

INSOMNIA

SESSION 3 – TREATMENT





**“WHAT ARE WE GOING TO DO TODAY?”
THE SAME THING AS EVERY DAY ... !**

SESSION – 3 POST FIRST WEEK OF ACTIVE TX

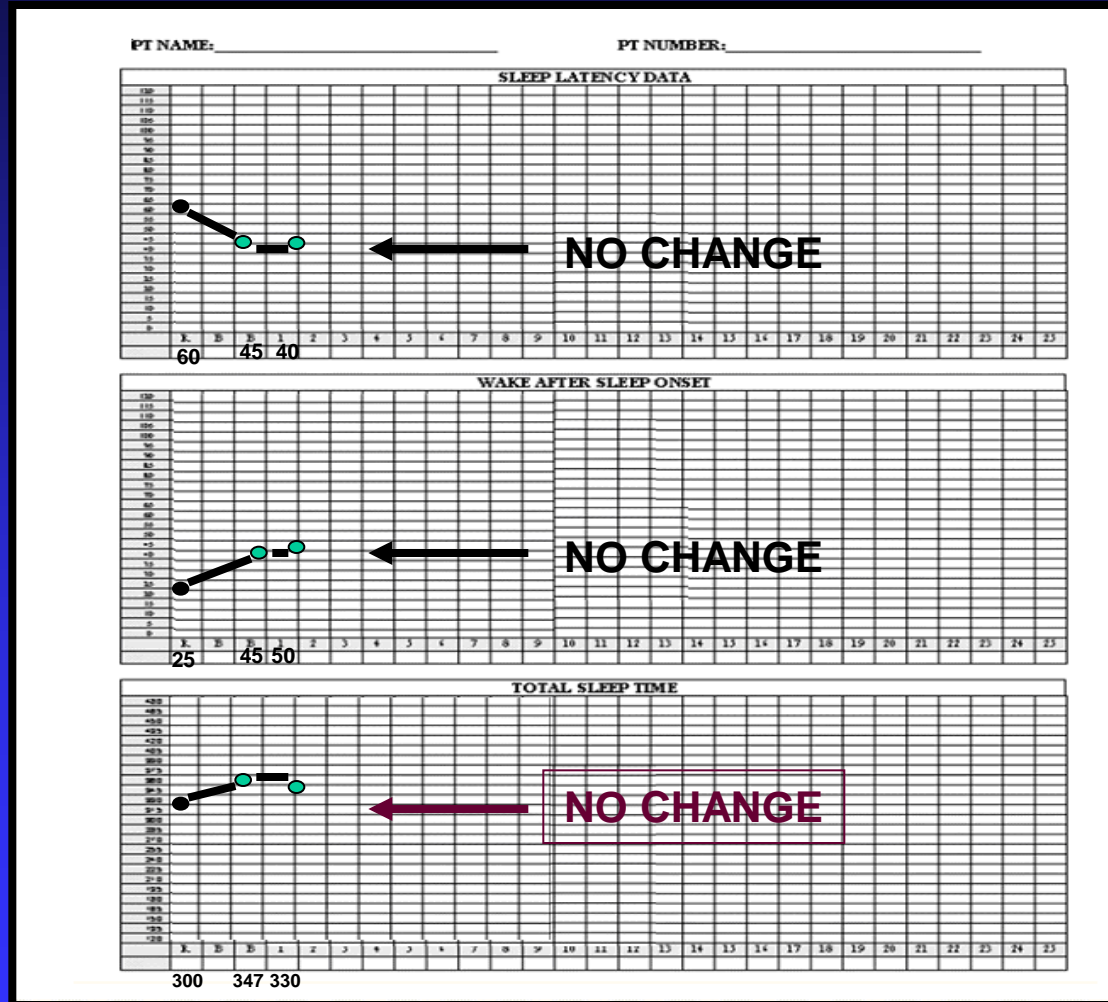
Tasks
Summarize & Graph Sleep Diary
Assess Treatment Gains and Compliance
Determine If Upward Titration is Warranted
Review Sleep Hygiene

SESSION – 3 POST FIRST WEEK OF ACTIVE TX

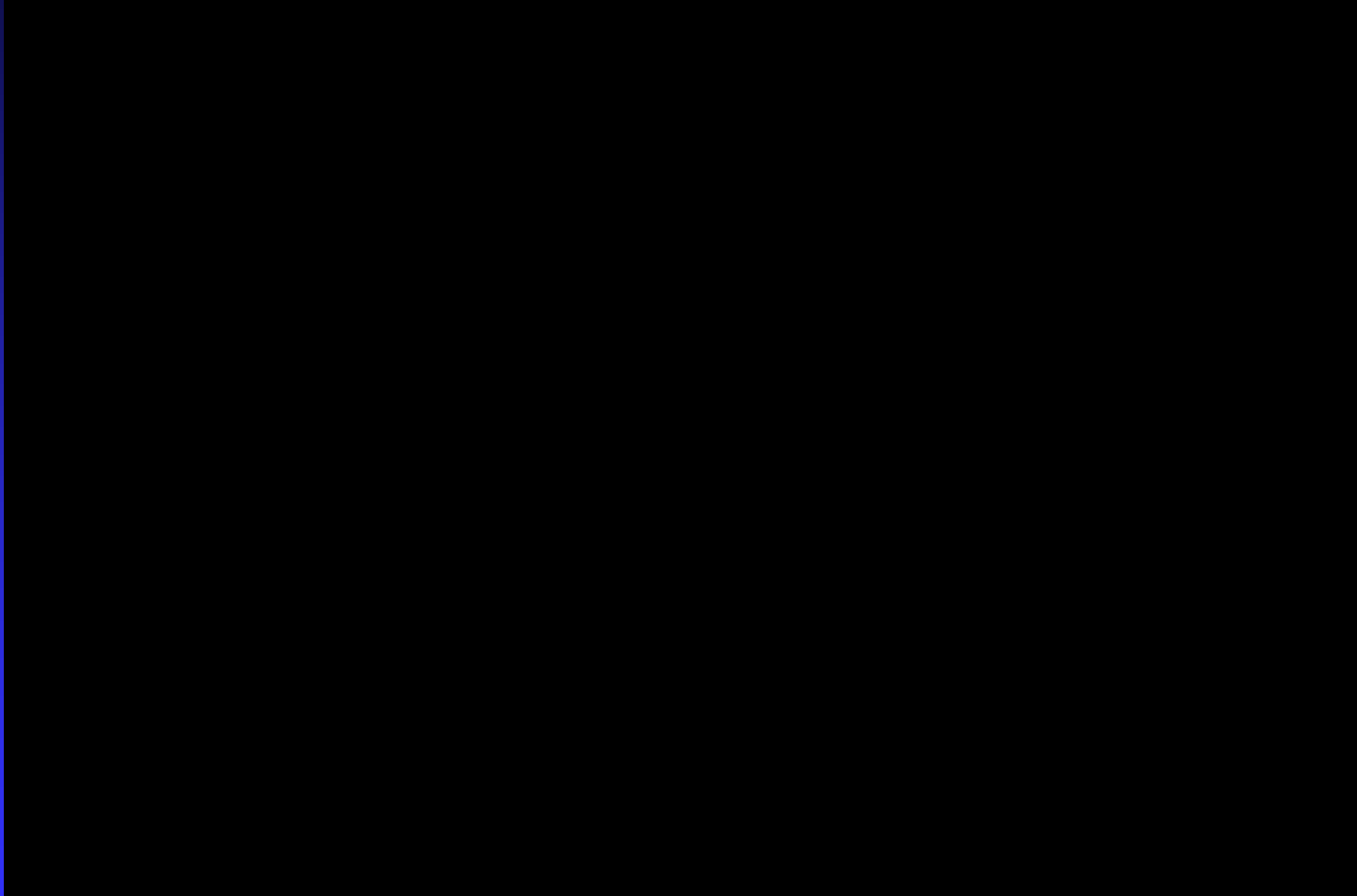
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SESSION – 3 POST FIRST WEEK OF ACTIVE TX

