"I'm Losing Sleep because so many of my patients have INSOMNIA!"

Presented by
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Fontana Sleep Disorders Center

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kp.org/sleep

Multi-Specialty Symposium
For Advance Practice Practitioners
November 4, 2017

Disclosure

The planners and presenter of this activity, as well as the CME staff, do not have any relevant financial relationships with commercial interests to disclose

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Objectives

- Recognize and diagnose insomnia and other sleep disorders
- Describe the clinical benefits of CBT (Cognitive Behavioral Therapy) for treating insomnia and share resources with patients
- Discuss the tiered approach to treating insomnia with CBT as first line option, followed by melatonin then sedating anti-depressants, with limited use of non-benzodiazepine hypnotics especially in the elderly

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Kaiser Fontana Sleep Disorders Center
427- 4432
DREAM TEAM

Fontana is the "go to" sleep center for all of KP So Cal
PIC - Dennis Hwang, MD

- **Sleep Disordered Breathing:**
  Central and Obstructive sleep apneas,
- **Hypoventilation: Morbid obesity, Neurologic Disorders,**
  Premature Infants, Children
- **Narcolepsy and other Hypersomnias**
- **Restless Leg Syndrome**
- **Parasomnias – REM and non-REM**
- **Insomnias**
- **Circadian Rhythm – especially Delayed Sleep Disorder**
- **Occupational – Shift workers**
- **Commercial Driver program**

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Kaiser Fontana Sleep Disorders Center
909-427-4432

1100 referrals per month
40 in-lab polysomnography studies per week
80+ ambulatory "Embletta/ WatchPAT" sleep studies /wk
6 Hypersomnia MSLT/MWT day testing per week
Insomnia class: 30-35 attend per week
Consults: MD, NP & Respiratory Care Coordinators
Multiple research projects, including alternative therapy

Insomnia: Sleep Eazzy Class, Fontana MOB 7
One class-2.0 hours, direct book, no referral needed.
Spanish Insomnia – individual consults with NP

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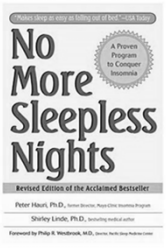
Sleep EazzZy Class for insomnia
Kaiser Fontana Sleep Disorders Center



Currently:
•Single session class with Follow-up phone calls or 40 minute consults with
Valerie Williams ANP-c

- **Internet: kp.org/sleep 2016**
  6 one-week sessions
  Interactive (DREAM program)

2015:
•Health Education: 4 session x 2 hours for Insomnia

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Types of Adult Insomnia

Acute: **less than 3 months duration**

327.41 Transient, Adjustment, Non-organic Insomnia

Chronic:

307.42 Idiopathic, Primary, Paradoxical, Psychophysiological, or Persistent Insomnia

Other:

327.00	Organic Insomnia
327.01	Insomnia due to medical disorder
327.02	Insomnia due to mental disorder
780.51	Insomnia with sleep apnea
780.52	Insomnia NOS
281.35 – 282.85	Insomnia due to various substances

American Academy of Sleep Medicine. *International Classification of Sleep Disorders, Diagnostic and Coding Manual, 2005*

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Chronic Insomnia

more than 4 months

Problem with:
- **Falling asleep**
- **Staying asleep**
- **Waking too early**

and significant daytime impairment:
- **Fatigue**
- **Irritability / Moody**
- **Decreased function**
- **Decreased socialization**
- **Reduced energy or motivation**
- **Poor memory or concentration**
- **Headaches or GI upset**
- **Worry about sleep**

Most CommonTypes:
780.52 Insomnia NOS
307.42 Idiopathic, Primary, Paradoxical Psychophysiological, Persistent
327.01 with medical disorder
327.02 with mental disorders

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Insomnia prevalence and risk factors

- **Chronic: 10-20% of general population**
- **Risk factors:**
- **Older age, females, co-morbid psychiatric disorders, substance abuse, shift work, co-morbid pain conditions, unemployment, lower socioeconomic status**
- **Single, divorced or separated more than married. Most common is depression.**
- **Persistent insomnia increases risk of developing depression by four fold.**

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Fatigue vs Sleepy

The sleep department also specializes in helping people stay awake!

