

# Treating chronic insomnia without medications in primary care

## Faculty

Shayna Watson, MD, CCFP (moderator)

David Gardner, MSc CH&E, PharmD

Judith Davidson, PhD, C.Psych.

Erin Desmarais, MSW






Stephanie Lynch, PharmD



It's no dream.  
Sleep well without  
sleeping pills.



# Disclosures

Shayna Watson	David Gardner	Judith Davidson	Erin Desmarais	Stephanie Lynch
<p>Family physician Department of Family Medicine</p> 	<p>Pharmacist Department of Psychiatry</p> 	<p>Psychologist Department of Psychology</p> 	<p>Social Worker Department of Family Medicine</p> 	<p>Pharmacist Department of Family Medicine</p> 
Grants: CIHR	<p>Developer of Sleepwell Grants: CIHR, PHAC, Gov. NB, Gov. NS</p>	<p>Author: Sink Into Sleep Grants: CIHR</p>	None	Grants: CIHR



Control



Sleep Drive



Relax



Thoughts



Hygiene

# Learning Objectives

At the conclusion of this session, participants will be able to:

1. Describe their learning needs for using cognitive behavioural therapy for insomnia (CBT-I) as their first-line treatment of chronic insomnia
2. Record the next steps toward increasing CBT-I use in their practice
3. Explore professional development options that enable CBT-I use in your setting.



# Insomnia

- A complaint of difficulty initiating or maintaining sleep
- Causes clinically significant distress or impairment in functioning
- Often associated with fatigue

≥ 3 nights per week

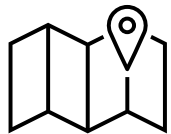
≥ 3 months

= Chronic

# A Canadian Stepped Care Model for Insomnia

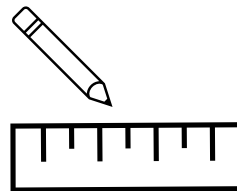


**Describe how chronic  
insomnia is managed in  
your local area**



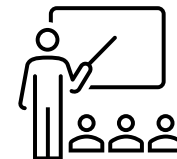
**Rate your ability to use  
CBTi to treat insomnia**

**1 (unable)  
10 (fully capable)**



**Have you completed  
any training in CBTi?**

**Self-study?  
Training program?**



David Gardner

# SELF CARE

Stopping Sedatives and Starting CBTi



Control



Sleep Drive



Relax



Thoughts

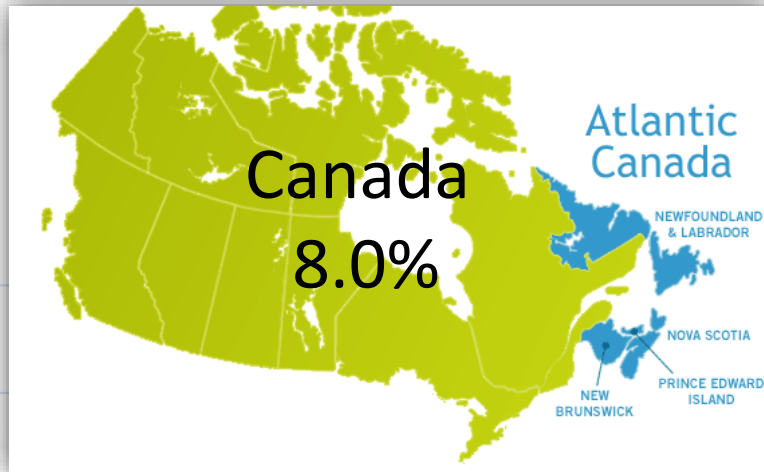


Hygiene

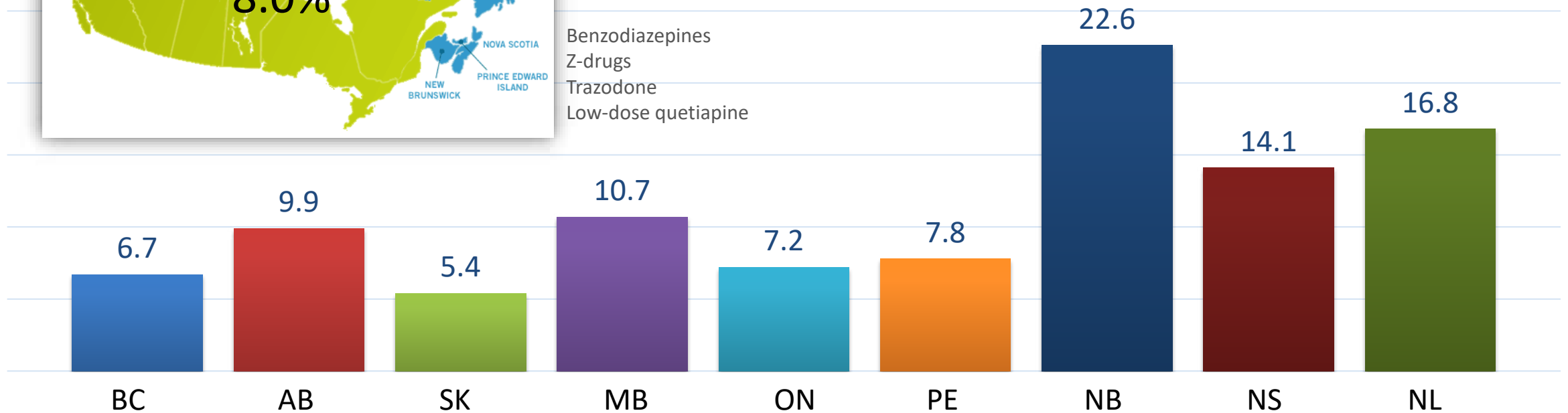
# Chronic use of sedative-hypnotics in Canada

2020/21:

>65 y.o. sedative-hypnotic chronic use (%)



Benzodiazepines  
Z-drugs  
Trazodone  
Low-dose quetiapine





## US

American College of Physicians

### Guideline 2016

Chronic Insomnia Disorder in Adults

**Recommendation 1:** ACP recommends that all adult patients receive cognitive behavioral therapy for insomnia (CBT-I) as the **initial treatment for chronic insomnia** disorder.

There are various delivery methods for CBT-I, such as individual or group therapy, telephone or Web-based modules, or self-help books.