GRAPH MEAN SLEEP CONTINUITY – SCENARIO 1



NO CHANGE



GWEN COMPLAINS

DID THE PATIENT SLEEP RESTRICT ?

THEY SAID

“I DID”

“ I WANTED TO BUT COULDN'T”

“I DIDN'T WANT TO”

DID THE PATIENT PRACTICE STC ?

THEY SAID

“I DID”

“ I WANTED TO BUT COULDN'T”

“I DIDN'T WANT TO”

THEY SAID

“I DID”



DOES THE DIARY REFLECT THIS ??

WAS THERE A DELAY IN TTB ? WAS MOST OF THE WASO SPENT OUT OF BED ?

COMPLETE IMMEDIATELY ON AWAKENING (PLEASE CALCULATE TOTAL TIME IN BED AND TOTAL SLEEP TIME)

	MON	TUES	WED	THURS	FRI	SAT	SUN	MEAN
TIME TO BED (CLOCK TIME)								
TIME OUT OF BED (CLOCK TIME)								
(TTB) TOTAL TIME IN BED								
TIME TO BED (DEV FRM 11)								
TIME OUT OF BED (DEV FRM 7)								
(SL) TIME TO FALL ASLEEP								
(NUMA) NUMBER TIMES AWAKENED								
(WASO) WAKE AFTER SLEEP ONSET								
(TTOB) TOTAL AMOUNT TIME OUT OF BED								
(TST) TOTAL SLEEP TIME (MIN.)								
(SE) SLEEP EFFICIENCY								
SLEEP QUALITY (POOR 0-1-2-3-4-5 GOOD)								
FATIGUE (NONE 0-1-2-3-4-5 A LOT)								

COMPLIANT

PTTB = TTB ?
TTOB = WASO ?



**ASSESS
WHETHER SRT WAS
POTENT ENOUGH**
-15 OR CTRL-ALT-DEL

COMPLETE IMMEDIATELY ON AWAKENING (PLEASE CALCULATE TOTAL TIME IN BED AND TOTAL SLEEP TIME)

	MON	TUES	WED	THURS	FRI	SAT	SUN	MEAN
TIME TO BED (CLOCK TIME)								
TIME OUT OF BED (CLOCK TIME)								
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SLEEP QUALITY (POOR 0-1-2-3-4-5 GOOD)								
FATIGUE (NONE 0-1-2-3-4-5 A LOT)								

NOT COMPLIANT

PTTB ≠ TTB ?
TTOB ≠ WASO ?



**REVIEW INSTRUCTIONS
ASSESS OBSTACLES**

DID THE PATIENT SLEEP RESTRICT ?
DID THE PATIENT PRACTICE STC ?

THEY SAID

**“ I WANTED TO BUT
COULDN'T”**



**“NO PAIN NO GAIN”
ADDRESS
“COULDN'T” !**

**MAYBE SSM !
MAYBE SOR !**

THEY SAID

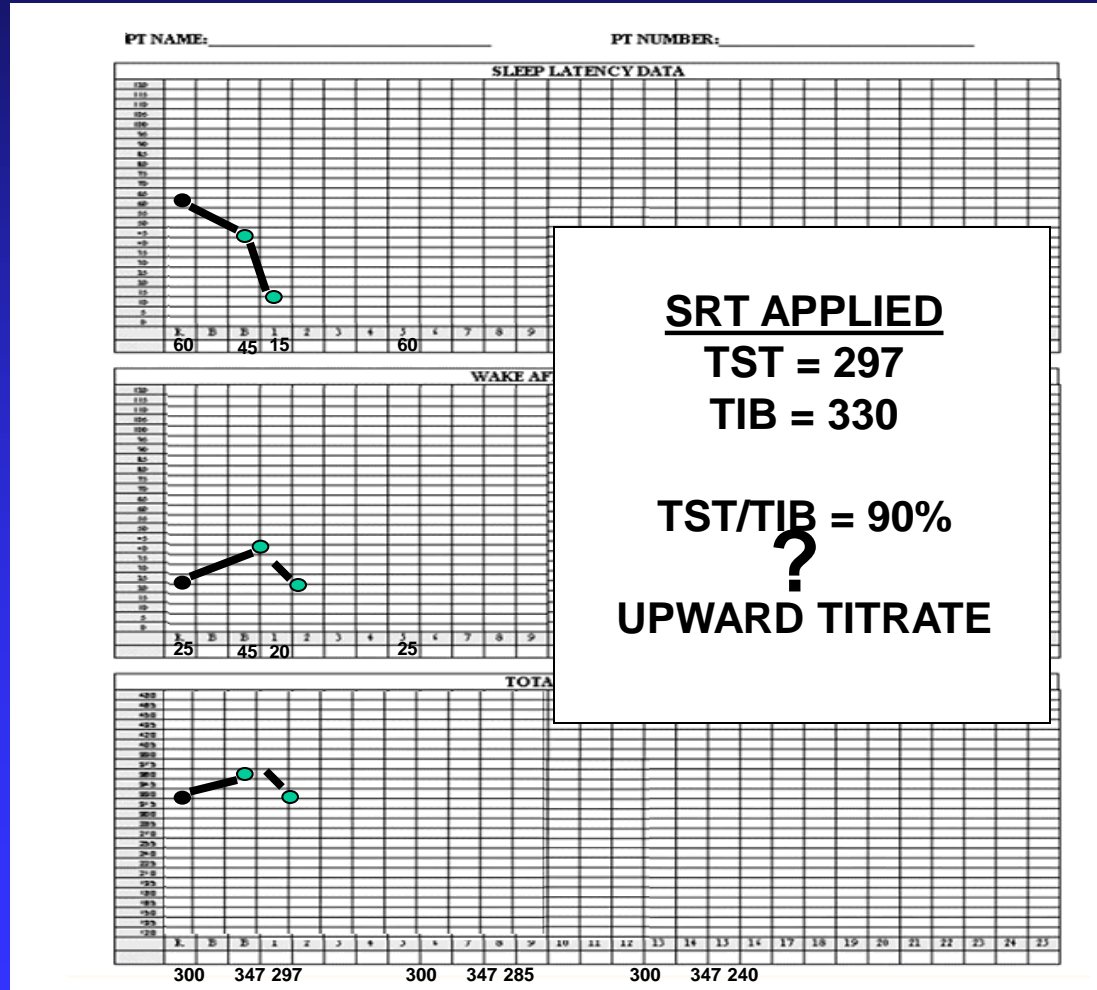
“ I DIDN'T WANT TO”



