

Insomnia: Summary

- Insomnia is difficulty in getting to sleep, difficulty maintaining sleep, early waking, or non-restorative sleep which occurs despite adequate opportunity for sleep and results in impaired daytime functioning.
 - Daytime symptoms typically include poor concentration, mood disturbance, and fatigue.
 - Sleep disturbance in the absence of daytime impairment is not considered to be insomnia disorder.
- There is no standard definition of what constitutes normal sleep — the amount of sleep needed to ensure good health varies from person to person and with ageing.
 - It usually takes less than 30 minutes for a person to fall asleep.
- Insomnia can be categorized according to duration or likely duration:
 - Short-term insomnia lasts less than 3 months.
 - Long-term (or chronic) insomnia lasts for 3 months or longer.
- Short-term insomnia is common and can occur in association with stressful events or changes in sleeping patterns such as illness, financial difficulties, the birth of a child or environmental disturbance.
- Chronic insomnia commonly co-exists with other psychiatric and medical conditions (for example anxiety, depression, and COPD) with bidirectional or interactive effects. Maladaptive behaviours and cognition are thought to be involved in development of chronic insomnia.
- Other sleep disorders (such as obstructive sleep apnoea and parasomnias) should be considered in the assessment of a person with suspected insomnia.
- A sleep diary can be helpful identifying sleeping patterns and lifestyle factors that may exacerbate or maintain insomnia. The diary should be kept for at least two weeks.
- Good sleep hygiene should be established in all people with insomnia. This aims to make people more aware of behavioural, environmental, and temporal factors that may be detrimental or beneficial to sleep.
- Hypnotic medication should be avoided if possible due to potential for significant adverse effects.
 - Cognitive behavioural therapy for insomnia (CBT-I) is recommended for treatment of both short- and long-term insomnia in adults of all ages — unlike medication, benefits associated with CBT-I persist on completion of treatment.

- For short-term insomnia where sleep hygiene measures fail, daytime impairment is severe causing significant distress and:
 - Insomnia is not likely to resolve soon:
 - CBT-I should be offered as the first-line treatment.
- For long-term insomnia:
 - CBT-I should be offered as the first-line treatment in adults of any age.
- Referral to a sleep clinic or neurology may be required if another sleep disorder is suspected, there is doubt regarding the diagnosis, or long-term insomnia has not responded to management in primary care.