Insomnia – Problems falling and staying asleep

Insomnia patients are fatigued, *but not very sleepy.*

Epworth Sleepiness Score 13+/24
Excessive daytime sleepiness usually another reason than insomnia

When people are sleepy while driving, they try many things to stay alert.
<u>NONE</u> of them will keep them awake.

Safety first.
Fall asleep crashes are often fatal.

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Epworth Sleepiness Scale

Use the following scale to <u>circle</u> the most appropriate number for each situation:

0 = You would *never* doze or sleep
1 = There is a *slight* chance you would doze or sleep
2 = There is a *moderate* chance you would doze or sleep
3 = There is a *high* chance you would doze or sleep

<u>SITUATION</u>	**<u>CHANCE OF DOZING OR SLEEPING</u>**			
Sitting and reading	**0**	**1**	**2**	**3**
Watching TV	**0**	**1**	**2**	**3**
Sitting inactive in a public place	**0**	**1**	**2**	**3**
Passenger in a car for more than 1 hour	**0**	**1**	**2**	**3**
Lying down in the afternoon	**0**	**1**	**2**	**3**
Sitting and talking to someone	**0**	**1**	**2**	**3**
Sitting quietly after lunch (no alcohol)	**0**	**1**	**2**	**3**
While driving, stopped in traffic	**0**	**1**	**2**	**3**

Total ____/24

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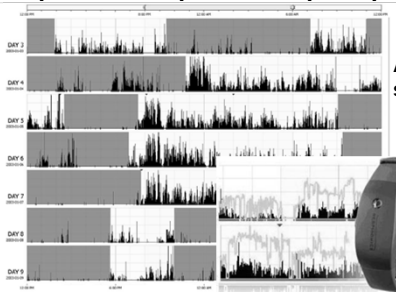
Sleep staging is by brain waves
Sleep study rarely done for Insomnia

Actigraphy – compare with self report diary Helpful for Sleep State Misperception



Actigraphy tracks sleep patterns

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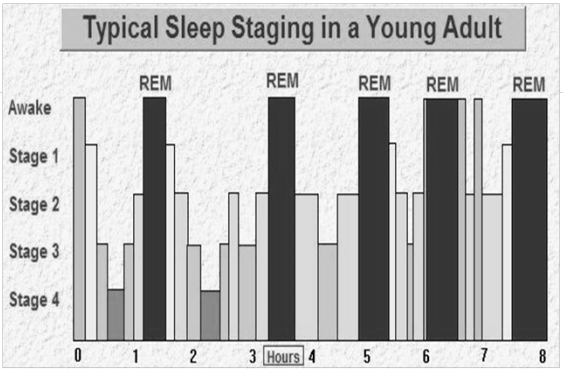

Deep sleep – Mental rest, physical repair REM sleep - mental & memory organization, body rest

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Sleep changes with age

Worsened by:

- Cloudy yellowing of lens decreases blue light input for natural circadian rhythm
- Decreased melatonin production
- Less physical and mental activity in day
- Poor day vs night demarcation
- More naps
- Depression – feeling less productive

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Sleep disturbances in depressed patients

Depression: 80-90% have insomnia

- longer onset sleep (SOL),
- early REM onset, increased REM - disturbing
- decreased total sleep time (TST), less slow wave sleep (SWS) and low sleep efficiency (SE)
- early awakening
- Non-restorative sleep

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Sleep disturbances in other mood disorders

Anxiety / Insomnia: longer SOL, decreased TST and SWS, and SE resulting increase REM

Mania: decreased TST, low SWS,

early and increased REM

sleep loss most common trigger of episodes

Alcoholism: decreased TST profoundly reduced REM – rebounds in detox -> day hallucinations

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Psychiatric medications effect on sleep

Depends on normal vs depressed patients

Antidepressants increase REM latency and decrease amount of REM

Bupropion increases REM latency but increases amount of REM

Mirtazapine only mild REM reduction / none

Sedating antidepressants increase SE

Non-sedating antidepressants decrease SE

But if depression improved ->subjective improvement, despite sleep study findings

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TABLE 29–3 -- Effects of Antidepressants on Sleep

