

Long term insomnia management including Cognitive Behavioural Therapy for insomnia (CBT-I) for adult patients: Frequently Asked Questions (FAQs)

Summary

This document provides key information about long term insomnia management and is designed for patients and/or members of the public. It includes answers to the following questions:

- 1. What is insomnia and how do I know if I am suffering from this? How much sleep do I need?**
- 2. What are the most common causes of insomnia?**
- 3. What can I do to treat insomnia myself? Where can I find more information on how I can help my insomnia by changing my sleeping habits?**
- 4. When should I see my GP and what can they do to help with my insomnia?**
- 5. Can my GP give me sleeping pills?**
- 6. What happens if my insomnia is not going away? What are the treatment options for long term insomnia?**
- 7. How is cognitive behavioural therapy for insomnia (CBT-I) provided?**
- 8. How can I get CBT-I in Hertfordshire and West Essex?**
- 9. What treatment options are available if CBT-I doesn't work for me?**

1. What is insomnia and how do I know if I am suffering from this?

Insomnia means you regularly have problems sleeping. It usually gets better by changing your sleeping habits. People with insomnia:

- Find it hard to go to sleep
- Wake up several times during the night
- Lie awake at night
- Wake up early and cannot go back to sleep
- Still feel tired after waking up
- Find it hard to nap during the day even though tired
- Feel tired and irritable during the day
- Find it difficult to concentrate during the day because they are tired.

How much sleep do I need?

Everyone needs a different amount of sleep but on average:

- Adults need 7-9 hours

2. What are the most common causes of insomnia?

- Stress, anxiety or depression
- Noise
- A room that's too hot or cold
- Uncomfortable bed
- Alcohol, caffeine, nicotine, recreational drugs
- Jet lag and shift work

3. What can I do to treat insomnia myself?

Insomnia usually gets better by changing your sleeping habits

Do

- Go to bed and wake up at the same time every day
- Relax for at least an hour before bed, for example take a bath or read a book
- Make sure your bedroom is dark and quiet – use curtains, blinds, an eye mask and ear plugs if needed
- Exercise regularly during the day but avoid within four hours of bedtime
- Make sure your mattress, pillows and covers are comfortable

Don't

- Do not smoke, drink alcohol/tea/coffee at least 6 hours before going to bed
- Do not eat a big meal late at night
- Do not watch television or use electronic devices right before going to bed due to the bright light which makes you more awake
- Avoid napping in the day
- Do not drive when you feel sleepy
- Do not sleep in after a bad night's sleep and stick to your regular sleeping hours instead

Sleep diary

You can keep a sleep diary to help identify what is keeping you awake. This is a useful tool which will help you to identify if you are constantly waking at a similar time, what you've done that day, what you have eaten etc to see if there is any pattern. This is best completed over a two week period and can be used as evidence of your sleep-wake pattern which can help with a diagnosis and treatment if you need to see a healthcare professional about your sleep.

An example can be found here <https://thesleepcharity.org.uk/information-support/adults/sleep-diary>

Talking therapies

Talking therapies can help people in lots of different situations. You may hear referred to as counselling, talking treatments, or psychological therapies. There are self help videos and drop-in sessions available to patients who live in Hertfordshire and West Essex. Please visit the following websites for more information:

Hertfordshire residents: <https://www.hpft-talkingtherapies.nhs.uk/resources-and-self-help/self-help-videos/how-sleep-better>

West Essex residents: <https://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/west-essex/>

Where can I find more information on how I can help my insomnia by changing my sleeping habits?

- <https://www.nhs.uk/every-mind-matters/mental-health-issues/sleep/>
- <https://www.nhs.uk/conditions/insomnia/>
- <https://www.ageuk.org.uk/information-advice/health-wellbeing/mind-body/getting-a-good-nights-sleep/>
- <https://www.headspace.com/sleep/sleep-hygiene>

The following organisations are recommended by the National Institute for Health and Care Excellence (NICE) as useful resources for patients.

The Sleep Charity, 01302751416, info@thesleepcharity.org.uk

The British Sleep Society, admin@sleepsociety.org.uk

4. When should I see my GP?

- If adjusting your sleeping habits has not worked
- If you have had problems sleeping for months
- If your insomnia is affecting your daily life in a way that makes it hard for you to cope

What can my GP do to help with my insomnia?

- Investigate the causes of your insomnia. If your insomnia is related to another condition the treatment options may be different.
- There are some sleep disorders such as restless legs and sleep apnoea (when your breathing stops and starts whilst you sleep) which mimic symptoms of insomnia and these have different treatment options. If your insomnia is related to another condition such as depression or anxiety, other treatment options including face to face cognitive behavioural therapy may be an option.
- Referral to a sleep clinic or neurologist may be required if your GP suspects another sleep disorder.
- Provide support to help you with any circumstances/stressors that may be associated with onset of your insomnia
- Provide you with information and support on insomnia and sleep hygiene (good sleeping habits)
- Ensure you have an opportunity to have a detailed discussion with your GP before a shared decision is made on your treatment plan.

To help diagnose insomnia your GP may ask you to fill out a questionnaire, keep a sleep diary, and ask you questions about your sleep. These may include:

- How long it takes you to fall asleep
- Maintaining your sleep
- When you wake and duration of sleep
- The impact of sleep on your quality of life i.e ability to function at work/do daily chores, concentration, memory, mood
- Opportunities for sleep

Although this may seem time consuming this is to ensure you are diagnosed correctly before treatment is considered.

5. Can my GP give me sleeping pills?

- GPs rarely prescribe short term sleeping pills to treat insomnia. Many can have serious side effects and you can become dependent on them.
- If prescribed they are usually given for a few days or a week and often, only if other treatments have not helped.

6. What happens if my insomnia is not going away?

Long term insomnia is insomnia which lasts 3 months or longer and where sleep hygiene measures have been tried and not been effective. There are different treatment options in this situation.

What are the treatment options for long term insomnia?

Cognitive behavioural therapy for insomnia (CBT-I) is the first line treatment for long term insomnia in adults of any age. This focuses on exploring the connection between the way we think, the things we do, and how we sleep. This treatment helps to identify thoughts, feelings and behaviours that are contributing to the symptoms of insomnia.

CBT-I has been recommended by NICE as an effective alternative to medication for treating insomnia.

7. How is cognitive behavioural therapy for insomnia (CBT-I) provided?

This can be delivered either face to face or through an online/digital system. A specific digital CBT-I delivery system has been recommended by NICE as an effective treatment for insomnia.

8. How can I get CBT-I in Hertfordshire and West Essex?

GPs in Hertfordshire and West Essex will soon be able to provide you with access to digital CBT-I. This will allow you to complete the sessions at your own pace and give you access to the programme for 12 months from registration. Along with the CBT-I sessions you will have access to online tools, online community support and a daily sleep diary which can track your progress and provide advice that helps you address your sleep issues.

9. What treatment options are available if CBT-I doesn't work for me?

Although medication may have a role to play in treating insomnia, difficulties with sleep often return once the medication is stopped. In contrast, CBT-I targets the underlying causes of insomnia, and provides you with your own set of skills for managing your sleep. It is a good treatment choice if you have had long-term sleeping problems, are worried about becoming dependent on sleep medications, or have found medication ineffective or limited by undesirable side effects.

NICE have recently recommended a new treatment option for long term insomnia called daridorexant (Quviviq®). This should only be used in certain patients and alongside sleep hygiene measures. Information for patients on daridorexant can be obtained via your GP practice.

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