**DISCUSS
DELAYING
TX**

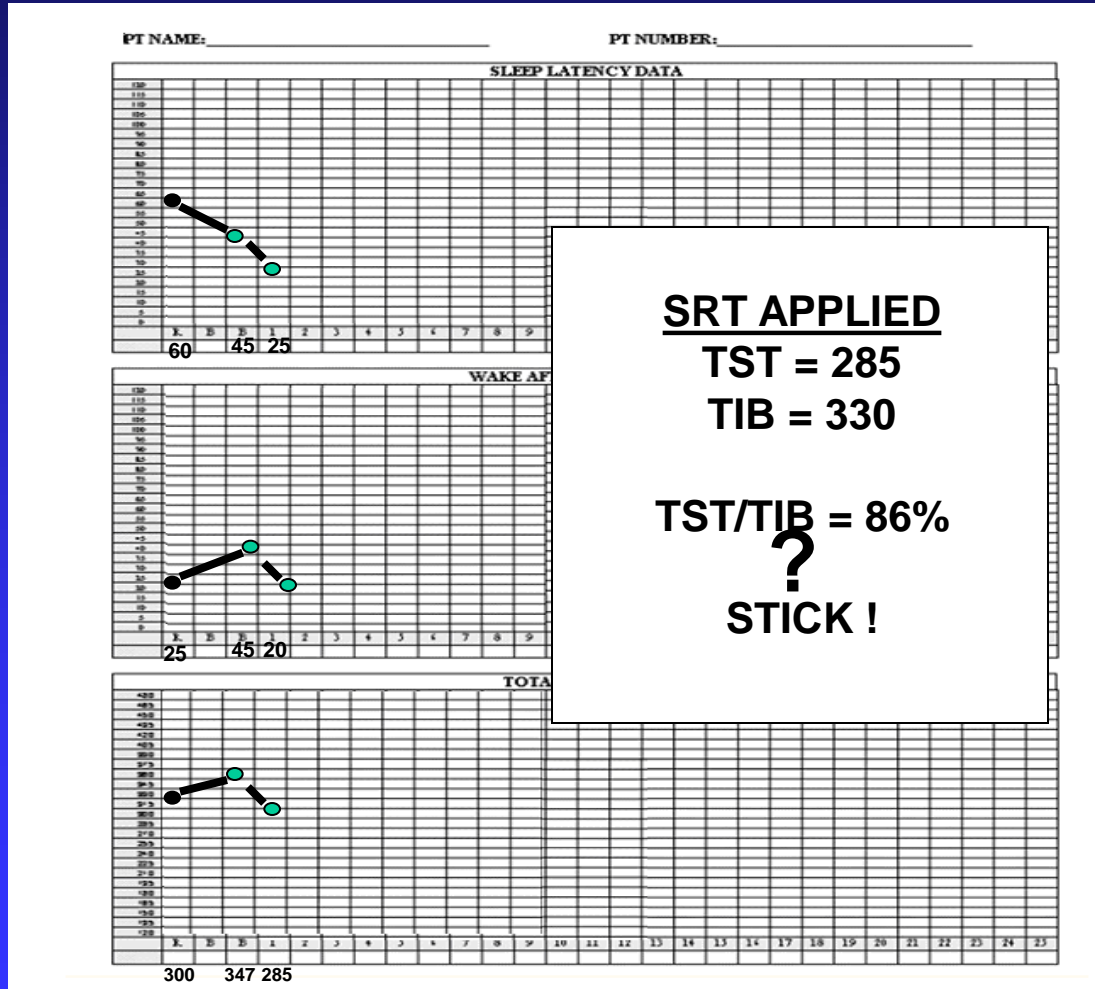
SESSION – 2 TREATMENT INITIATION

GRAPH MEAN SLEEP CONTINUITY – SCENARIO 1



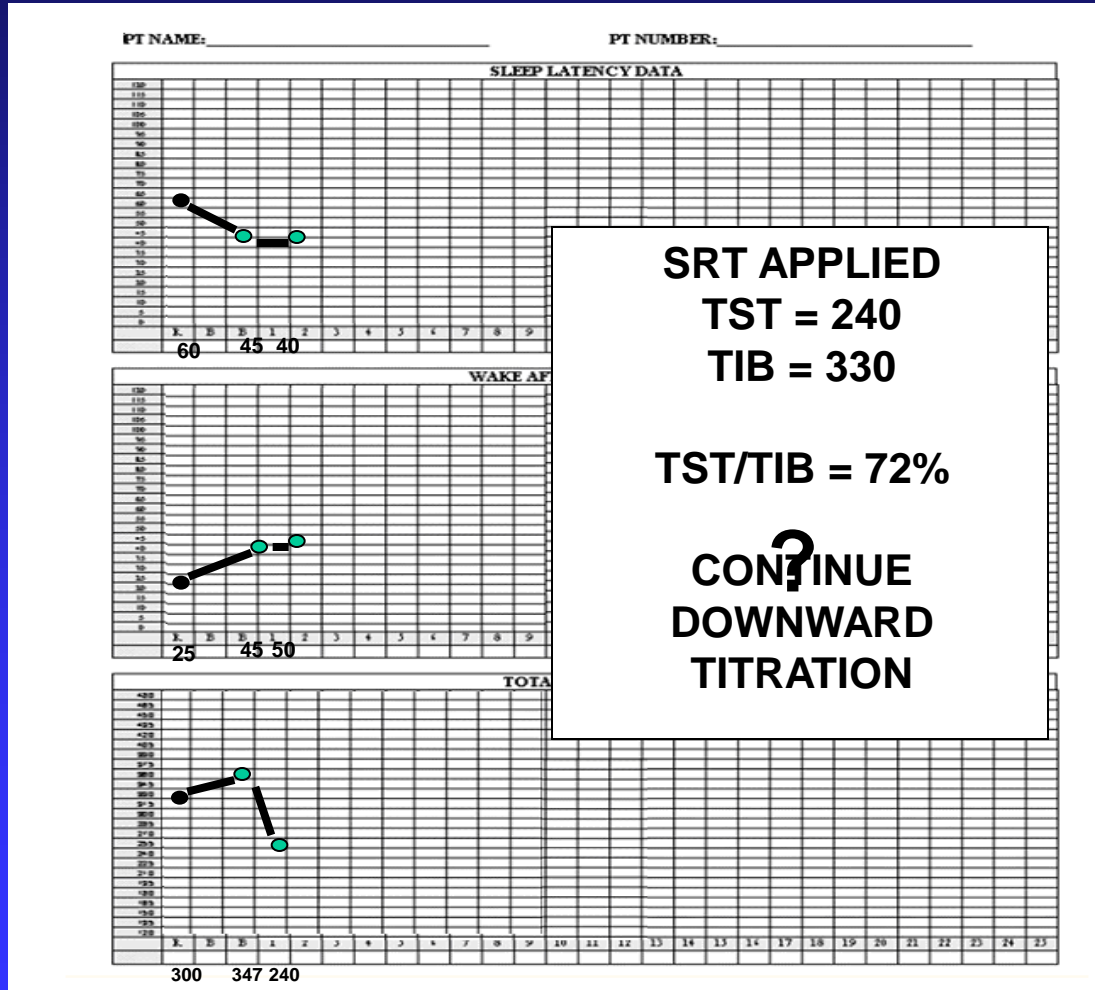
SESSION – 2 TREATMENT INITIATION

GRAPH MEAN SLEEP CONTINUITY – SCENARIO 2

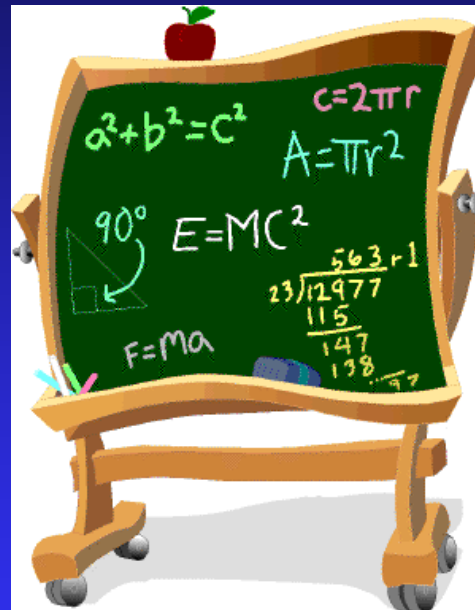


SESSION – 2 TREATMENT INITIATION

GRAPH MEAN SLEEP CONTINUITY – SCENARIO 3



THE CALCULATION OF SLEEP EFFICIENCY



THE PATIENT'S WAY