Qaseem et al. Ann Intern Med. 2016 (Jul 16);165:125-133.

## EU

European Sleep Research Society

### Guideline 2017

Treatment of Insomnia

**Recommendation:** CBT-I is recommended as **first-line treatment for chronic insomnia** in adults of any age (strong recommendation, high-quality evidence).

A **pharmacological intervention** can be offered if CBT-I is **not effective** or not available.

Riemann et al. J Sleep Res. 2017;26:675-700.

## CA

Canadian Collab. for Seniors Mental Health

### Guideline 2020

BZRA Use Disorder Guideline in Seniors

Recommendation #2 of 22: **First line** treatment of **insomnia** and **anxiety** disorders include **CBT** in various formats.

Recommendation #3 of 22: A **BZRA** should only be considered in the management of insomnia or anxiety **after failing** adequate trials of **non-pharmacological** interventions.

Conn et al. Can Geriatr J. 2020; 23: 116-22.



*Sleepwell*

[mysleepwell.ca](http://mysleepwell.ca)



# Sleepwell objectives

To achieve better insomnia outcomes with cognitive-behavioural therapy for *insomnia* (CBT-I).



To reduce sedative-hypnotic use and related harms.



# Sleepwell

## It's no dream. Sleep well without sleeping pills.

Get your sleep back with CBTi.



Control



Sleep Drive



Relax



Thoughts



Hygiene



Insomnia



Sleeping Pills



CBTi



Sleepwell Recommends



**It's no dream.  
Sleep well without sleeping pills.**

**Get your sleep back with CBTi.**

### Faye's Story



### L'histoire de Georges



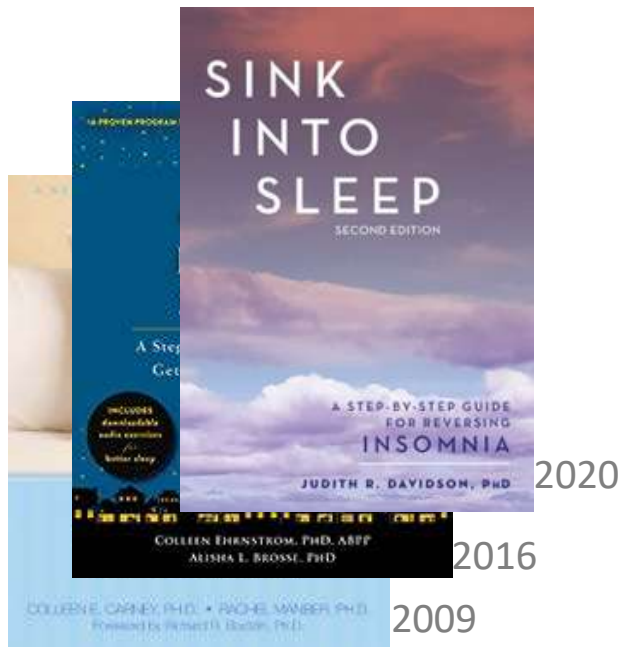


<https://mysleepwell.ca/cbti/sleepwell-recommends/>

Self-guided books

Apps/Online

Virtual therapist



HALEO





# The Sleepwell Intervention







# Evaluation of Sleepwell as a direct-to-patient behaviour change intervention in older adult long-term users of sedative-hypnotics

David Gardner<sup>1,2</sup> Andrea Murphy<sup>1,2</sup> Malgorzata Rajda<sup>1</sup> Justin Turner<sup>3</sup> Sandra Magalhaes<sup>4</sup>



## DESIGN

Randomized controlled trial, 3 groups, 6 months, older adults with long-term sleeping pill (BZRA) use  
Direct-to-patient mailed intervention

## PARTICIPANTS

Allocated: 565  
Completed: 521 (92.2%)

## ASSESSMENTS

Telephone interviews



AVERAGE  
PARTICIPANT

72 years old (65-92)  
Female: 65%  
Live alone: 33%  
Health conditions: 6.5  
Regular medications: 7  
BZRA duration of use: 11.4 years  
BZRAs: 75% z-drugs

BZRA: benzodiazepine receptor agonists (e.g., zopiclone, lorazepam)

#1 baseline  
#2 6 months  
Sleeping pill use  
CBTi technique use  
Measures of sleep & insomnia  
Daytime sleepiness  
Anxiety, quality of life

## INTERVENTIONS

**SLEEPWELL** package  
N=191

**EMPOWER** package  
N=187

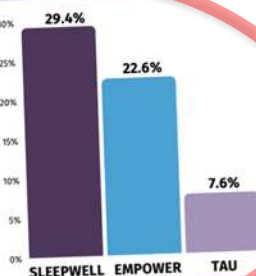
**NO package**  
N=187



Treatment-as-usual

## MAIN RESULTS

Stopped sleeping pill use



## OTHER SLEEPWELL PACKAGE ADVANTAGES

Stopped or reduced sleeping pill use	52.5%	a
CBTi techniques	Highest use	a
Sleep onset	27 min faster	a
Sleep efficiency	+ 6.3%	a
Insomnia severity	Reduced	b
Daytime sleepiness	Reduced	b
Anxiety, quality of life	Improved	c

a Better than EMPOWER b Better than TAU c Difference not significant

## IMPLICATIONS

- More impactful than EMPOWER, as a direct-to-patient intervention  
Sleepwell reduces sleeping pill use and improves sleep
- Sleepwell is a low effort, efficient, and scalable intervention
- Sleepwell is an evidence-based, direct-to-patient intervention that is fit for purpose for sleep health promotion campaigns



mysleepwell.ca

Public Health Canada Agence de la santé publique du Canada

New Brunswick  
CANADA

Healthy Seniors  
Pilot Project

YAWNS NB was a Healthy Seniors Pilot Project

# Sleepwell

Sedative  
use

30% stopped

Improved sleep

Sleep onset: ↓25-30 min.

Sleep efficiency: >6% ↑

Insomnia severity: ↓

Daytime sleepiness: ↓



Free  
event



A *Sleepwell* event

## HOW TO GET A GOOD NIGHT'S SLEEP

... without sleeping pills

**Speaker: Dr. David Gardner**

Professor, Department of Psychiatry  
Dalhousie University, Halifax

Join us for a **FREE, ONLINE,  
CROSS-CANADA** event!

