



Management of Insomnia

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Disclosures



Relevant Financial Relationships:

Ochsner Baptist Medical Center:

- Full-time salaried sleep medicine physician
- Sleep Lab Medical Director

Definition of Insomnia (ICSD-3)



- Difficulty initiating or maintaining sleep
- Daytime symptoms
 - Fatigue or sleepiness
 - Attention, concentration, or memory impairment
 - Impaired social, family, vocational, or academic performance
 - Mood disturbance or irritability
 - Concerns or dissatisfaction with sleep

Effects of Insomnia



- Reduced health-related quality of life
- Impaired psychosocial and cognitive functioning
- Increased risk of depression and substance abuse
- May increase risk of cardiovascular disease

The “3 P” Model of Insomnia



- Predisposing factors
- Precipitating factors
- Perpetuating factors

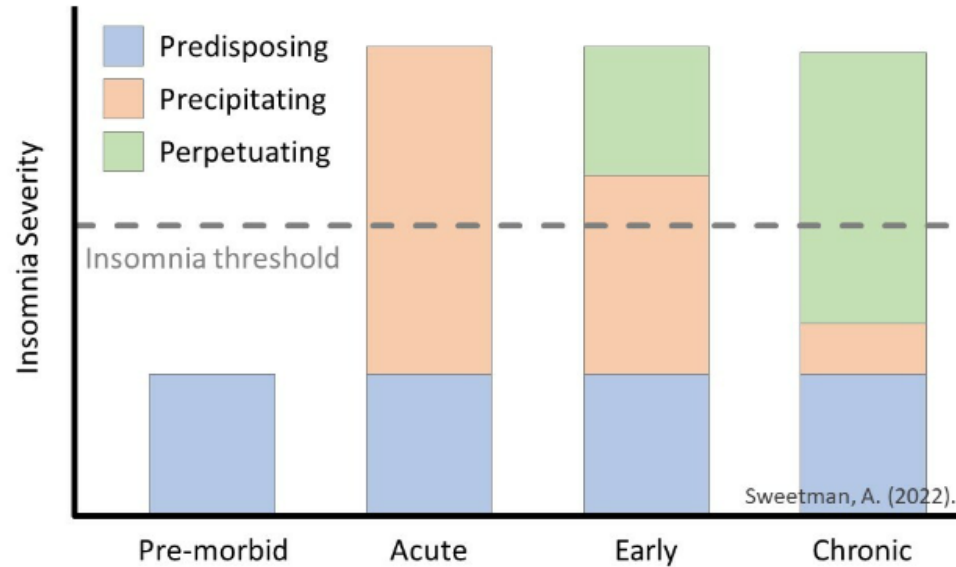
Predisposing Factors

TABLE 5 Major medical comorbidities or contributory factors to chronic insomnia

Mental	Medical	Neurological	Substance use/dependence
Depressive disorders	Cardiovascular disorders	Neurodegenerative diseases	Alcohol
Bipolar disorders	Diabetes mellitus	Cerebrovascular diseases	Nicotine
Anxiety disorders	Chronic kidney diseases	Traumatic brain injury	Caffeine
Borderline personality disorder	Chronic obstructive pulmonary diseases	Multiple sclerosis	Tetrahydrocannabinol /marihuana
Posttraumatic stress disorder	Rheumatic disorders	RLS/PLMD	Opioids
Schizophrenia	Chronic pain	Fatal familial insomnia	“Designer” drugs
Substance use disorders	Any kind of malignant disorder		Cocaine
	SRBD/OSA		Amphetamines

Abbreviations: OSA, obstructive sleep apnea; PLMD, periodic limb movement disorder; RLS, restless legs syndrome; SRBD, sleep-related breathing disorder.