**INSOMNIA = 1:51 A.M. + ETERNITY + 1:52 A.M. +
ETERNITY + 1:53 A.M. + ETERNITY**

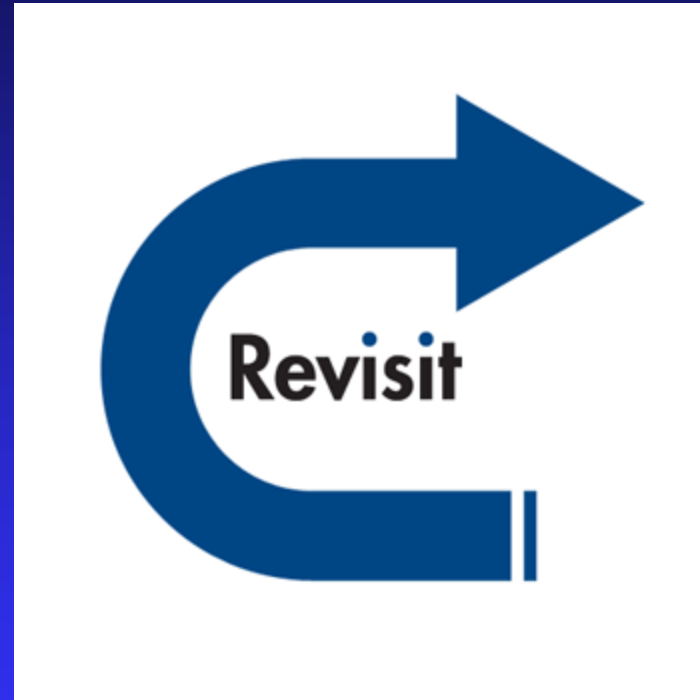
THE THERAPIST'S WAY

$$SE\% = ([TST / TIB] * 100)$$

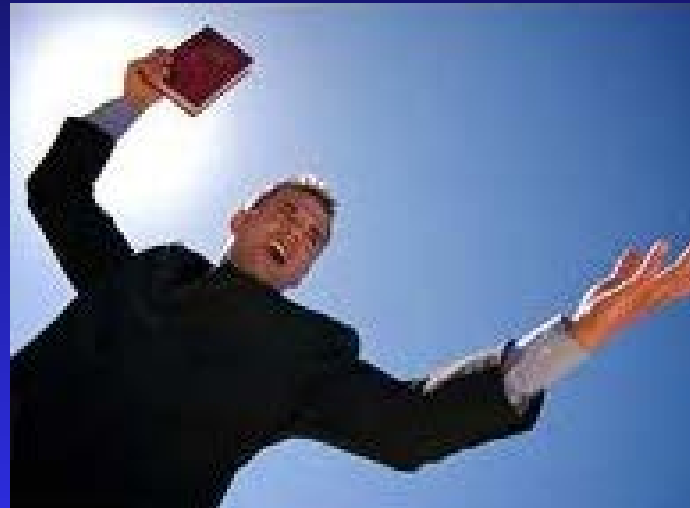
$$TIB = TOB - TTB$$

$$TIB = TST + (SL + WASO)$$

LET'S SPEND SOME TIME WITH THIS



THERE IS NO PERFECT RULE





RULE OF THUMB

For TIB whatever makes TIB bigger, provided the patient wanted/was trying to sleep.

