

ISMC 2011





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Insomnia

diagnosis and treatment

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Insomnia Criteria

Complaints of:

- Difficulty falling asleep (SOL > 30 min.)
- Difficulty maintaining sleep (WASO > 30 min.)
- Early morning awakening (< 6.5 hrs of sleep)
- Disrupted or non-restorative sleep (SE < 85%)

(SE = TST/TIB x 100%)



Insomnia Criteria

Problems in daytime functioning:

- Mood disturbance and fatigue
- Alertness and concentration problems
- Daytime sleepiness
- Concerns or worries about sleep



The 2nd edition of the International Classification of Sleep Disorders (ICSD-2):

- Insomnia
- Sleep related breathing disorders
- Hypersomnias
- Circadian rhythm sleep disorders
- Parasomnias
- Sleep related movement disorders
- Isolated symptoms and normal variants
- Other sleep disorders

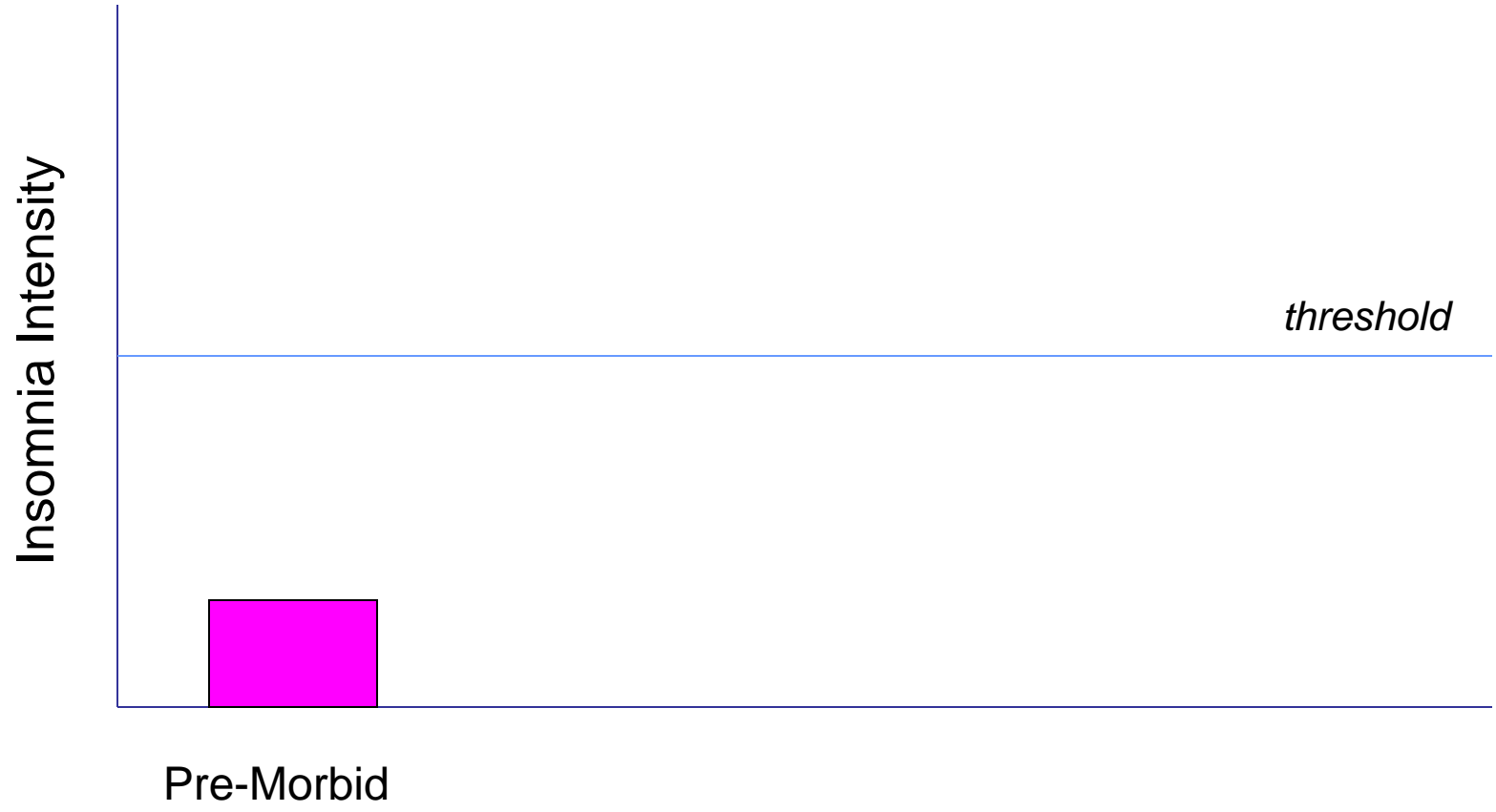


ICSD-2 Subtypes insomnia

- Adjustment sleep disorder
 - Psychophysiological insomnia
 - Paradoxical insomnia
 - Idiopathic insomnia
 - Insomnia due to mental disorder
 - Inadequate sleep hygiene
 - Behavioral insomnia of childhood
 - Insomnia due to drug or substance
 - Insomnia due to a medical condition
 - NOS (non-organic) – unspecified
 - Physiological (organic) insomnia – unspecified
- } Primary insomnia
DSM-IV



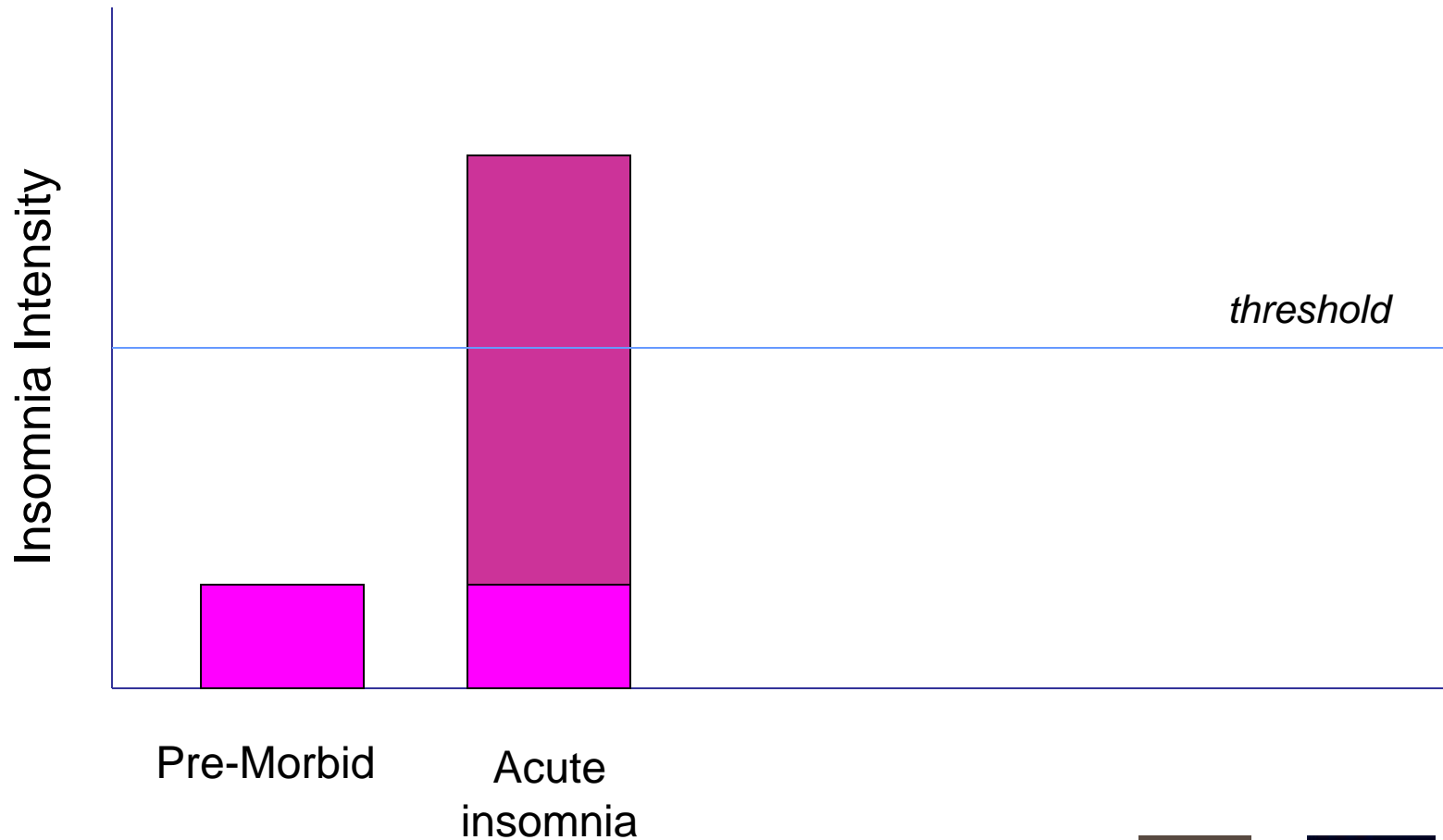
- predisposing factors:
 - Biological features
 - Personality traits
 - Social factors