**WHEN** November 27, 2023  
6:30 PM (ET)

**HOW** REGISTER AT  
[mysleepwell.ca/events/](https://mysleepwell.ca/events/)



Pan-Canadian  
Public Event  
Nov 27

Free, online

Public / Patients / Health care profs



Health  
Canada

Santé  
Canada

Judith Davidson

# **COGNITIVE BEHAVIOURAL THERAPY FOR INSOMNIA CBT-I**

What is it?



## Myth 1

**Sleep hygiene is a good treatment for chronic insomnia.**

- Sleep hygiene may be helpful for general sleep health but is not effective for reversing chronic insomnia.
- Most people with chronic insomnia are experts in sleep hygiene

## Myth 2

**Insomnia is a symptom of something else. Treat the something else (and hope the insomnia goes away).**

Secondary insomnia



Comorbid insomnia



# Systematic Reviews and Meta-Analyses of CBT-I

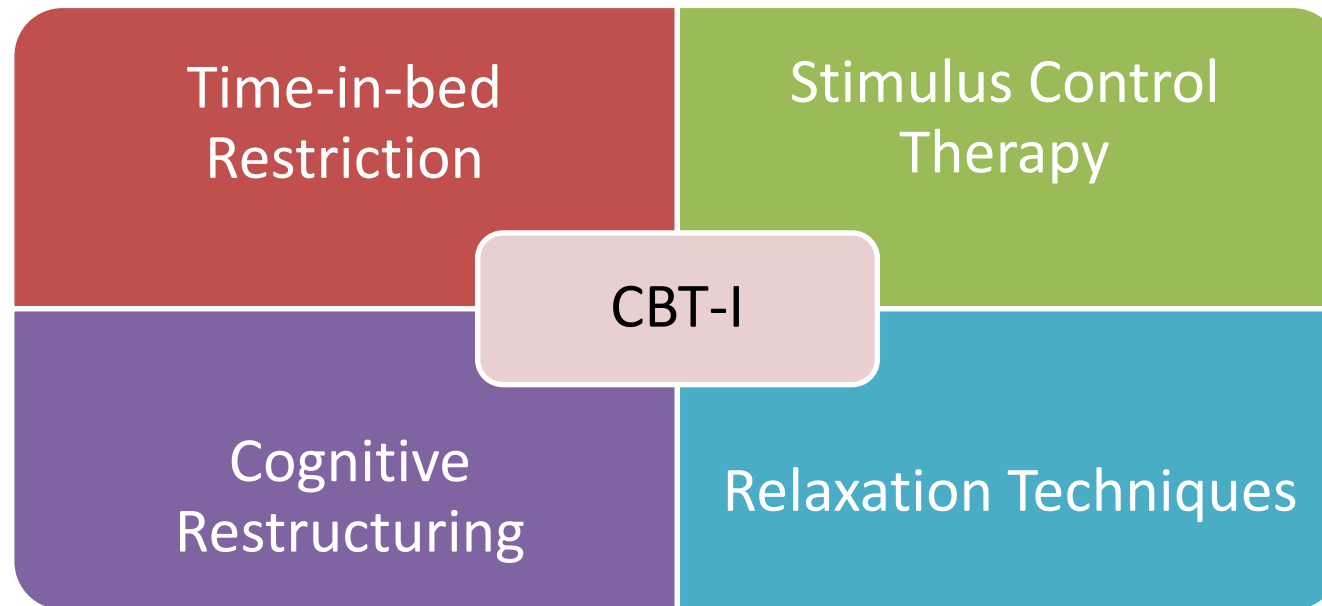
- Morin et al., 1994
- Murtagh & Greenwood, 1995
- Pallesen et al., 1998 – older adults
- Montgomery & Dennis, 2004 – older adults
- Irwin et al., 2006 – older versus younger adults
- Okajima et al., 2011
- Geiger-Brown et al., 2015 – comorbid insomnia
- Koffel et al., 2015 – group CBT-I
- Wu et al., 2015 – comorbid insomnia
- Tang et al., 2015 – chronic pain
- Trauer et al., 2015
- Ho et al., 2016 – PTSD
- Johnson et al., 2016 – cancer
- Davidson et al., 2019 – primary care

Good effects on sleep;  
good effects on comorbid  
symptoms

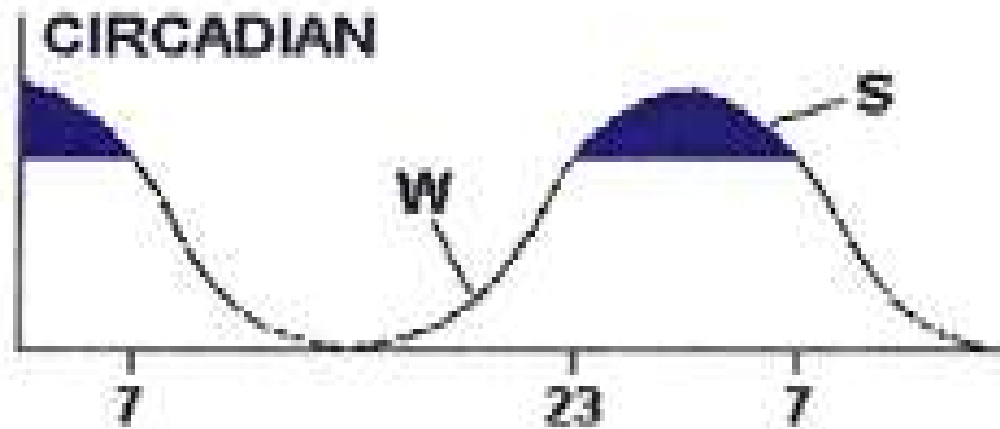
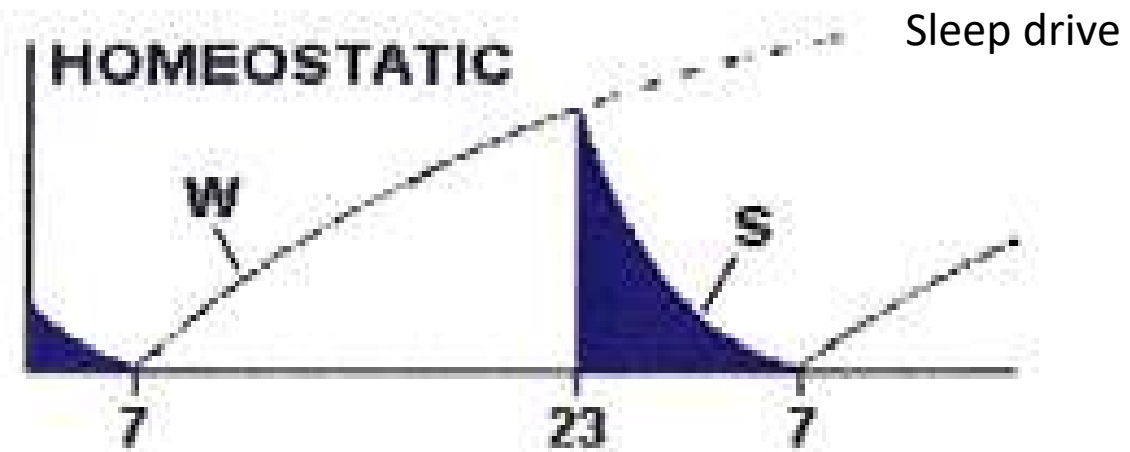
Good = effect size > 0.4 – 0.8

