

Insomnia

1. Difficulty initiating sleep (>30 mins), maintaining sleep (<6 hrs), or waking up too early.
2. Above condition(s) despite adequate opportunity and circumstances for sleep
3. Impaired sleep causes deficits in daytime function

Clinical Presentation:

- fatigue, malaise, poor attention/concentration, mood disturbance, daytime sleepiness, reduced motivation/energy, tension, headaches, GI sx, ongoing worry about sleep

DDx: Normal Aging!

- medical or psychological d/o, medications
- substance abuse or withdrawal (includes OTC meds, EtOH, caffeine, tobacco, illicit)
 - caffeine $\frac{1}{2}$ life is about 5 hrs
 - EtOH: CNS depressant- decreases sleep onset latency but depresses respiration, suppresses REM sleep, causes awakening with difficulty returning to sleep
- Among pts with both insomnia and a mood d/o, approx $\frac{1}{3}$ developed insomnia prior to mood d/o
- Majority of EtOH-ers report sleeping problems prior to alcohol dependence
- Insomnia is highly predictive of relapse in both depression and EtOH dependence

Interview:

- Review PMH, consider depression/anxiety questionnaire, meds, substance use; talk to partner
- Sleep hx: typical 24 hrs- bedtime, duration of sleep, number/duration of awakenings, final awakening time, time/length of naps
- Sleep log 1-2 wks: daily bedtime, sleep quality; time between lights out and onset of sleep
- Sleep pattern, e.g. frequent awakenings, nature of insomnia (acute vs chronic)
- Review sleep hygiene/habits
- Previous attempts at treatment: diagnosis may have been incorrect if failed treatment

Exam:

- Oropharyngeal exam (OSA), extremity swelling (CHF), extremity stiffness/deformity (rheum dz, neuropathic pain)

Labs/Studies:

- TSH, HgbA1C, uremia (renal insufficiency), iron deficiency (restless leg syndrome)
- Polysomnography if suspect osa

Treatment:

- EDUCATION
- Meds: benzos, non-benzos. antidepressants, antihistamines,
- Melatonin: helpful for people with delayed sleep phase syndrome, not insomnia, safe for less than 3 months but not regulated because marked as dietary supplement; dose is 0.2 to 0.3 per night for insomnia