precipitating factors

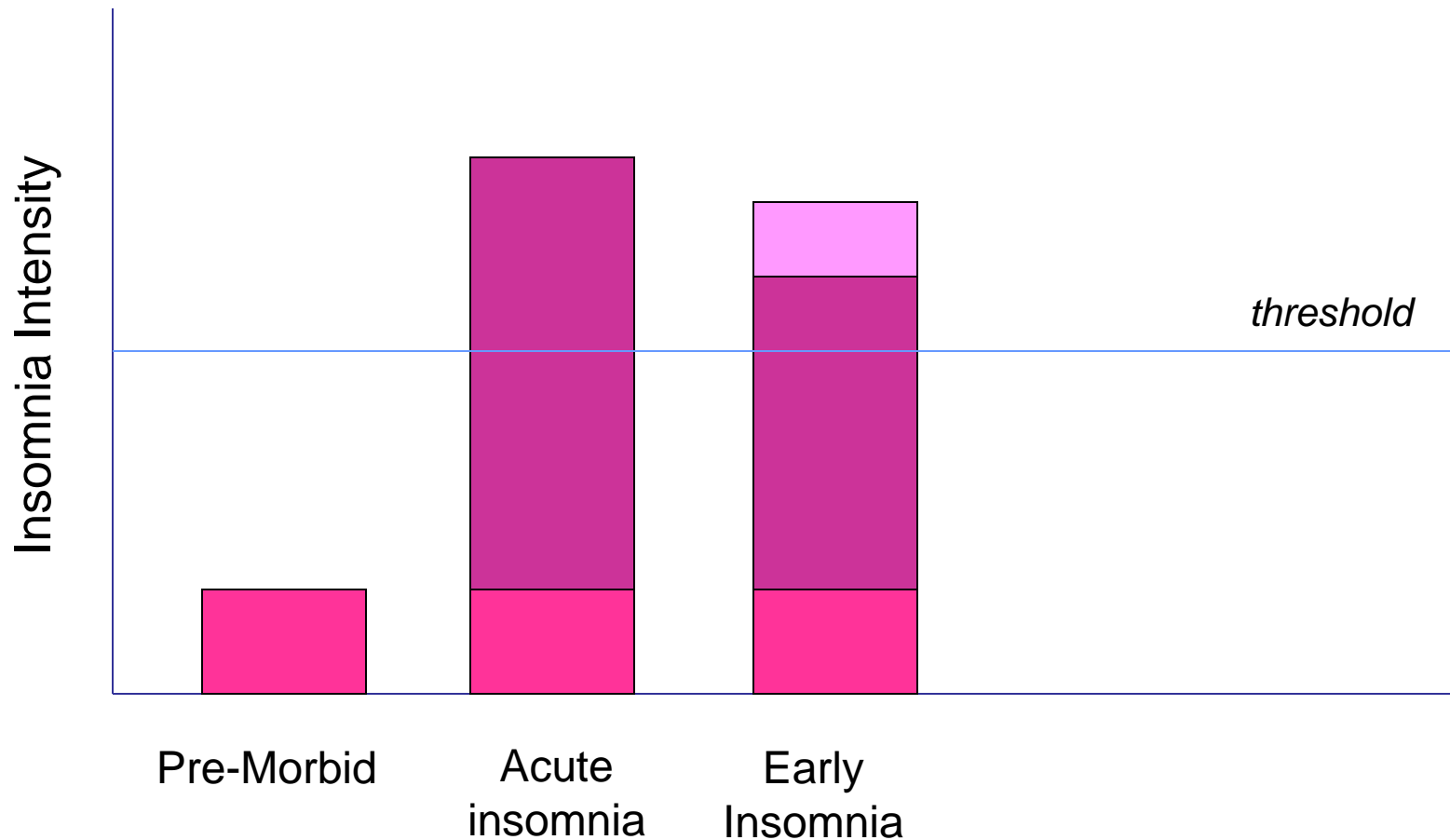
- Stress
- Medical problems
- Psychiatric disease

