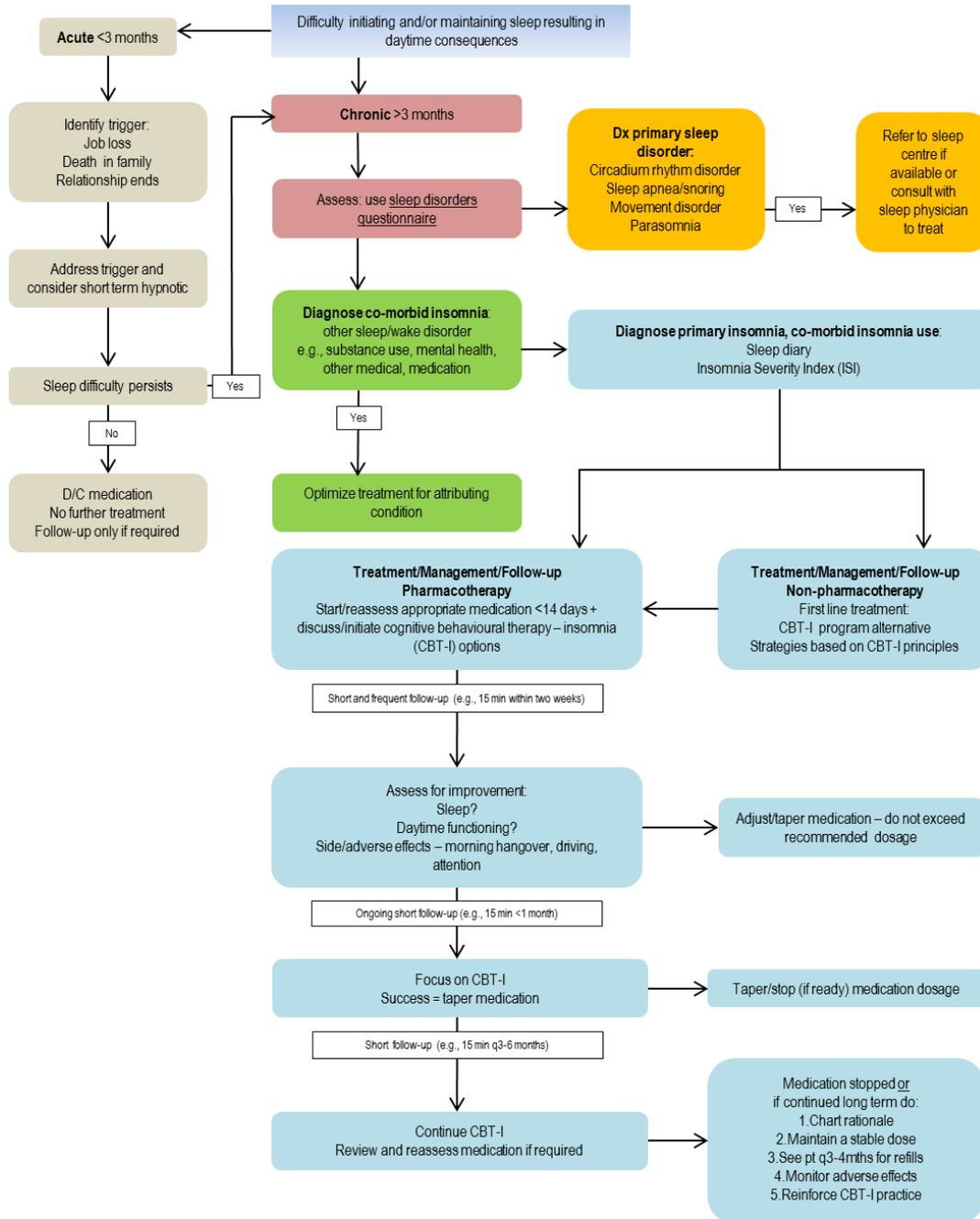


**Objective:** Clinicians in Alberta will know how to assess and diagnose insomnia, when insomnia can be effectively treated and/or managed in primary care using the tools and resources provided, and when referral to a sleep physician is required.

**Target Population:** Adults

**Exclusions:** Children under the age of 18 years; overnight/rotating shift workers

**Algorithm: Assessment to Management of Adult Insomnia**



## TREATMENT/MANAGEMENT

### NON-PHARMACOLOGIC TREATMENT

- ✓ Manage chronic insomnia with cognitive behavioural therapy – insomnia (CBT-I).
- ✓ Explore options for CBT-I programs within your primary care network (PCN) or in the community. If no CBT-I program is available, use CBT-I strategies. See [Table 1](#)
- ✓ Use CBT-I or CBT-I strategies and emphasize the synergistic effect of combining CBT-I and medication for those patients who are using sedative/hypnotic medication.