	CONTINUITY	STAGE N3	REM	REM LATENCY	SEDATION
TCAs					
Amitriptyline	↑ ↑ ↑	↑	↓ ↓ ↓	↑	++++
Doxepin	↑ ↑ ↑	↑ ↑ ↑	↓ ↓	↑	++++
Imipramine	↑ ↔	↑	↓ ↓	↑	++
Nortriptyline	↑	↑	↓ ↓	↑	++
Desipramine	↔	↑	↓ ↓	↑	+
Clomipramine	↑ ↔	↑	↓ ↓ ↓ ↓	↑	↔
MAOIs					
Phenelzine	↓	↔	↓ ↓ ↓ ↓	↑ ↑ ↑ ↑	↔
SSRIs					
Fluoxetine	↓	↓	↓	↑	±
Paroxetine	↓ ↓	↓	↓ ↓	↑	+
Sertraline	↔	↔ ↓	↓	↑	+
Citalopram	↔	↓	↓	↑	+
Escitalopram	↔	↓	↓	↑	+
SNRIs					
Venlafaxine	↓	↔ ↓	↓ ↓	↑ ↑	++
Desvenlafaxine	Same				
Duloxetine	Same				
ATYPICAL					
Bupropion	↓ ↔	↔	↔ ↑	↔	↔
Trazodone	↑	↔ ↑	↓	↑	++++
Mirtazapine	↑	↔ ↑	↔ ↓	↔	3+ (low doses)

Fundamentals of Sleep Medicine, Richard Berry, MD, 2012

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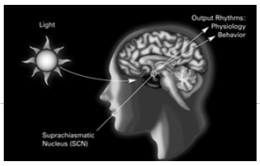
"Circadian Rhythm"



Internal clock - SCN

Light and dark stimulate the internal clock we have in our brain. This clock then releases chemicals and hormones to make you be awake or asleep.

Light stimulates wakefulness **- cortisol**
Dark stimulates sleepiness **- melatonin**

The "natural" time for humans to sleep is between 1000 p.m. and 6 a.m.

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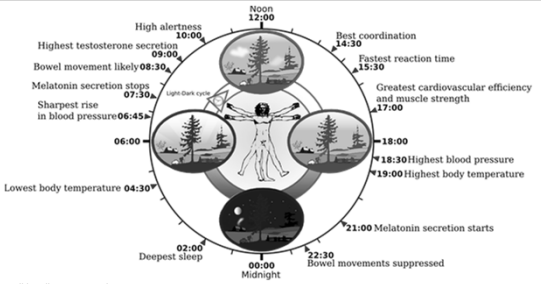
Human biological clock



Wikimedia.com artwork

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As the day progresses, there is a continuing shift in the balance between the forces for wakefulness to sleep.

Wakefulness stimulated by:	**Sleepiness stimulated by:**
Light	Dark
Heat	Cool
Cortisol also high with stress, anxiety	Melatonin
Energy intake (eating calories)	Less energy intake
Physical and mental activity	Less activity

Sleep is a 24 hour issue – not just at bedtime!

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"Blue" Light is why we are losing sleep as a society.

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Blue Blocker Glasses

Wear from sundown until bedtime to promote natural sleepiness.

Regular styles - plastic safety shield, Example – Pyramex Venture II ® available@ amazon.com

"Fit-Over" styles are worn over prescription glasses, available from SolarShield ® or SunShield® available@ amazon.com

f.lux, twilight and other apps can lower the light level on electronic devices at sundown automatically

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Internal Clocks can be adjusted

Useful for shift-workers, jet lag or delayed sleep phase teenagers.

Dark Sunglasses
(or blue-blockers) to mimic night
Wear sundown until bedtime = Sleep

Bright light to mimic day = energy, awake

Melatonin – natural hormone of sleep

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Delayed Sleep Phase Disorder not insomnia

Age onset 8 – 20, estimated 10%
Usually diagnosed as insomnia
"Different time zone":
problem falling asleep, not staying asleep
Usual Rx: TCAs, benadryl, benzos – not helpful
Treatment with light, dark sunglasses and melatonin can shift to correct "time zone".
10% of adult insomniacs also have DSPD = "Night owls"

