleep"). It is important to reassure the patient that nothing catastrophic or damaging will happen. Brief periods of insomnia are often associated with anxi-

ety, stress, grief, or suspected loss. Significant life changes and future stressful events also play a role in insomnia. In these situations, brief periods of hypnotic medication can be helpful.

How do I treat insomnia?

Treatment of insomnia can be supportive. Encourage your patient to adhere to sleep hygiene techniques (Table 1). Ask your patients about their intake of nicotine, caffeine, and alcohol. Look for side-effects secondary to medications, such as thyroid problems, anticonvulsants, antidepressants, oral contraceptives, and beta blockers. Withdrawal from many products, including alcohol, can cause insomnia.

We treat insomnia when the condition produces an impairment in the quality of life associated with social or occupational functioning (Diagnostic and Statistical Manual, American Psychiatric Association, Volume 4). In an ideal situation, short-term use of non-habit forming prescriptions can be quite helpful. Such prescriptions include zopiclone or zaleplon.

Zaleplon is felt to be quite short-acting, and it is not associated with significant psychomotor impairment. Remember that the elderly are often overmedicated. Their ability to metabolize tranquilizers is reduced, and impaired cognition and exacerbation of dementias can occur. At times, it's important to consider the costs of the various medications.

What are the medications?

In Newfoundland and Labrador, from June 19, 2000 to January 19, 2002, there were a minimum of 13,000 prescriptions for triazolam, 39,000 prescriptions for temazepam, and 7,000 prescriptions for flurazepam. These figures indicate how common insomnia is, and how often it is treated with the use of benzodiazepine medication.

It is wise to avoid benzodiazepines if possible, but they do play an important role in treating insomnia. The benzodiazepine group of medications causes impairment of psychomotor functioning (including motor vehicle operation the next day), and patients need to be cautioned when they first start these medications. Tolerance to side-

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Trevor's case discussed

This is a common situation in both urban and rural practices. An office visit appointment should be established as soon as possible. Medical history and a physical examination should be recorded, with particular attention to the diagnosis of the underlying condition (insomnia). Document other illnesses, both medical and psychological. Also, document the interference insomnia has produced in Trevor's quality of life.

Ask about compliance, the need for early refills, alcohol use, and the use of other analgesic medications.

Ask Trevor if his family worries over his medication use. Try to maintain an index of suspicion for medication abuse. If appropriate, refer Trevor to addiction services.

Explain and document the risks and benefits of the medication, and review other strategies for insomnia treatment. Explain that sometimes the reliance on medication may be a dependence and not a therapeutic effect. Slowly reducing the medication may be an option in Trevor's case. Nonetheless, many patients will remain on these medications long-term, and you will be asked to provide the prescriptions. If a decision is made to prescribe after this initial assessment, decide on an appropriate time frame for followup visits and write the refills on the prescription. Ensure that your office has made a followup visit date for one to six months later (depending on how comfortable you are with the patient's situation).

Keep encouraging Trevor to visit for review and refills. Reduce his amount of phone-in prescriptions and continue to document compliance factors on followup.

effects do occur, and often not to the therapeutic effect. There is a small group of patients who continuously increase the dose, abuse the medication, and mix it with alcohol. Patients who adopt benzodiazepines for their insomnia are advised to remain totally abstinent from alcohol. Monitor the amount of prescription dispensed, and limit the number of repeat prescriptions without a followup appointment. The need for ongoing benzodiazepine use,

Table 1
Good sleep hygiene

- Rule out anxiety/depression/medical causes for the patient's insomnia.
- Educate the patient about normal sleep, and the variations and effects of insomnia.
- Reassure the patient.
- Encourage the patient to follow a pattern of sleeping and waking times, and to be regular with these times.
- Encourage the patient to reduce/avoid central nervous system-affecting drugs (caffeine, nicotine, alcohol, stimulants).
- Encourage the patient to reduce and/or avoid excess daytime naps.
- Encourage physical fitness as a lifestyle during the daytime or early evening hours.
- Encourage simple relaxation techniques prior to bedtime.
- Advise patients not to fight with their bed. If they are frustrated with insomnia, they should relax, read, and/or listen to soft music. Remind them that sleep will eventually occur.

and patient compliance (if possible, confirmed by a family member) should be documented.

How do I choose a medication?

Medication for insomnia is often dependent on personal physician preference. Long-term use of rhovane and zaleplon has not been well-studied. Long-term use of benzodiazepine medications can cause

Dr. Angel is a clinical assistant professor, Memorial University of Newfoundland, and a consultant, Waterford Hospital, St. John's, Newfoundland.

an increased risk of depression and difficulty in concentrating.

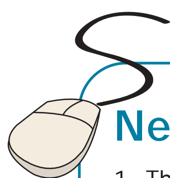
Low-dose diazepam can often be helpful when insomnia is associated with restless legs or fidgets. The antidepressant medication, amitriptyline, at a low dose of 10 mg to 50 mg, is often helpful in chronic pain disorder and fibromyalgia syndromes.

Insomnia can be a side-effect of selective serotonin reuptake inhibitors (SSRIs). A low-dose trazodone, 25 mg to 50 mg, can often help patients on selective serotonin reuptake inhibitors who suffer from insomnia. CME

Take-home message

Points to remember when treating patients with insomnia:

- Attempt initially to reassure the patient.
- Advise a common sense sleep hygiene strategy.
- If you decide to prescribe medication, select a product with a low potential for dependency.
- In longer term treatment, be aware of specific niches for the antidepressant class of medication.
- If prescribing benzodiazepine on a long-term basis, ensure regular followup without excess repeat prescriptions.



Net Reading

1. Thesleepsite.com
   www.cpa.ca/factsheets/insomnia.htm

www.stacommunications.com

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