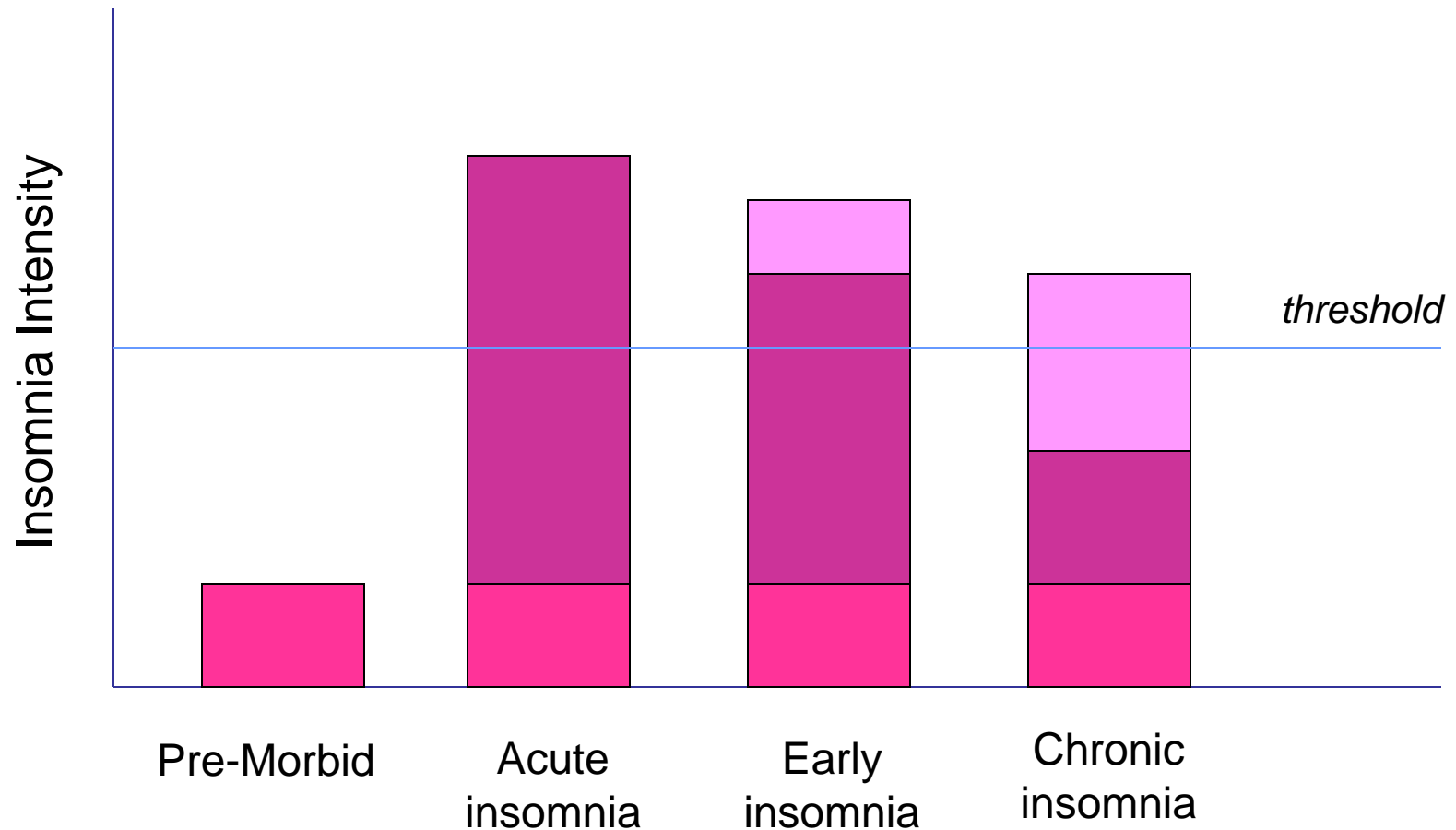




perpetuating factors

- Maladaptive behaviour
- Dysfunctional cognitions
- Tension



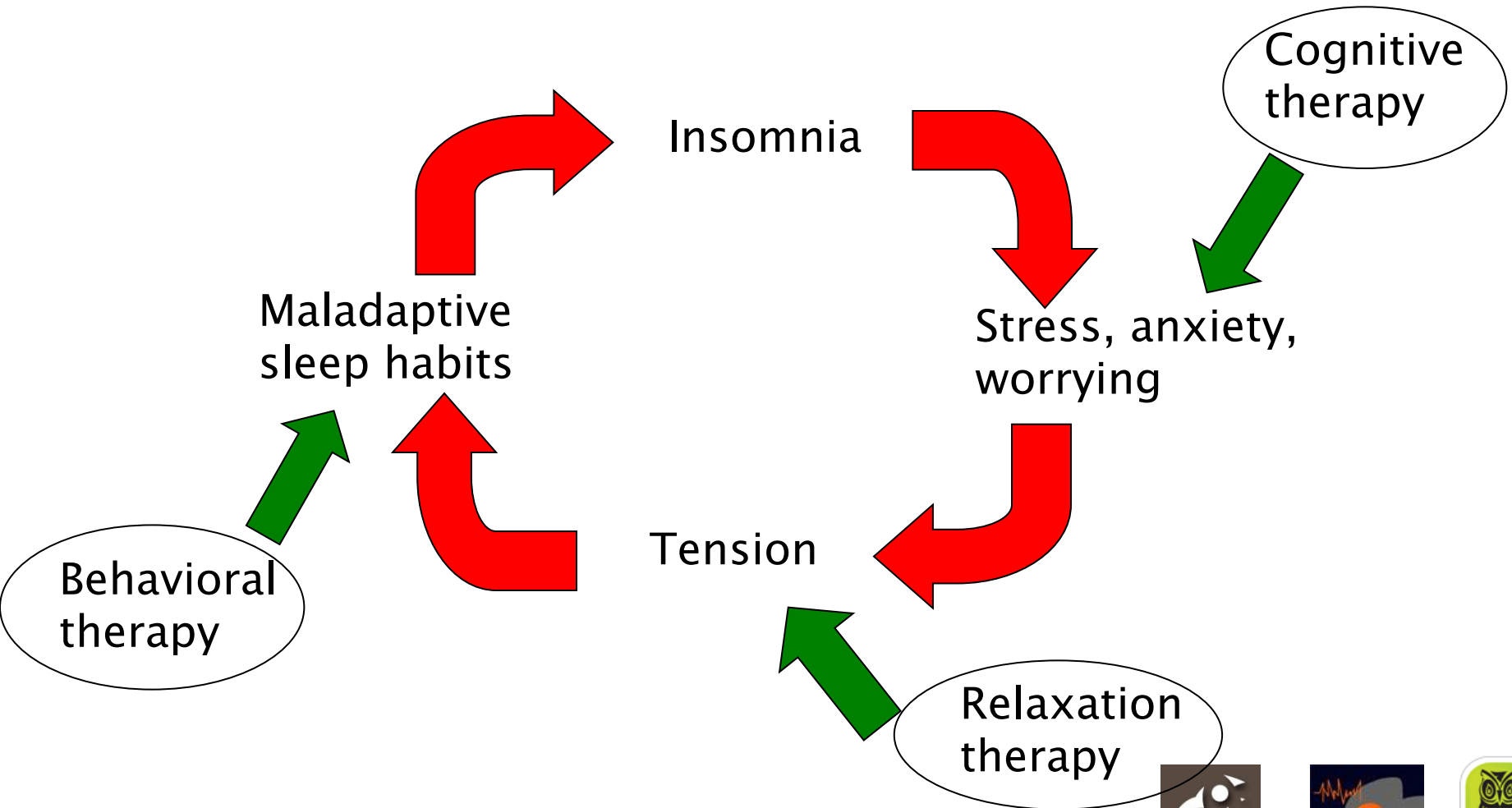


Cognitive Behavioral Therapy

- Sleep hygiene education
- Stimulus control
- Sleep restriction
- Relaxation therapy
- Cognitive therapy



Treatment goal = regaining control over sleep



Sleep Hygiene Education

- Wind-down activities 2 hrs before bedtime
- Keep regular bedtimes, especially wake-time
- Alarm clock out of sight
- Sufficient physical exercise at daytime
- Avoid caffeine and nicotine during the evening
- Reduce alcohol consumption
- Try to avoid napping during the day



Stimulus Control Therapy

- Re-associate bed with sleep
 - Go to bed only when sleepy
 - Use bed and bedroom only for sleep
 - Get out of bed and go to another room when unable to sleep
 - Maintain regular rising time in morning