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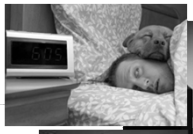
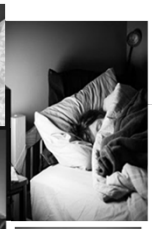
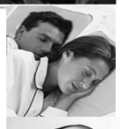
Design your bedroom for SLEEP







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DARK
- **No TV or Computer**
- **Sleep mask**
- **Minimum light with bathroom breaks**

COOL Try ice pack, Chillow Pillow

COMFORT
- **Bed and pillows**

QUIET
- **White noise, fan or ear plugs**

SLEEP HYGIENE = Healthy Sleep Habits

Avoid:

- **Alcohol – most common sleep aid in the world**
  - **avoid 4 hours before bedtime**
  - **reduces melatonin and dreams**
- **Nicotine - lessens physical repair in deep sleep**
- **Caffeine: avoid after lunch – agitating, raises temperature and heart rate, causes people to "twitch" in their – more likely to wake up**
- **Large meal before bedtime – not within 4 hours of bedtime – causes sleep disturbance, light snack ok.**

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Take naps?

80% of people with insomnia sleep <u>WORSE</u> when they nap

Only 20% of people with insomnia sleep <u>BETTER</u> when they nap

If retired - Limit nap to 30 minutes. Never after 3pm.

If shift-worker – Sleep at least 2 hours before work

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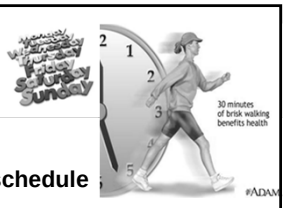
SLEEP HYGIENE = Healthy Sleep Habits



Establish a regular sleep schedule

- **Most important:**
  - **Get up at the <u>same time 7 days a week</u>**
- **Helpful – same bedtime each night**
- **Schedule sufficient sleep opportunity.**

Exercise improves sleep and mood–

- **Best time is morning in sunshine up to late afternoon.**
- **Takes 4-5 hours to cool for sleep**

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Dysfunctional Beliefs and Attitudes about Sleep
Morin, et al, APA, 1993

BELIEFS:
- Trying hard will help me fall asleep
- I can't sleep without medication
- I can't function without 8 hours sleep
- I can't control my thoughts in the night
- I should sleep as well as my partner
- I am losing control over my ability to sleep

BEHAVIORS:
- More time in bed to increase sleep
- Monitoring sleep times closely
- Watch TV or listen to radio to relax to sleep
- Drink alcohol to fall asleep
- Napping to make up sleep
- Laying in bed worrying about sleep

……All lead to less sleep

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Insomnia Treatment options

Cognitive Behavioral Therapy for Insomnia= cognitive therapy + stimulus control +/- sleep restriction with or without relaxation therapy.

Effective for primary and secondary insomnia.

Combination of hypnotic and CBT-I is NOT more effective than CBT-I alone for primary insomnia.

Sleep education and paradoxical intention, biofeedback also helpful.

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Behavior modification

 # 1: Do not have a visible bedroom clock

Covered alarm clock ok

Clock watching <u>reduces</u> sleep time with anxiety

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2: Bed for sleep and sex ONLY

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STIMULUS CONTROL
to avoid lying in bed trying to sleep

- **Going to bed earlier to "get more rest" worsens insomnia.**
- **Go to bed ONLY WHEN SLEEPY**
- **If unable to sleep or relax, go to another room and do something boring or relaxing**
- **Return to bed ONLY WHEN SLEEPY**
- **Repeat the above as often as necessary**
- **Get up at the <u>same time every morning</u>**

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Ultimate Insomnia treatment: SLEEP RESTRICTION THERAPY

A process to make sleep time more equal to time in bed.
VERY EFFECTIVE for sleep consolidation.
Requires self discipline for a few weeks, but gives excellent results.
Can acutely improve depression.
Compute actual sleep hours, deduct from set wake time to find initial start time. Shift earlier by 15-30 min every 4-5 days to goal. Wake time is stays constant.