# What is CBT-I?

- Cognitive and behavioural strategies that allow biological sleep processes (sleep drive and circadian rhythm) to operate without interference

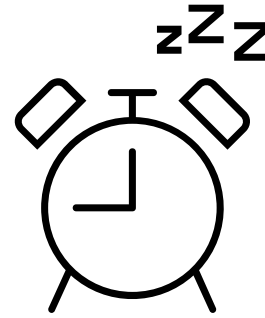


# SLEEP PROPENSITY

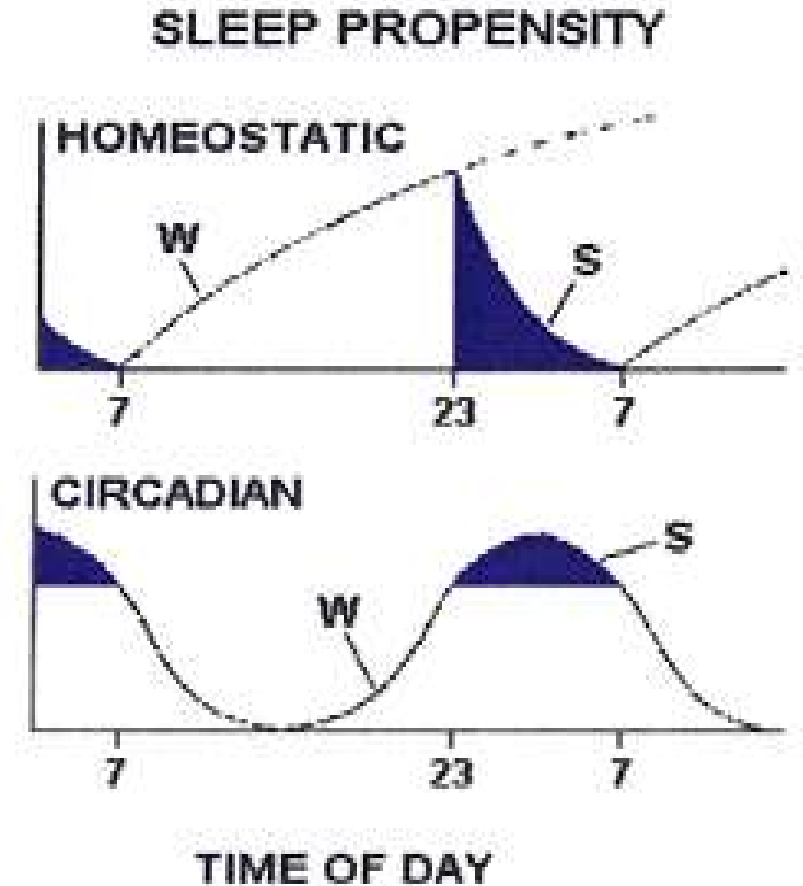


TIME OF DAY

# Time-in-Bed Restriction



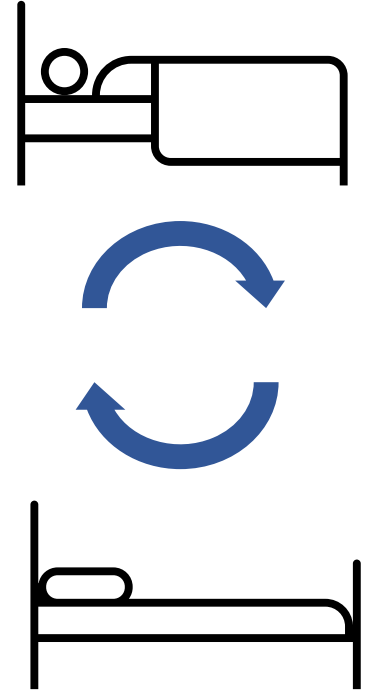
- Restrict time in bed
  - Builds up the sleep “drive”
- Set a constant rise time
  - Stabilizes the circadian sleep-wake rhythm





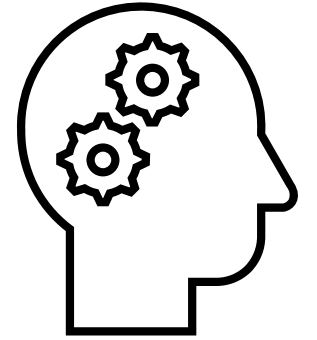
# Stimulus Control Therapy

- Builds a strong association between the bed and good sleep
- Use the bed only for sleep
- Go to bed only when sleepy
- Leave the bed if you are not sleeping; return when sleepy



# Cognitive Restructuring

- Allows “de-arousal” necessary for sleep
- Calms the racing mind
- Examines and re-balances dysfunctional beliefs about sleep
  - *I need 8 hours of sleep every night*
  - *I will not be able to function tomorrow*
  - *I will get a terrible illness*



# Relaxation Training\*

- Also allows for "de-arousal"
- Calms the racing mind and tension in the body
- Deep breathing
- Progressive Muscle Relaxation
- Visualization
- Meditation (*e.g.*, mindfulness)
- Clear-Your-Head Time