in bed early: counts

in bed late - due to schedule: doesn't count

out of bed early - due to EMA: counts

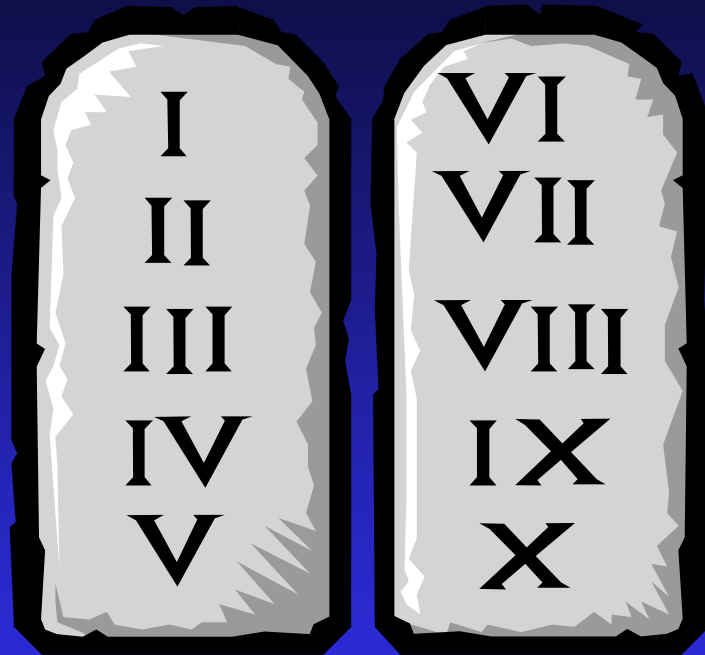
out of bed early - due to schedule: doesn't count

For TST whatever makes TST smaller
time awake out of bed: counts

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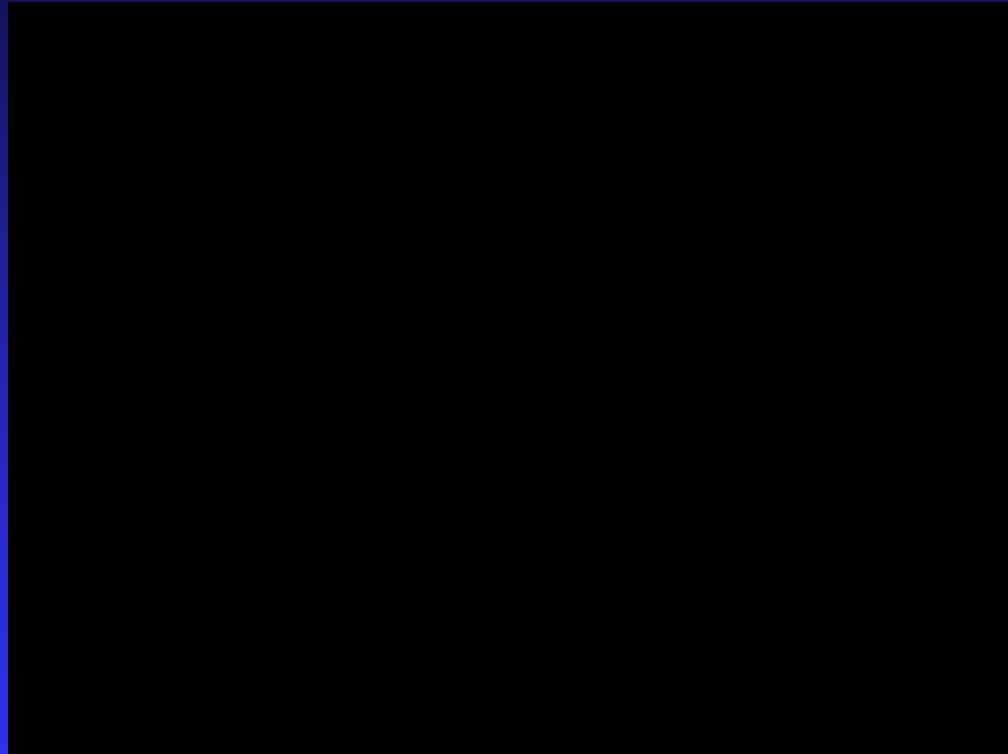
SLEEP HYGIENE IS NOT THE 10 COMMANDMENTS



IT IS NOT EFFECTIVE AS A MONOTHERAPY
MANY OF ITS TENETS ARE UNTESTED
SEVERAL OF THE IMPERATIVES MAY BE “WRONG HEADED”

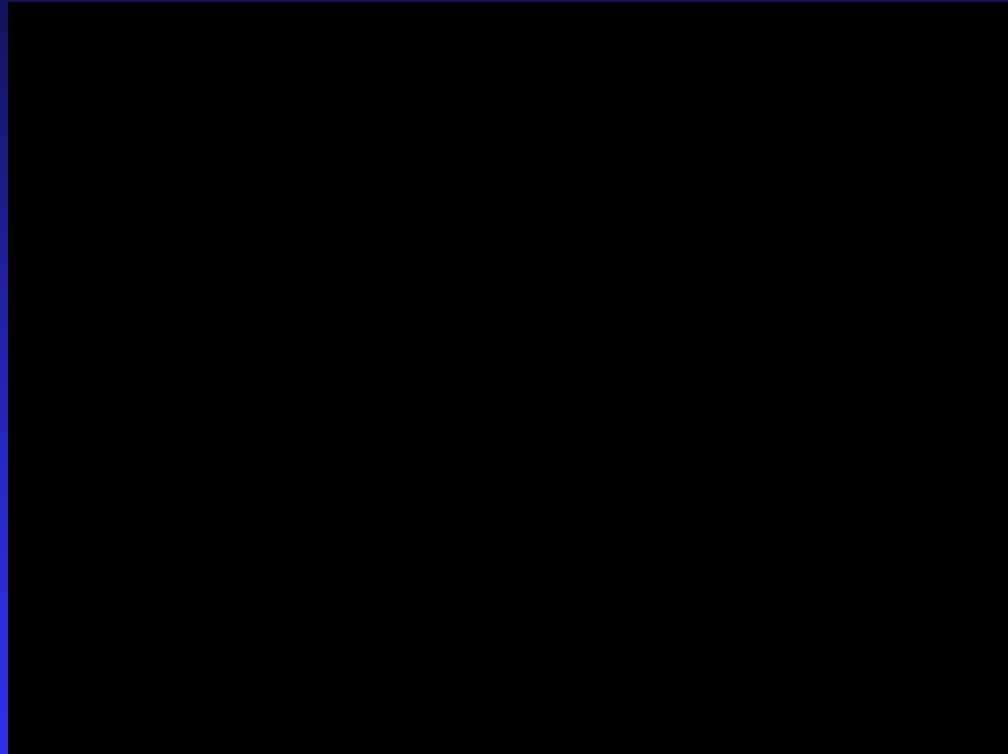
BEST TAILORED TO THE INDIVIDUAL
BEST USED TO HAVE PATIENT BETTER “GROK” SLEEP

**INTRODUCING SLEEP HYGIENE
THE 30 SEC. VERSION**



VIDEO IN GIFT BASKET

**INTRODUCING SLEEP HYGIENE
THE 5 MINUTE VERSION**



VIDEO IN GIFT BASKET

SLEEP HYGIENE

1. **Sleep only as much as you need to feel refreshed during the following day.**

Restricting your time in bed helps to consolidate and deepen your sleep. Excessively long times in bed lead to fragmented and shallow sleep. Get up at your regular time the next day, no matter how little you slept.