 - Avoid daytime napping



Sleep Restriction

- Restrict time in bed to current average sleep time, minimal 6 hrs
- Avoid daytime napping, but take time for relaxation
- Think of how to spend the extra time
- Slowly increase bedtime with 15 min. when $SE > 80-85\%$ ($SE = TST/TIB \times 100\%$)



Relaxation Therapies

- Progressive muscle relaxation
- Guided imagery
- Abdominal breathing
- Meditation/Yoga



Cognitive Therapy

- Disfunctional cognitions play an important and perpetuating role
 - Identify negative perception about sleep
 - Challenge validity of perceptions
 - Substitute positive perceptions about sleep



Case study discussion

- Discuss cases in small groups
- Diagnosis and treatment?
- Reminder: sleep hygiene education, sleep restriction, stimulus control, relaxation therapy and cognitive therapy.



Diagnosis and treatment

Case-1



Case-1 Mr. R.

- Diagnoses: psychophysiological insomnia and inadequate sleep hygiene
- Treatment:
 - Psycho education
 - Alarm clock out of sight
 - Sleep restriction 6 hrs a night
 - Creating a balance between activity en relaxation during day
 - Evening wind-down
 - Challenge negative thoughts about sleep
 - Lower alcohol and caffeine consumption



Case-1 Mr. R.

- Progress and endresult:
 - Sleep slowly expanded to 6 $\frac{3}{4}$ hrs
 - SOL and WASO became rapidly shorter
 - SE within 2 month > 85%
 - No more need for Zopiclon
 - More energy and stabilized mood
 - Regained confidence in sleep
 - Alcohol use did not change



Case-1 Mr. R.

- Evaluation questionnaire (intake)

Sleep in general	7 (3)
Falling asleep	7 (1)
Maintaining asleep	7 (3)
Refreshing sleep	7 (2)
Fit during day	7 (4)
Worry about sleep	2 (5)
Control over sleep	8 (1)



It's not always what it seems...