CBT-I Strategy	Rationale
<ul style="list-style-type: none"> <li>• Don't go to bed too early. Go to bed when you are sleepy.</li> <li>• Maintain a regular sleep schedule.</li> <li>• Minimize bright light before going to bed, including all technology.</li> </ul>	<ul style="list-style-type: none"> <li>• Helps build up the homeostatic sleep drive, and counters the unproductive strategy of going to bed early in an attempt to gain more sleep</li> </ul>
<ul style="list-style-type: none"> <li>• Keep a constant rise time seven days a week, regardless of how little sleep you have had.</li> <li>• Wake up (and get out of bed) at the same time every day, including weekends.</li> <li>• Expose yourself to bright light in the morning to help wake up.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthens the circadian rhythm of sleep regulation</li> </ul>
<ul style="list-style-type: none"> <li>• Your bed is for sleep.</li> <li>• Get out of bed when not sleeping. Go to another room. Return when sleepy.</li> <li>• Remove electronic devices from the bedroom.</li> <li>• Take time to unwind and relax before bed.</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthens the association of the bed and bedroom with sleep and sleepiness</li> </ul>
<ul style="list-style-type: none"> <li>• Relax the body using deep breathing, relaxation techniques or visualization.</li> <li>• Calm racing thoughts by:               <ul style="list-style-type: none"> <li>○ Writing down worrisome issues and find temporary solutions for them so that you have dealt with them for the night</li> <li>○ Using meditation (e.g., mindfulness) to calm the mind</li> </ul> </li> <li>• Identify any sleep-related worries and make sure your thoughts are realistic and not catastrophic.</li> <li>• Do not check or watch the clock.</li> </ul>	<ul style="list-style-type: none"> <li>• Relaxation exercises should be done in the early evening, not in bed.</li> <li>• Reduces hyper-arousal and makes it easier for sleep to arrive</li> <li>• Visual imagery can be used in bed to take the mind away from worry or racing thoughts.</li> </ul>

Table 1: Strategies from CBT-I and the Rationale for Use

Note: Based on expert opinion

### PRACTICE POINT

*CBT-I is the cornerstone of treatment for insomnia. When CBT-I is combined with medication it may produce faster improvements in sleep than CBT-I alone. If combining CBT-I and medication, after the initial phase, it is best to continue CBT-I while tapering/discontinuing medication.*

## PHARMACOLOGIC TREATMENT

- ✓ Start treatment with a short term prescription (see [Table 2](#)) and arrange follow-up with the patient preferably for one to two weeks (but no longer than two to four weeks) to assess whether or not there is a need for continued treatment.

Medication/Drug Classification	Suggested Dosing	Considerations
zopiclone (Imovane®) Non-BZD Specific GABA <sub>A</sub> agonist	3.75 – 7.5mg (Max 5.0 mg for elderly; pt with kidney/liver disease or taking other medications)	<ul style="list-style-type: none"> <li>• Should allow at least eight hours in bed</li> <li>• Metallic after-taste most common adverse reaction</li> <li>• Complex sleep related behaviors can be induced</li> <li>• Risk of physical tolerance and dependence</li> </ul>
zolpidem (Sublinox®) Non-BZD Specific GABA <sub>A</sub> agonist	5 - 10 mg	<ul style="list-style-type: none"> <li>• Less chance of morning hang-over effect</li> <li>• Rapid onset of action</li> <li>• Should allow at least eight hours in bed</li> <li>• Complex sleep related behaviors can be induced</li> <li>• Risk of physical tolerance and dependence</li> </ul>
doxepin (Silenor®) tricyclic (H1 antagonist)	3 - 6 mg	<ul style="list-style-type: none"> <li>• Indicated only for sleep maintenance</li> <li>• No fall risk or cognitive side effects seen</li> <li>• Minimal risk of physical tolerance/ dependence</li> <li>• Higher doses doxepin appear to have traditional TCA side effect profile</li> </ul>
temazepam (Restoril®) BZD Non-Specific GABA <sub>A</sub> agonist	15 - 30 mg	<ul style="list-style-type: none"> <li>• Risk of physical tolerance and dependence</li> <li>• Intermediate half-life carries a low-moderate risk of morning hang-over</li> </ul>
Note: flurazepam, oxazepam, triazolam are indicated for, but not recommended for primary insomnia		
trazodone (Desyrel®) phenylpiperazine 5-HT <sub>2</sub> /H <sub>1</sub> antagonist	25 - 100 mg	<ul style="list-style-type: none"> <li>• Short half-life provides lower risk of morning hang-over effect</li> <li>• Minimal risk of tolerance/dependence</li> <li>• Risk of orthostatic hypotension</li> <li>• Rare risk of priapism and cardiac conduction issues</li> <li>• Multiple mechanisms of promoting sleep</li> </ul>
Additional information to aid decision making regarding Z-drugs can be found at Alberta College of Family Physicians Tools for Practice: <a href="https://www.acfp.ca/tools-for-practice/articles/details/?id=126&amp;title=Z-drugs+for+sleep%3A+Should+we+%E2%80%9Ccatch+Some+Z%E2%80%99s%E2%80%9D%3F">https://www.acfp.ca/tools-for-practice/articles/details/?id=126&amp;title=Z-drugs+for+sleep%3A+Should+we+%E2%80%9Ccatch+Some+Z%E2%80%99s%E2%80%9D%3F</a>		

Table 2: Commonly Used Medications