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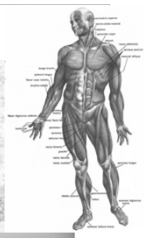
3: Practice Relaxation Techniques

- Deep Breathing
- Progressive Muscle Relaxation
- Guided Imagery
- Meditation
- Mindfulness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RELAXATION

POD CASTS by
Belleruth Naparstek

kp.org/listen

LIVING HEALTHIER
- Sleep
- Relaxation and wellness

EMOTIONAL WELLNESS
- Self confidence
- Stress
- Anger and Forgiveness
- Grief
- Panic Attacks and Anxiety

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Pre-Bedtime Routine to unwind from your day

Plan: make it a habit before bedtime
- Listen to relaxing music
- Warm bath
- Read boring book
- Relaxation
- Go to bed and fall asleep.

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Choose Positive Thoughts

"How can I turn off my mind?"

Problem solve in daytime – journaling

Then at bedtime you can…
<u>Choose</u> bedtime thoughts to be positive and practice "gratitude"

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Chronic insomnia patients – 4+ x risk for developing depression, 2-4 x risk to remain depressed

Mental health resources are outlined in the class handout.

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Medications Known to Cause Sleep Disturbances

- **Stimulants:**
  - **Diet pills or Energy supplements**
  - **Decongestants like Sudafed®, Afrin**
  - **Excedrin migraine®**
- **Steroids, Interferon**
- **Antidepressants:**
  - **Effexor, Cymbalta, Wellbutrin,**
  - **Prozac, Celexa, Lexapro**
- **Blood pressure medications:**
  - **HCTZ or Furosemide (Lasix®)**
  - **Beta-blockers**
  - **Calcium channel blockers**
- **Bronchodilators – Theophylline, Pro-Air**
- **Rx stimulants**
- **Best to take these meds in the Morning**

Alternative for nasal Congestion is sinus rinse before bed

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Over-The-Counter Sleep Aid Medications

used by 25% of insomniacs, 5% every night

- **Diphenhydramine**
  - **Advil PM**
  - **Benadryl**
  - **Simply Sleep**
  - **Tylenol PM**
  - **Unisom SleepGels**
  - **ZZZ-quil**
- **Doxylamine**
  - **Unisom SleepTabs**
  - **Vicks Nyquil**

Antihistamine medications

- **Minimally effective for sleep**
- **Reduce sleep quality**
- **Cause restless legs**
- **Cause drowsiness the next day**
- **Worsen prostate, glaucoma and constipation conditions**
- *Better to use claritin, zyrtec or allegra for allergy symptoms.*

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Most common Rx for insomnia

Medication	Daily Dose	Effects and Considerations
Benzodiazepine Receptor Agonists: Zolpidem (Ambien®)	**Women5mg Men 10mg**	**▪Helps you fall asleep and improves sleep quality (Dementia, Memory Loss, Parasomnias) ▪Little help to stay asleep ▪Risk for tolerance effect ▪There is a risk of dependence and abuse**
Benzodiazepines: Temazepam (Restoril®)	**15mg to 30mg**	**▪Helps you stay asleep during the night ▪Tolerance and dependence can occur with long term use ▪Can have additive effects with alcohol /other medicines that affect the brain**
Antidepressants: Trazodone (Desyrel®)	**50mg to 150mg**	**▪Helps you fall asleep and stay asleep ▪Effective in patients who have both depression and insomnia**

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Zolpidem/ Eszopiclone new cautions

SAMHSA – Report 5/1/2013
Substance Abuse and Mental Health Services Administration
ED visits for adverse reactions involving Zolpidem increase 220% - 6,111 in 2005 to 19,487 in 2010:

- Females = 68%
- Over 45 years old = 74%
- Over 65 years old = 32%

Half of visits involved combination with other pharmaceuticals:

- Anti-anxiety and other insomnia meds = 16%
- Pain relievers = 26%

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Ambien/Lunesta: new cautions

AGS, Beers, Medicare, HEDIS:
Limiting use in patients>64yo
Letters advising all current Ambien patients

- **Max dose– 5mg, couple nights a week**
- **Max prescription total 90 days per year**
- **Extreme caution for usage >64 year old**
  - **Increased dementia, falls, parasomnias, MVAs**
  - **Increased death rate (5x)**

Advised alternatives: CBT, melatonin, trazodone
Not Tricyclic Antidepressants or Benzodiazepines, if only for sleep

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Non-formulary sleep medications:

Formulary: only 5mg pills
Ambien – zolpidem 5-10mg– half life 2.5 hours
NON-FORMULARY:
Ambien CR – zolpidem 6.25-12.5mg
Lunesta – eszopiclone – 1-3mg - half-life 6 hours
NON-FORMULARY-no additional benefit:
Intermezzo – zolpidem subligual 1.75-3.5mg – 2.5 hrs
Sonata – zaleplon – 5-10mg – half-life 1 hour
Rozerem – ramelteon – 8mg - melatonin agonist

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Melatonin: natural sleep hormone

Teenagers, shift workers, older adults, and patients on certain medications benefit

Over-the-counter, take 3 -5 mg – 30 to 60 min before bedtime
Never take after sleep onset.

NSAIDs, Beta-blockers, calcium-channel blockers, diuretics, benzodiazepines, alcohol, and caffeine may decrease normal melatonin production.
Light greatly reduces melatonin production.

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Alternative therapies: little research

- Aromatherapy - relaxing
  - Lavendar, Roses
- Herbal formulas
  - Chamomille tea "sleepytime"
- Relaxation drinks
  - ex: Vacation In a Bottle
  - ex: Bob Marley water
- Yoga

Herbals: most can be very helpful
Liver cautions with valerian and kava.
St. John's wort can disturb sleep.

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Rx or OTC medications that help with Insomnia:

Benefits:
- Helps you sleep…

…only short term

Drawbacks:
- Side effects
- Dependence
- Tolerance
- Withdrawal
- Anxiety
- Rebound insomnia

Best long-term treatment: cognitive-behavioral changes

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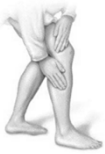
Restless Legs



Worse in the evening
Uncomfortable or unpleasant sensations in legs when at rest
Overwhelming urge to move legs
Movement or massage relieves the discomfort
Can also occur during sleep = PLMD – uncommon to arouse patient
Test for ferritin (precursor to dopamine)– goal >75, if needed, tx with FeSO4 take with vitamin C to reduce risk of augmentation
Preferred treatments: dopamine agonists
pramipexole (mirapex) or ropinirole (requip) before klonopin
High incidence in ADD / ADHD

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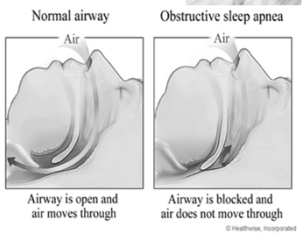
Obstructive Sleep Apnea – screening:

S – snore loudly
T – tired, day fatigue
O – observed apnea
P – high blood pressure

B – BMI > 35
A – age > 50
N – neck > 17
G – gender: male



score >2, send for testing

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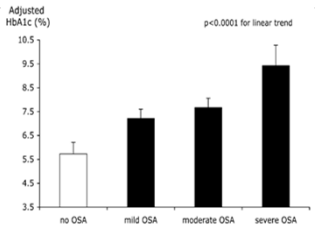
Diabetes and Sleep Apnea

- Over 50% of type II diabetics have sleep apnea
- Degree of OSA severity is directly related to A1c



Aronsohn et all., American Journal of Respiratory Critical Care Medicine, 2009
** Data adjusted for age, gender, race, BMI, number of diabetic medications, level of exercise, years of diabetes and total sleep time.

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Obstructive Sleep Apnea

Main problem is compliance

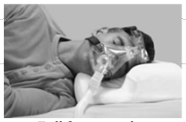
OSA – moderate or severe - has serious cardiovascular risks and needs treatment: **MI, stroke, diabetes**

Commercial drivers with OSA are now held to compliance guidelines, 70% of days with use >4 hours

Urge patients to come to sleep lab if they are not using their CPAP at least 4 hours every night.