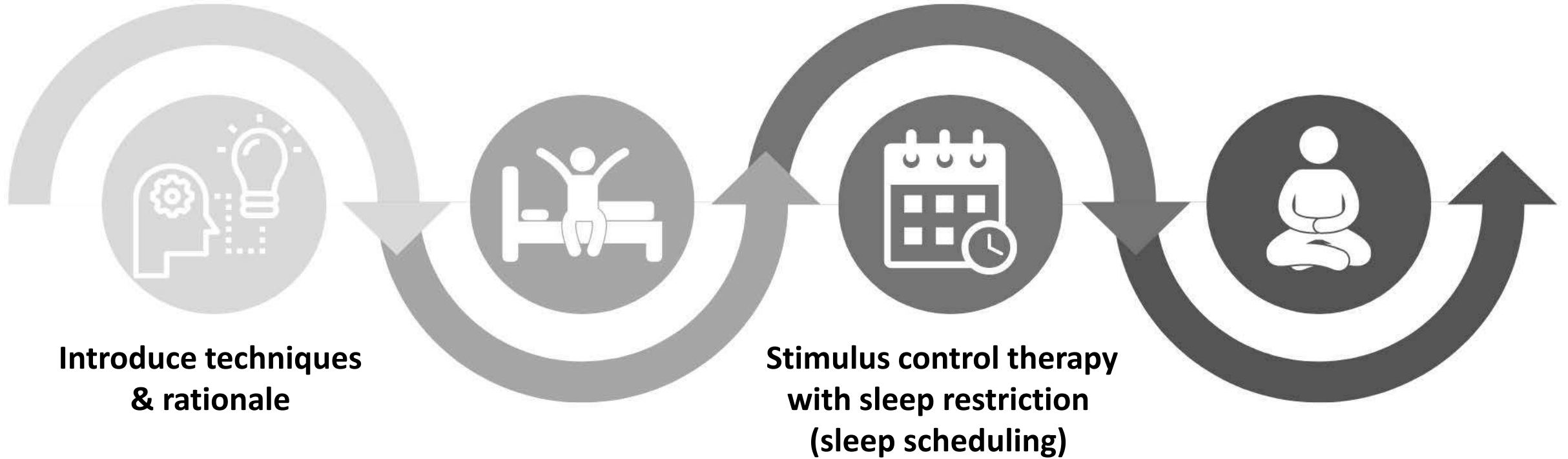
**Done OUT of bed**

\*Insufficient on its own

# CBT-I Overview

Constant rise time

Cognitive restructuring  
& relaxation techniques



4-6 weeks

Sleep Diary for the week of: \_\_\_\_\_

Sleep  
timing

<b>DAY of the WEEK</b> <i>Which night is being reported on?</i>							
<b>1. I went to bed at</b> <i>(clock time):</i>							
<b>2. I turned out the lights after</b> <i>(minutes):</i>							
<b>3. I fell asleep in</b> <i>(minutes):</i>							
<b>4. I woke up ____ time(s) during the night.</b> <i>(number of awakenings):</i>							
<b>5. The total duration of these awakenings was</b> <i>(minutes):</i>							
<b>6. After awakening for the last time, I was in bed for</b> <i>(minutes):</i>							
<b>7. I got up at</b> <i>(clock time):</i>							

Sleep  
quality

<b>The quality of my sleep was:</b> <i>1=very poor; 10=excellent</i>							
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<b>Naps</b> <i>Number, time and duration</i>							
<b>Alcohol</b> <i>Time, amount, type</i>							
<b>Sleep Medication</b> <i>Time, amount, type</i>							
<b>Notes:</b>							

Sleep Diary  
Sink Into Sleep

Team-based CBT-I in

# **PRIMARY CARE**

Erin Desmarais MSW, RSW

Stephanie Lynch PharmD, RPh

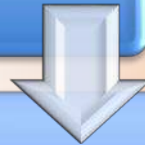
# A Canadian Stepped Care Model for Insomnia



# Our Journey

2017

Kingston and Belleville sites ID'd need to offer program for Chronic Insomnia



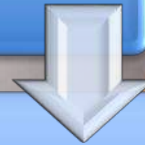
2017 & 2018

Trained in CBT-I



2018 & 2019

First *Sleep Therapy* programs offered in Kingston and Belleville



2022

Kingston / Belleville sites joined to offer joint virtual program option





# Why Run a Group?

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- Access to social support
- Increased motivation
- Increased capacity & access

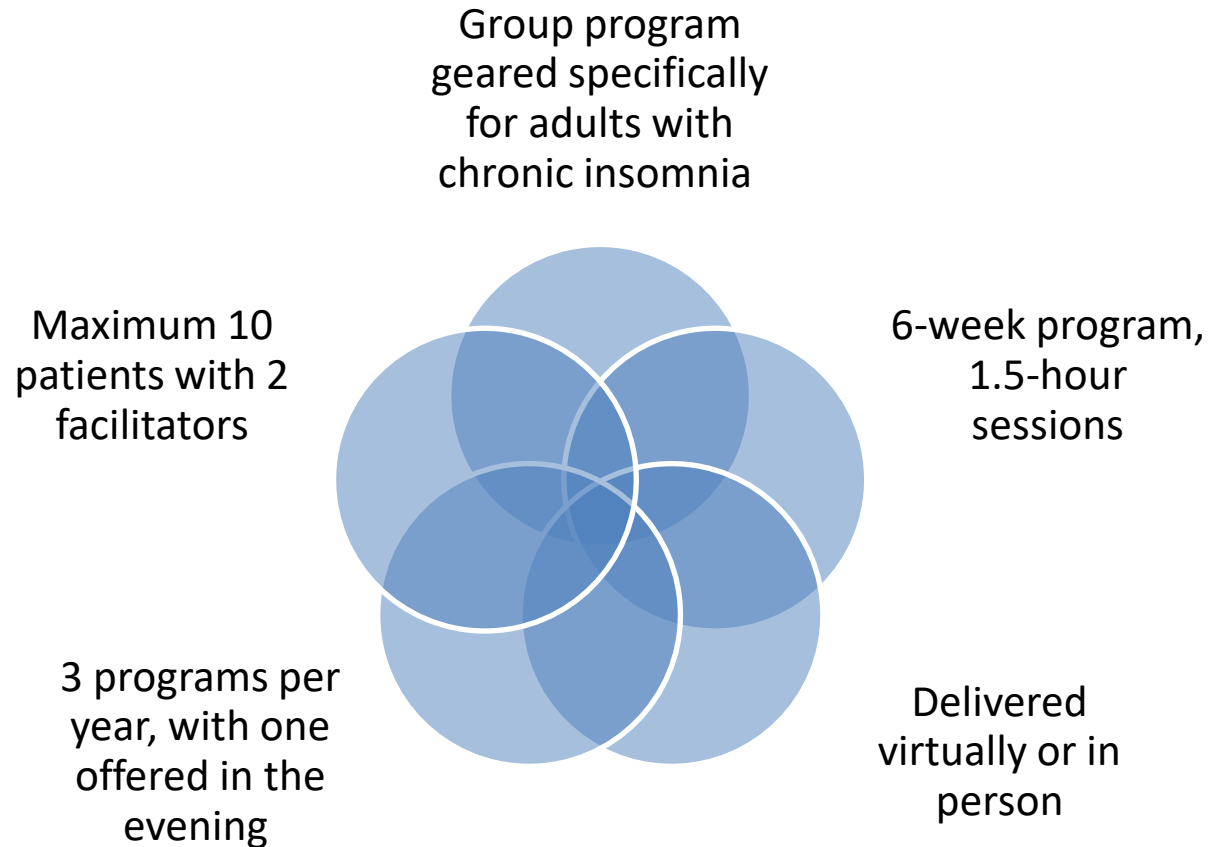
The accountability of a weekly check in to help me stick with the program