2. **Get up at the same time each day, 7 days a week.**

A regular wake time in the morning leads to regular times of sleep onset, and helps to set your "biological clock."

3. **Exercise regularly.**

Schedule exercise times so that they do not occur within 3 hours of when you intend to go to bed. Exercise makes it easier to initiate sleep and deepen sleep.

4. **Make sure your bedroom is comfortable and free from light and noise.**

A comfortable, noise-free sleep environment will reduce the likelihood that you will wake up during the night. Noise that does not awaken you may also disturb the quality of your sleep. Carpeting, insulated curtains, and closing the door may help.

5. **Make sure that your bedroom is at a comfortable temperature during the night.**

Excessively warm or cold sleep environments may disturb sleep.

6. **Eat regular meals and do not go to bed hungry.**

Hunger may disturb sleep. A light snack at bedtime (especially carbohydrates) may help sleep, but avoid greasy or "heavy" foods.

7. **Avoid excessive liquids in the evening.**

Reducing liquid intake will minimize the need for nighttime trips to the bathroom.

8. **Cut down on all caffeine products.**

Caffeinated beverages and foods (coffee, tea, cola, chocolate) can cause difficulty falling asleep, awakenings during the night, and shallow sleep. Even caffeine early in the day can disrupt nighttime sleep.

9. **Avoid alcohol, especially in the evening.**

Although alcohol helps tense people fall asleep more easily, it causes awakenings later in the night.

10. **Smoking may disturb sleep.**

Nicotine is a stimulant. Try not to smoke during the night when you have trouble sleeping.

11. **Don't take your problems to bed.**

Plan some time earlier in the evening for working on your problems or planning the next day's activities. Worrying may interfere with initiating sleep and produce shallow sleep.

12. **Do not try to fall asleep.**

This only makes the problem worse. Instead, turn on the light, leave the bedroom, and do something different like reading a book. Don't engage in stimulating activity. Return to bed only when you are sleepy.

13. **Put the clock under the bed or turn it so that you can't see it.**

Clock watching may lead to frustration, anger, and worry which interfere with sleep.

14. **Avoid naps.** Staying awake during the day helps you to fall asleep at night.



Behavioral Treatments for Sleep Disorders

A Comprehensive Primer of Behavioral Sleep Medicine Treatment Protocols

Michael Perlis, Mark Aloia and Brett Kuhn



Chapter 3

Sleep Hygiene

Donn Posner

*Department of Psychiatry, Brown University, Providence, RI
The Sleep Disorders Center of Lifespan Hospitals, Providence, RI*

Phillip R. Gehrman

Department of Psychiatry, University of Pennsylvania, Philadelphia, PA

PROTOCOL NAME

Sleep hygiene.

GROSS INDICATION

Sleep hygiene is indicated for patients who engage in habits, consume substances, and/or set up sleep environments that are not conducive to initiating or maintaining sleep.

SPECIFIC INDICATION

To date, there is no evidence to suggest that this form of therapy is differentially effective for one or another type of insomnia (psychophysiological vs idiopathic vs paradoxical insomnia) or for any of the phenotypes/subtypes of insomnia (initial vs middle vs late insomnia). This said, it stands to reason that sleep hygiene factors are an important precipitating or perpetuating factor for "inadequate sleep hygiene insomnia" and, conversely, are of little relevance for "idiopathic insomnia".

CONTRAINDICATIONS

While it is generally held that sleep hygiene is a benign intervention for which there are no contraindications, it may be that specific rules, in specific patients, may not be carried out safely. For example:

- physical activity may not be possible for patients with physical limitations;
- evening snacking may not be appropriate for patients with GERD or other disorders that require restrictive diets;
- rapid smoking cessation in heavy smokers may prove to be as deleterious to sleep as smoking itself;

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A BIT OF HUMOR BEFORE DEBUNKING

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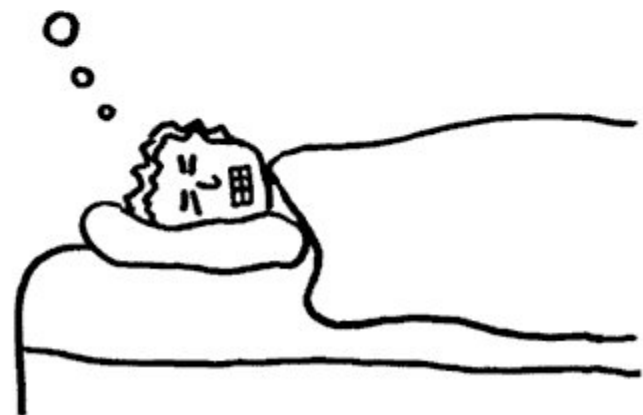
SESSION – 3 POST FIRST WEEK OF ACTIVE TX

SLEEP HYGIENE

12. **Do not try to fall asleep.**

This only makes the problem worse. Instead, turn on the light, leave the bedroom, and do something different like reading a book. Don't engage in stimulating activity. Return to bed only when you are sleepy.

I...
AM...
DETERMINED...
TO...
GO...
TO...
SLEEP...





“Sleep (is like) a dove which has landed near one’s hand and stays there as long as one does not pay any attention to it; if one attempts to grab it, it quickly flies away”

Viktor E. Frankl (1965, p. 253) cited in Ansfield et al. Behav.Res.Ther. 1996;34:523-531

SLIDE PROVIDED BY COLIN ESPIE

SESSION – 3 POST FIRST WEEK OF ACTIVE TX

SLEEP HYGIENE

13. **Put the clock under the bed or turn it so that you can't see it.**

Clock watching may lead to frustration, anger, and worry which interfere with sleep.