CPAP treatment for Sleep Apnea:


CPAP

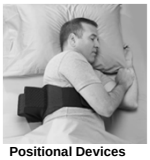

Full face mask


Nasal mask


Nasal pillows

Many Alternative Therapies available:


PROVENT


Positional Devices


Oral Device

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Narcolepsy or Hypersomnia

- With cataplexy = hypocretin deficiency
- Without cataplexy = normal / low hypocretin
- 50% undiagnosed
- Most commonly misdiagnosed as mood disorder
- Dx: polysomnography / mean sleep latency
- Hypersomnia if average short mslt
- Narcolepsy if REM onset with sleep
- Poor sleep at night

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Sleep disorders treatments

- RBD: preferred tx : melatonin or benzo
- Sleep walking : safety precautions
- PTSD / nightmares: prazosin, BH: EMDR, IRT
- Narcolepsy / Hypersomnia – Dx: PSG/MSLT
  - Provigil – day preferred over stimulants,
  - Xyrem – night (narcolepsy only)
- Shift workers –
  - provigil, hygiene + sleep med

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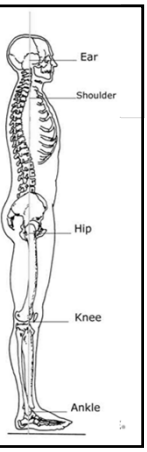
IMPORTANCE OF PROPER SPINE ALIGNMENT DURING SLEEP

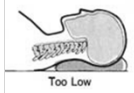
Getting enough sleep can be difficult when you can't find a comfortable position

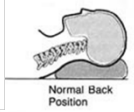
Chronic pain and fibromyalgia patients

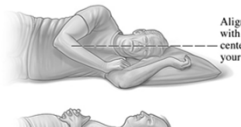
- Wake up with pain, numbness, tingling
- "I must have slept wrong"
- Tossing & turning through the night
- Unable to relax muscles
- Feel stiff & achy in the morning

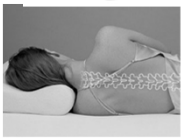


Neck spinal position









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SLEEPING ON YOUR BACK

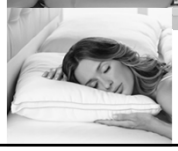
1-2 pillows or wedge under legs improves low back pain

1 pillow under each arm for shoulder support

Picture is an example of what NOT to do

Stomach sleeping not advised, because it twists the neck too far to the side

Wedge relieves low back pain



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SIDE SLEEPING Recommended

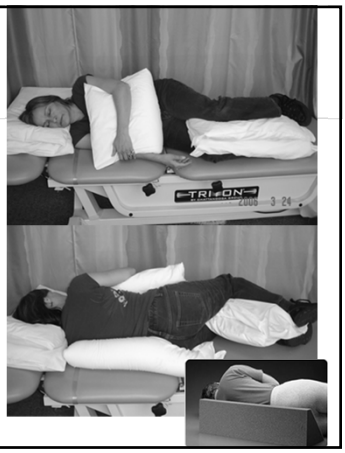
1-2 pillows under head
ensures your cervical spine is straight & elongated

1-2 pillows between knees
1 pillow under arm

Body pillow or wedge behind back

- **Roll body forwards or backwards weight on shoulder blade and bottom**
- **Body weight not on top of shoulder or hip joints**

Picture: example of good positioning



Challenge patients - which path will you choose?

Motivation - "You can't satisfy your hunger by reading a menu, you have to eat some of the food"….anonymous

Encourage patients to - Be patient with themselves… Humans need 3 to 4 weeks of repetition to change or develop new habits.

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Build patient skills and confidence so they can sleep normally again.
Insomnia is nothing to lose sleep over!

THANK YOU

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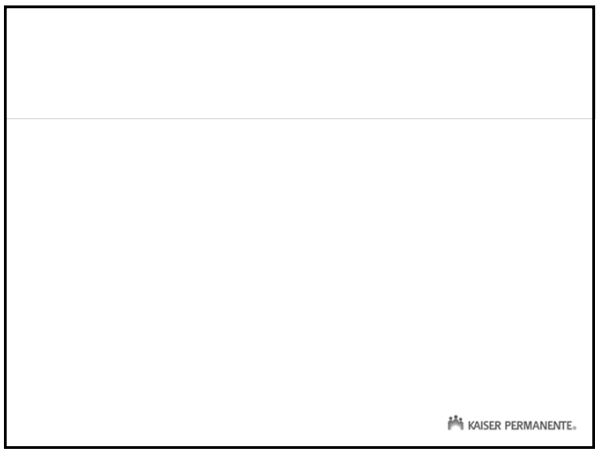
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