Being able to connect with people that have similar issues. **It's nice to know one is not alone!**



# Program Overview

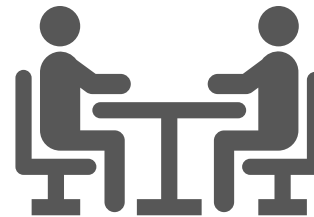
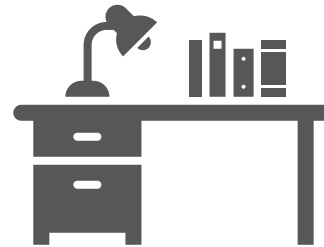
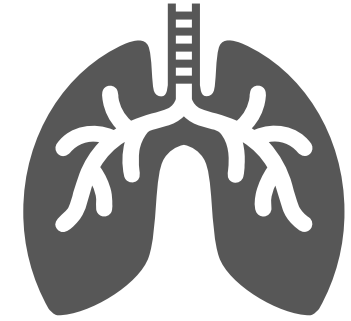
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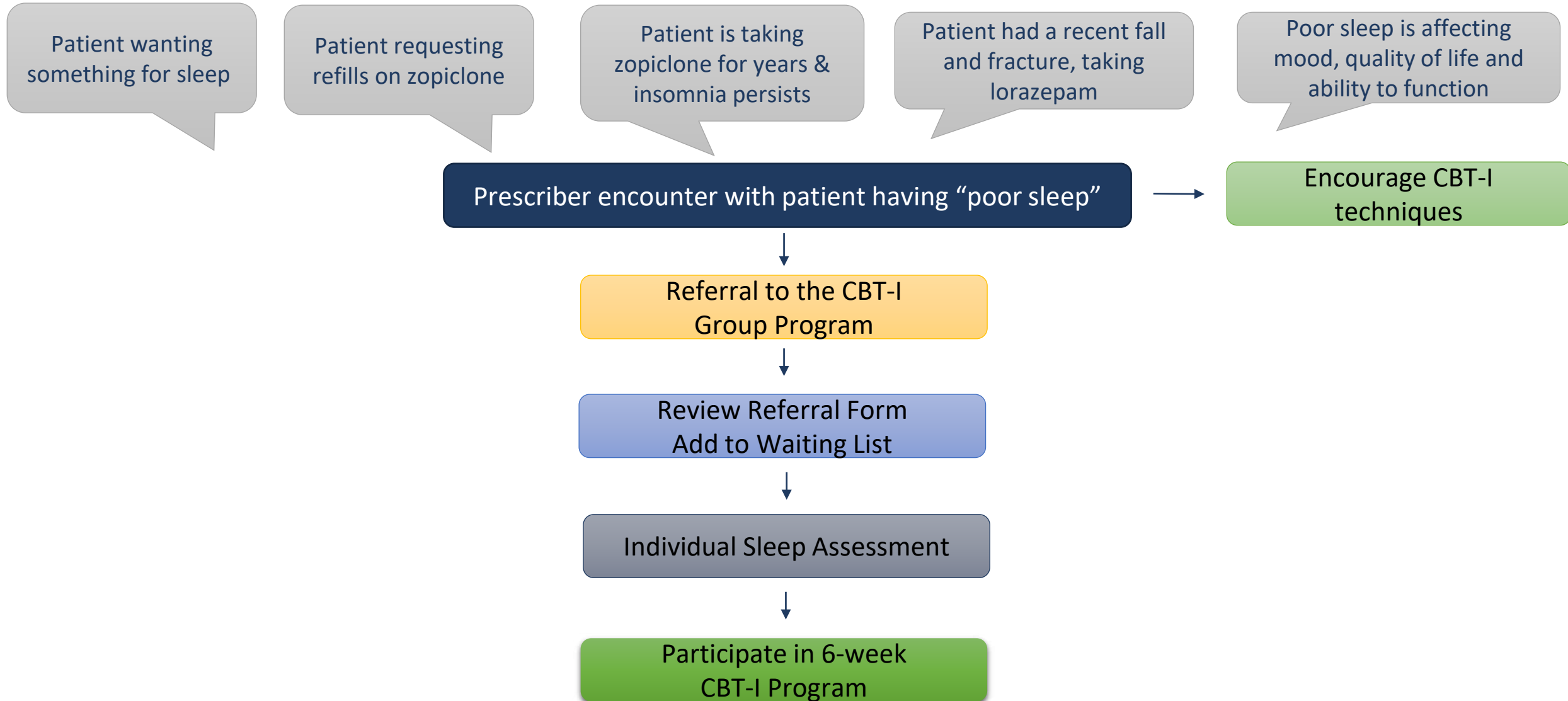
# General Structure of Sessions