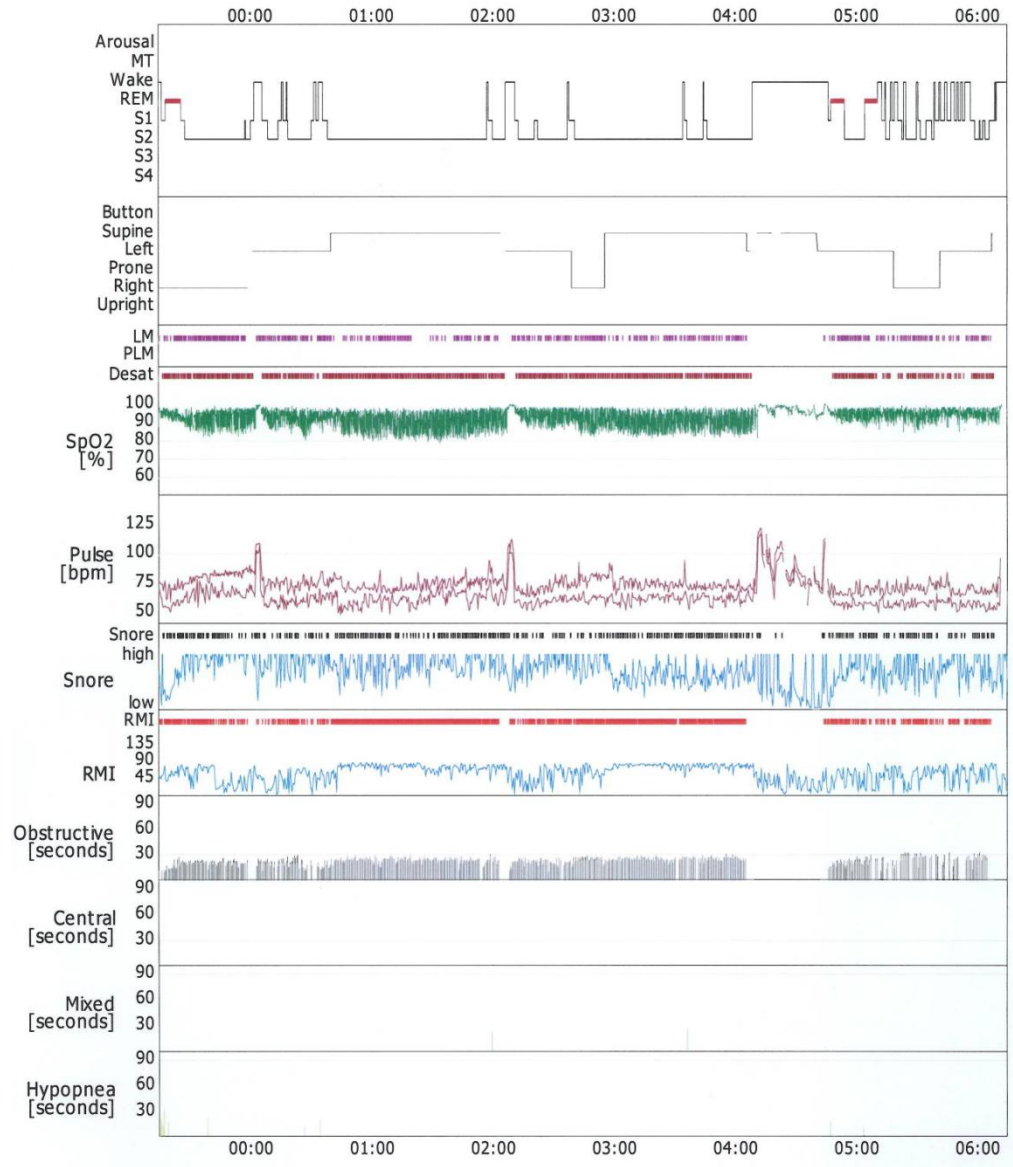


Ms B, 51 years old

- Referred by community health centre
- Socially anxious
- Sub assertive
- Panic attacks during the night
- Hyperventilation
- Difficulty maintaining sleep