3P Model of insomnia



Perpetuating Factors



- Behavioral
 - Trying hard too hard to sleep
 - Caffeine
 - Alcohol use
 - Not treating obstructive sleep apnea

Perpetuating Factors



- Psychological
 - Insomnophobia
 - The Cycle of Frustration
 - Monkey Mind: “My Brain Won’t Shut Off”

Sleep Mindset



- Do not try to sleep to the point of frustration
- Create the conditions for 6 to 8 hours of sleep
- Be grateful for the sleep you get
- View rough days as a challenge

Insomnia History



- Emotionally-charged
- Attached to their story
- Faulty assumptions of causality
- Often a strong feeling of helplessness
- They have “tried everything”

Insomnia History: Goals



- Listen
- Acknowledge their suffering
- Avoid engaging with faulty assumptions of causality
- Obtain useful information

Sleep History: Basic



SNORING	OSA?
Sleep environment	Cool, dark, quiet?
Lights Out	Going to bed too early?
Sleep Onset Latency	Trouble falling asleep?
Arousals	Trouble staying asleep?
Back to sleep	Lying in bed frustrated?
Wake time	Sleeping in? Lying in bed frustrated?

Sleep History: Bonus



Hypnotic use (current and prior)	Hypnotic dependence? Rebound insomnia?
Chronic Anxiety	Primary cause?
Depression	Primary cause?
Caffeine use	Perpetuating factor?
Alcohol use	Predisposing factor? Perpetuating factor?
Work Schedule	Shift work?

Cognitive Behavioral Therapy for Insomnia (CBT-I)



- Safe and effective (AASM, ACP, ESRS)
- Addresses the behaviors and cognitive distortions that perpetuate insomnia
- Limited resources

Cognitive Behavioral Therapy for Insomnia (CBT-I)



Cognitive components

- Relaxation techniques
- Catastrophic thinking
- Inappropriate expectations

Cognitive Behavioral Therapy for Insomnia (CBT-I)



Behavioral Components

- Sleep hygiene
- Consistent schedule
- Stimulus control
- Sleep restriction

Cognitive Behavioral Therapy for Insomnia (CBT-I)



Resources

- Behavioral health
- Sleepio (available through certain employers)
- Sleep Reset (\$297 for 8 weeks)

Hypnotics



CLASS	Common agents
Benzodiazepine receptor agonists	eszopiclone, zolpidem, zaleplon
Benzodiazepines	triazolam, alprazolam
Histamine receptor antagonists	trazodone, doxepin, diphenhydramine
Melatonin receptor agonist	ramelteon
Orexin receptor antagonists	lemborexant (Dayvigo) suvorexant (Belsomra) daridorexant (Quviqu)

Hypnotics



Known benefits

- Improve subjective measures of sleep in the short-term
- Improve objective measures of sleep to a lesser extent
- Easier and more accessible than CBT-I

Hypnotics



Reasons for concern

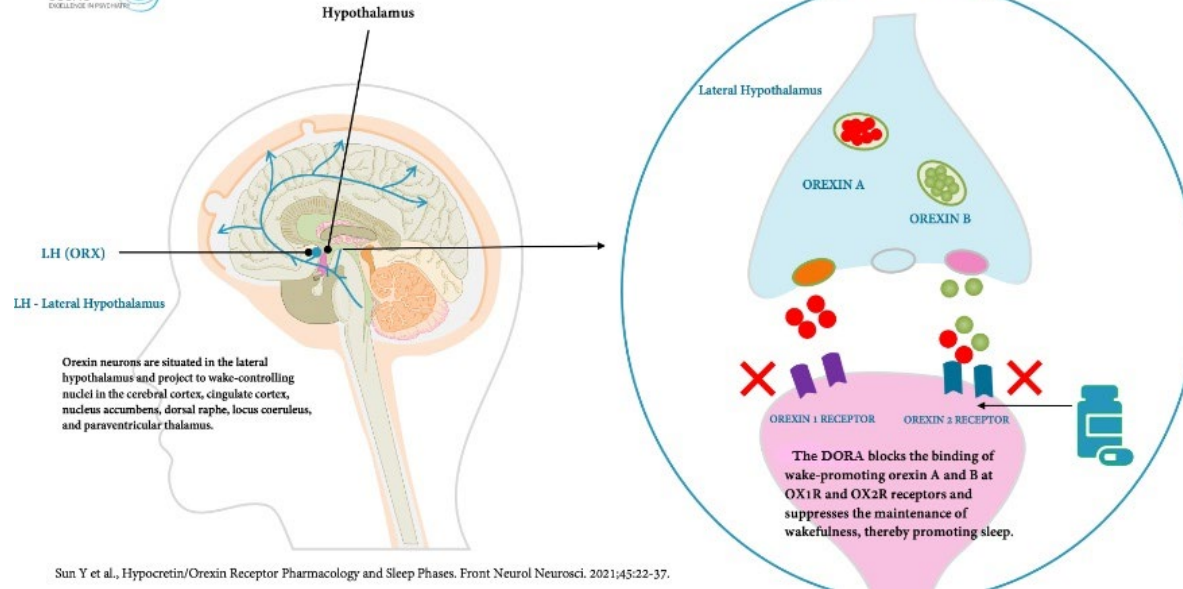
- Little long-term efficacy data ⁽¹⁾
- Chronic dependence
- Increased risk of falls, fractures, confusion, and mortality in the elderly ^(2,3)