- 1) Deep breather
- 2) Large group check-in
- 3) Small group with an assigned facilitator
- 4) Introduction of new strategy
- 5) Review homework
- 6) Medication discussion with pharmacist, if relevant

\*\* exception are sessions 1 & 6



# Referral Pathway to the CBT-I Group Program

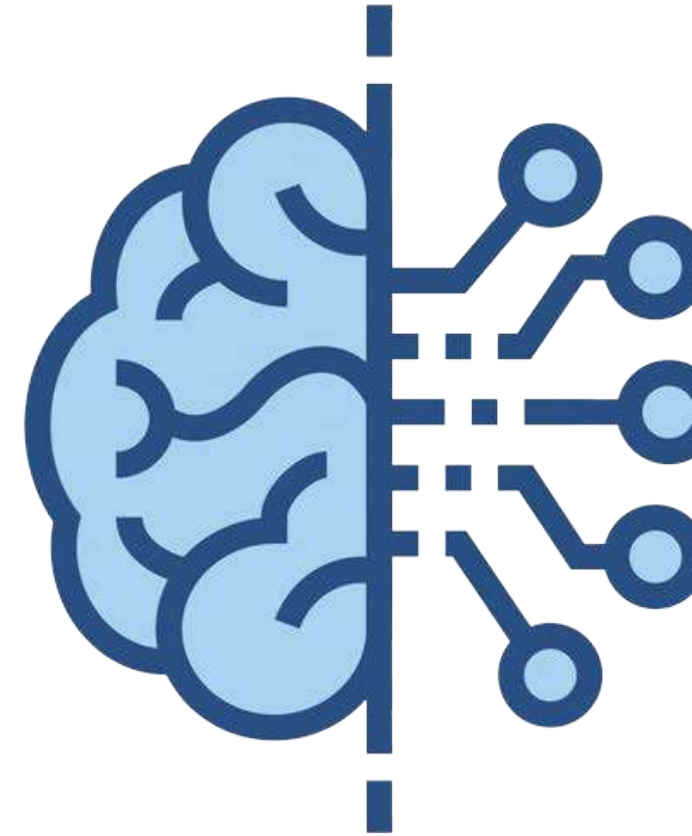


# Assessment

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The purpose of the intake assessment is to rule out any other sleep disorders, to answer questions and to reduce attrition rate.

- Davidson Sleep Questionnaire
- Epworth Sleepiness Scale
- Insomnia Severity Index
- HADS
- PHQ-9
- Stop-Bang Questionnaire