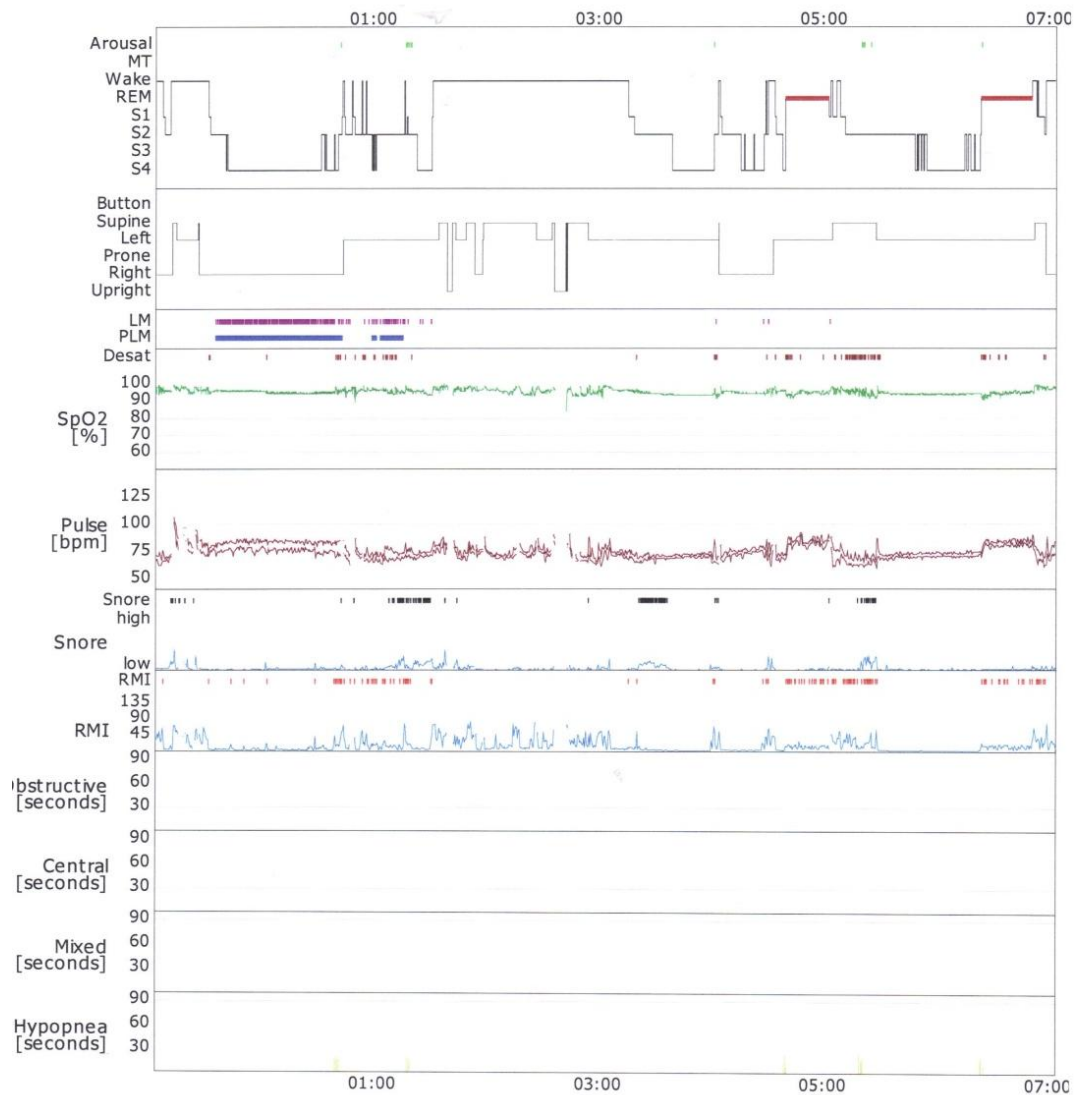


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AHI: 105





With CPAP