1. Samara, et al. (2020). *Acta Psychiatrica Scand*:142:6-17.
2. Riemann, et al. (2023). *Journal of Sleep Research*. 32: 1-36
3. Chiu, et al. (2021). *SleepJ*: 44:1-9.

Dual Orexin Antagonists (DORAs)



DORA MECHANISM OF ACTION



Sun Y et al., Hypocretin/Orexin Receptor Pharmacology and Sleep Phases. Front Neurol Neurosci. 2021;45:22-37.

Dual Orexin Antagonists

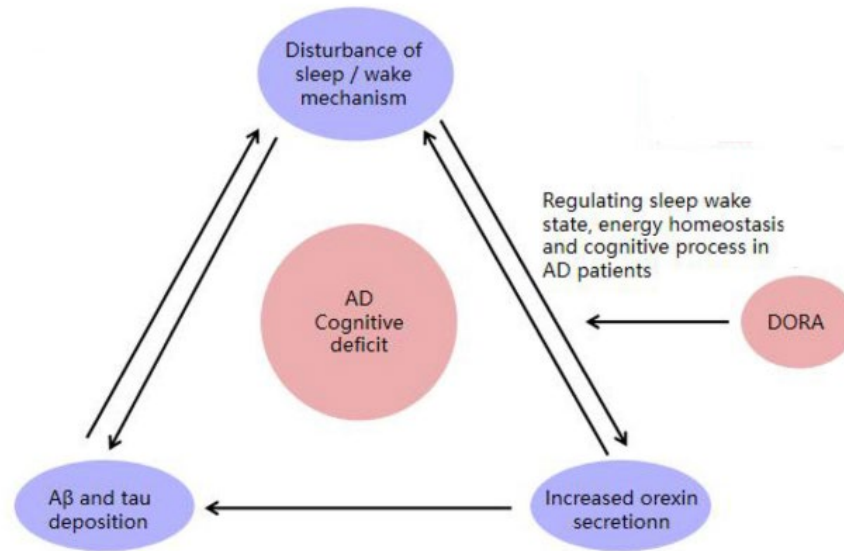


FIGURE 1
The schematic diagram of DORA intervention in AD.

My Approach



- Empathy
- Screening
 - OSA
 - Anxiety or depression
- Insomnia Education
 - The vicious cycle of insomnia
 - Advise correcting behaviors that may be perpetuating insomnia
- Offer CBTi resources
 - Help patient find motivation
 - Set expectations

My Approach



- Hypnotic education
 - Risk of falls, confusion, memory impairment
 - Risk of rebound insomnia
 - When are we going to stop?
- Contract
 - I do not prescribe hypnotics if untreated moderate to severe OSA
 - I do not exceed the FDA approved dosages
 - I do not mix hypnotics
 - Start with 3 times a week or less to avoid dependence
 - Discuss finding lowest effective dose
 - Discuss weaning strategies



QUESTIONS