# "What if" the patient...

Has concurrent obstructive sleep apnea

Has a contraindication to time-in-bed restriction

Has a circadian rhythm disorder

Has concurrent periodic limb movement disorder

# How it is Done

Time-in-bed Restriction

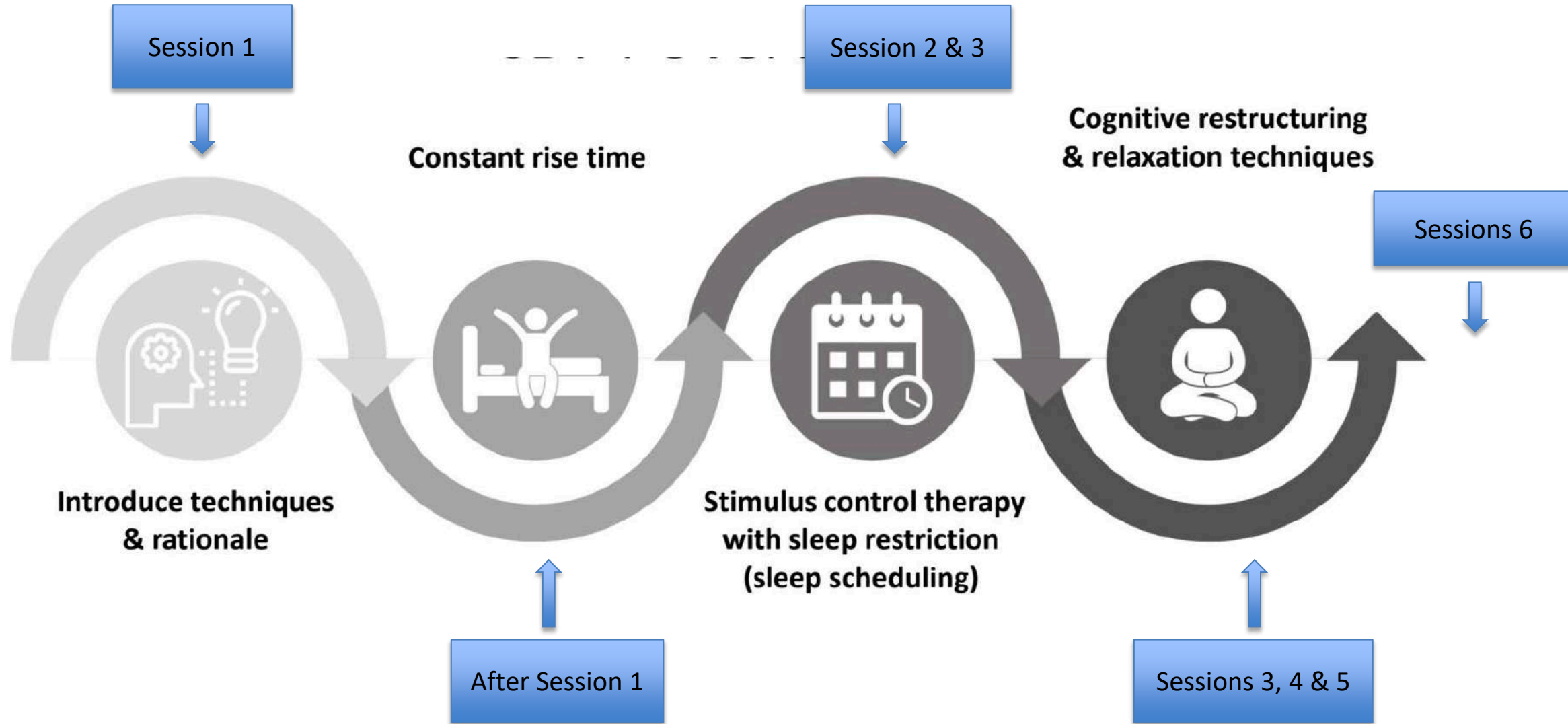
Stimulus Control  
Therapy

6 Sessions

Cognitive Restructuring

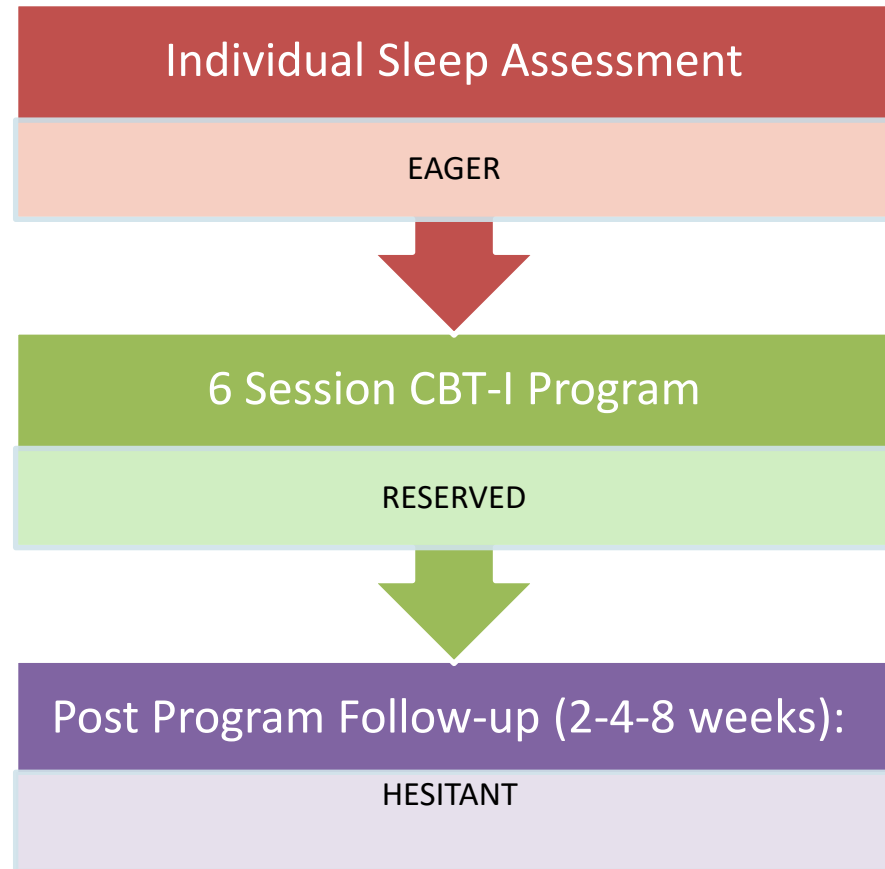
Relaxation Techniques

# Session Outlines





# CBT-I & Gradual Dose Reduction of Sedative-Hypnotics



# Lessons Learned

Group CBT-I programs are an **effective** way to treat chronic insomnia

There are many **variations** of this program

Full CBT-I program **not needed** by every patient

Work within your scope of practice to increase patient **access** to information and care







Insomnia in Family Medicine

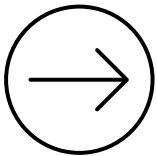
# Non-pharm tools for family medicine

- Knowing about CBT-I – cognitively restructures our approach to sleep
- Make sleep a part of inquiry in many common presentations
- **Strategies** – stepwise approach within the stepped care model
- **Patient education** – expectations, health impact of insomnia, and strategies
- **Tools** to address sleep issues:
  - Sleep diaries – paper or online
  - Sleep structuring, consolidation, stimulus control
  - Cognitive restructuring
  - Relaxation, mindfulness
- **Patient empowerment**, self efficacy, self management
- **Deprescribing**
- Groups and full CBT-i

**Q&A**

More CBT-I for chronic insomnia

**What's your next step?**



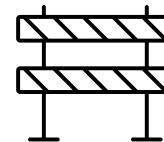
More CBT-I for chronic insomnia

**What is the role of the  
primary care physician?**



More CBTi-I for chronic insomnia

**Biggest barrier?**  
(other than time)





# INSOMNIA INTERVENTIONS

On-Demand Professional Development  
Course for Healthcare Providers



## Evidence-Based

Learn the evidence-based, first-line treatment for chronic insomnia



## Team-Taught

Taught by an interprofessional team of healthcare providers, educators, & sleep researchers



## On-Demand

Complete the 8 interactive modules from anywhere and at any time

## DISCOUNTS

Individuals: 10% discount

Promo code: ***fmf\_insomnia\_10***

Groups of 5 or more: 25% discount.

***opdes.marcom@queensu.ca***

Jenny



Queen's  
UNIVERSITY

HEALTH SCIENCES  
Continuing Professional  
Development

# THANK YOU

from the whole team

<b>Judith Davidson</b>	<b>Stephanie Lynch</b>
Psychologist Department of Psychology Queen's University	Pharmacist Dep. of Family Medicine Queen's University
<b>Erin Desmarais</b>	<b>Eileen Sloan</b>
Social Worker Dep. of Family Medicine Queen's University	Psychiatrist Department of Psychiatry University of Toronto
<b>Katherine Fretz</b>	<b>Shayna Watson</b>
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<b>David Gardner</b>	<b>Jenny DeBruyn</b>
Pharmacist Department of Psychiatry Dalhousie University	Marketing & Comms Professional Development Queen's University



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On-Demand Professional Development  
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## Evidence-Based

Learn the  
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chronic insomnia



## Team-Taught

Taught by an  
interprofessional  
team of healthcare  
providers,  
educators, & sleep  
researchers



## On-Demand

Complete the  
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## DISCOUNTS

Individuals: 10% discount

Promo code: ***fmf\_insomnia\_10***

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Jenny



Queen's  
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HEALTH SCIENCES  
Continuing Professional  
Development

Free  
event



A *Sleepwell* event

## HOW TO GET A GOOD NIGHT'S SLEEP

... without sleeping pills

**Speaker: Dr. David Gardner**

Professor, Department of Psychiatry  
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Pan-Canadian  
Public Event  
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Public / Patients / Health care profs



Health  
Canada

Santé  
Canada