I CAN'T RESIST SOME EXAMPLES HERE

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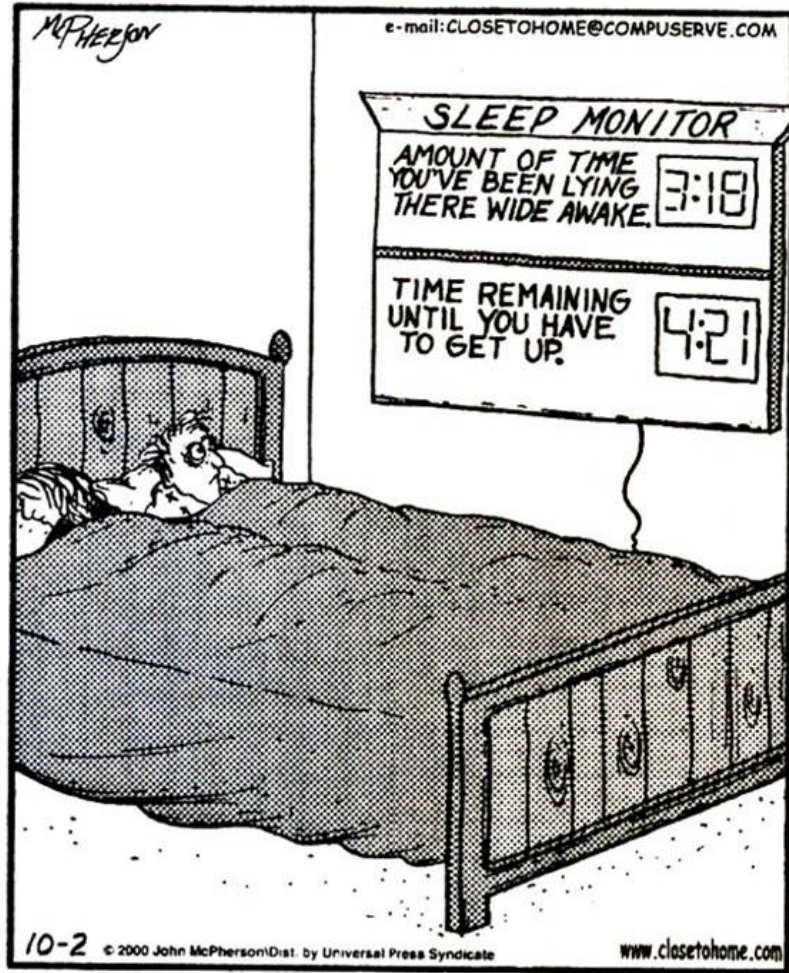
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**GIFT IDEAS FOR PEOPLE YOU HATE
WHO HAVE INSOMNIA**





CLOSE TO HOME JOHN McPHERSON



When technology is bad.

SESSION – 3 POST FIRST WEEK OF ACTIVE TX

SLEEP HYGIENE

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4. Make sure your bedroom is comfortable and free from light and noise.

**INTERESTING – NO WHERE IS
THERE A MENTION OF
NIGHT TIME LIGHT EXPOSURE**

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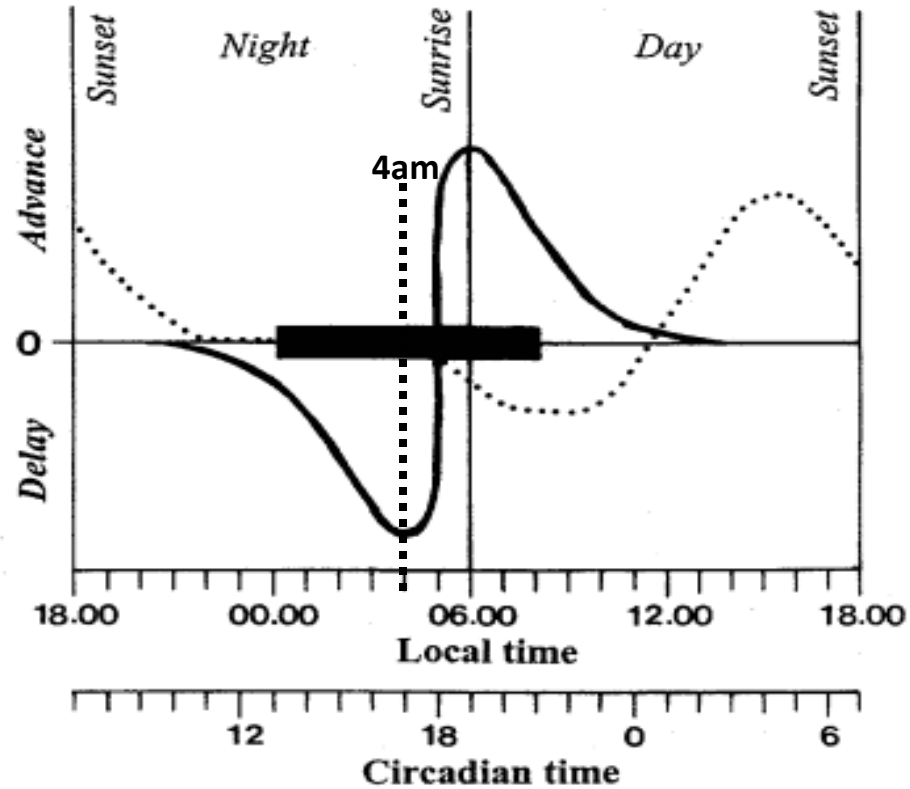
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WHAT ABOUT LIGHT EXPOSURE ?



THE PROBLEM



SLIDE PROVIDED BY SIGRID VEASEY

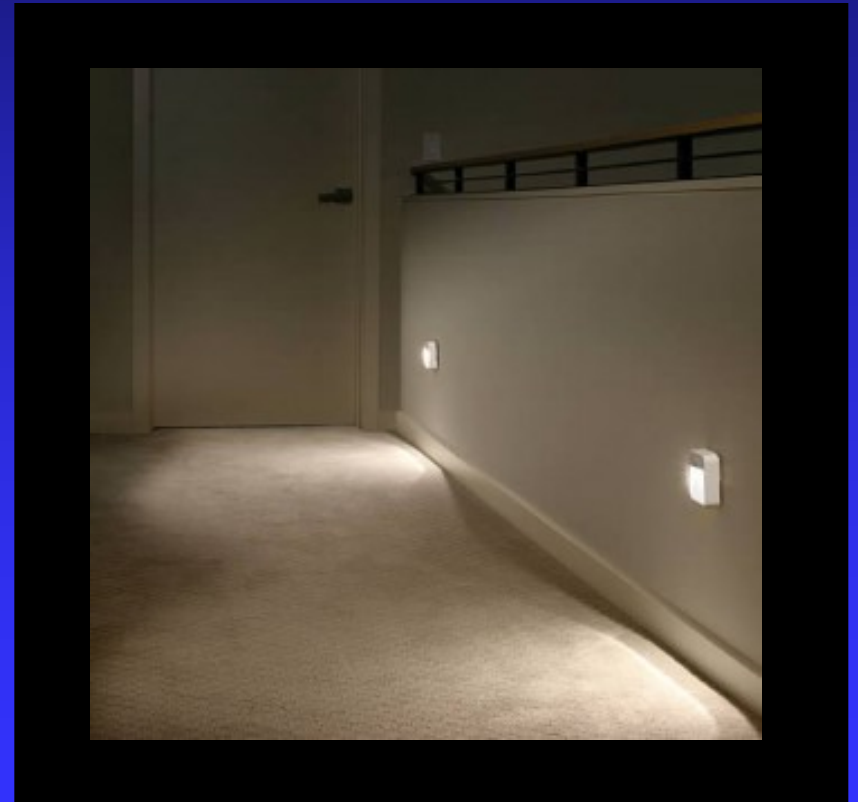
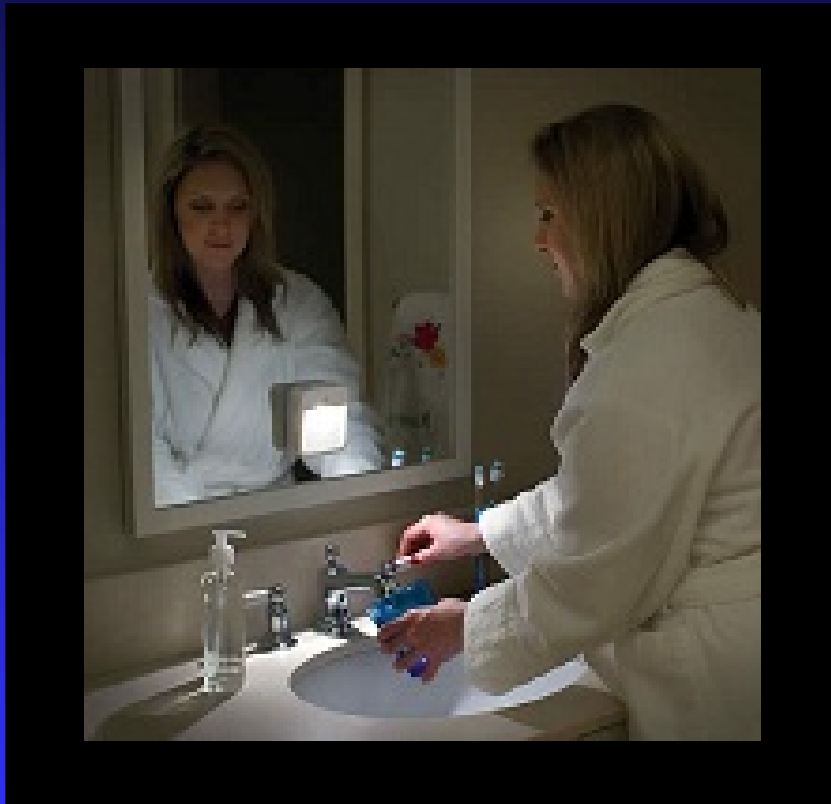
A SOLUTION



