GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Insomnia

Insomnia is the most common disturbance of sleep, affecting one-third of the Australian population at any given time. It is a distressing complaint and has the potential for significant long-term health consequences. Insomnia may be a primary disorder or co-morbid with a range of medical and psychiatric disorders. It is a challenging condition to manage in general practice and registrars need to develop a practical and evidence-based approach to assessment and management.

TEACHING AND LEARNING AREAS		• Common co-morbid causes of insomnia in general practice • How to take a sleep history • Assessment tools, including a sleep diary and/or self-assessment tools – Insomnia Severity Index or Auckland Sleep Questionnaire • Insomnia assessment, including severity, co-morbid conditions and differential diagnoses • Approach to management of insomnia, both pharmacological and non-pharmacological aspects • Indications and referral pathways for insomnia
PRE- SESSION ACTIVITIES		• Read the 2013 MJA review article Insomnia: prevalence, consequences and effective treatment
TEACHING TIPS AND TRAPS		• Daytime fatigue is common, but if the predominant complaint is of daytime sleepiness, consider another sleep disorder e.g. OSA • Consider delayed sleep phase disorder as a differential of insomnia • Investigations, including polysomnography, are not routinely indicated for diagnosing insomnia – a sleep study however can be helpful in diagnosing other sleep related conditions e.g. OSA, sleep-related movement disorders • Psychological and behavioural interventions are the first-line treatments for insomnia • Consider the use of online CBT programs like Sleepio or SHUT-I • Sleep hygiene is an important aspect of management but has limited efficacy if used in isolation • Short-term medication use for insomnia may be considered but requires careful risk-benefit assessment and close monitoring
RESOURCES	**Read**	• 2019 AJGP articles Insomnia Assessment and Insomnia Management • Australasian Sleep Association Insomnia resource for health professionals • 2013 MJA article Sleep Disorders in Children • Therapeutic Guidelines chapter on Insomnia
	Listen	• Sleep Hub podcast on insomnia
FOLLOW UP & EXTENSION ACTIVITIES		• Ask the registrar to undertake the clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Fiona Malpike, aged 47, presents to you with a six week history of insomnia. She describes difficulty dropping off to sleep, frequent awakenings and feeling unrefreshed in the morning. She denies snoring, restless legs or nocturnal jerks. There has been no intercurrent illness and she has no specific symptoms apart from fatigue. She denies any recent significant life events. She has a past medical history of well controlled hypertension on ramipril 5mg daily, but has no other medical issues or new medications.

QUESTION 1. What are the MOST IMPORTANT key features on further history to assess Fiona's insomnia? List up to FIVE.

1 _____

2 _____

3 _____

4 _____

5 _____

QUESTION 2. You assess that Fiona has a significant insomnia disorder with no specific exacerbating factors. What are the MOST IMPORTANT broad aspects of management to discuss with Fiona? List up to FOUR.

1 _____

2 _____

3 _____

4 _____

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features on further history to assess Fiona's insomnia?

- Sleep pattern – time going to bed, sleep latency and duration, time waking
- Bedtime behaviour – TV, screen use, caffeine etc.
- Impact on daytime function
- Mood/anxiety
- Alcohol and drug use
- Past history of insomnia

QUESTION 2

You assess that Fiona has a significant insomnia disorder with no specific exacerbating factors. What are the MOST IMPORTANT broad aspects of management to discuss with Fiona?

- Validation and support
- Psychological treatment (CBT)
- Behavioural strategies e.g. sleep restriction, stimulus control, sleep hygiene
- Limited role of medication – short-term if used

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