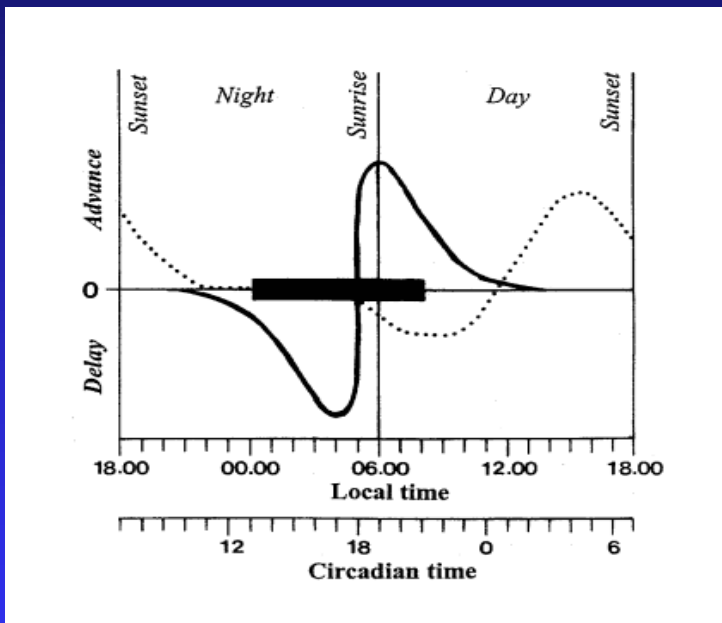
A SOLUTION



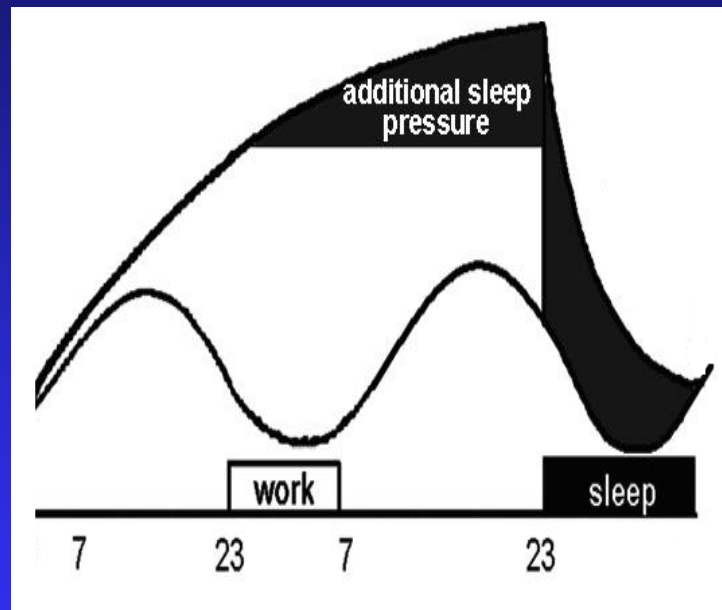
ANOTHER SOLUTION



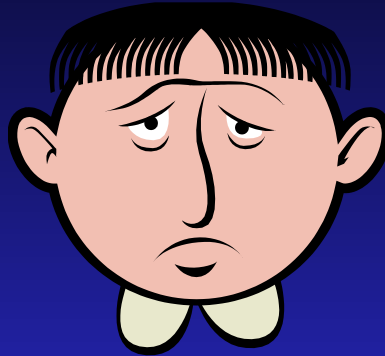
ALL THIS SAID MAYBE LIGHT'S NOT SUCH A PROBLEM



VS.



QUESTIONS & RESISTANCES



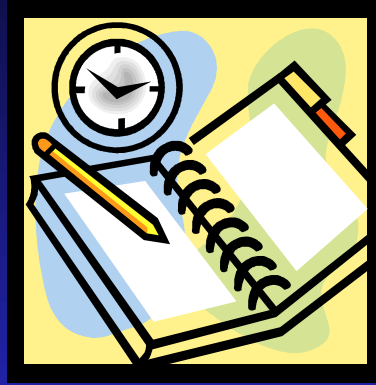
I JUST CAN'T STAY AWAKE UNTIL THE PRESCRIBED BEDTIME ?!

IRONY

I JUST CAN'T GET OUT OF BED

SLEEP OF REASON

SESSION – 3 POST FIRST WEEK OF ACTIVE TX



NEXT WEEK

REVIEW YOUR SLEEP DIARY DATA

TITRATION & TROUBLE SHOOTING

BREAK





The University of Pennsylvania



Michael Perlis PhD

Director, Upenn Behavioral Sleep Medicine Program

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