



UW PACC

Psychiatry and Addictions Case Conference

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IT'S 2020 AND I CAN'T SLEEP

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

I have no conflicts of interest with this topic.

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STRESS

Where Expiring 'More Demands':

What's Next for...
Marches, vigils and rallies disrupted by...
daily life, one already disrupted by...
in

Most employment

Psychological Trauma

COVID-19: Insights on the Pandemic's Traumatic Effects and Global Implications

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COVID-19 pandemic and lockdown: cause of sleep disruption, depression, somatic pain, and increased screen exposure of office workers and students of India

Piya Majumdar , Ankita Biswas, and Subhashis Sahu 

Ergonomics and Occupational Physiology Laboratory, Department of Physiology, University of Kalyani, Kalyani, Nadia, India

OBJECTIVES

- Describe insomnia
- Describe stress associated with COVID-19
- Describe stress associated with social unrest

INSOMNIA

- Difficulty falling asleep or staying asleep
- Associated with marked distress or significant daytime impairment
- Daytime fatigue
- Non-restorative sleep
- Memory and concentration difficulties
- Mood disturbance

Morgenthaler et al., 2006

INSOMNIA

CURRENT DEFINITIONS

- Chronic Insomnia Disorder
- Short-term Insomnia Disorder
- Other Insomnia Disorder

International Classification of Sleep Disorders,
American Academy of Sleep Medicine, 2014

CHRONIC INSOMNIA DISORDER - A. ONE OR MORE OF THE FOLLOWING:

- Difficulty initiating sleep.
- Difficulty maintaining sleep.
- Waking up earlier than desired.
- Resistance to going to bed on appropriate schedule.
- Difficulty going to bed without parent or caregiver intervention.

International Classification of Sleep Disorders,
American Academy of Sleep Medicine, 2014

B. ONE OR MORE RELATED TO NIGHTTIME SLEEP DIFFICULTY:

- Fatigue/malaise
- Attention, concentration, or memory impairment
- Impaired social, family, occupational, or academic performance
- Mood disturbance/irritability
- Daytime sleepiness

International Classification of Sleep Disorders,
American Academy of Sleep Medicine, 2014

B. ONE OR MORE RELATED TO NIGHTTIME SLEEP DIFFICULTY (CONT.):

- Behavioral problems (e.g., hyperactivity, impulsivity, aggression)
- Reduced motivation/energy/initiative
- Proneness for errors/accidents
- Concerns about or dissatisfaction with sleep

International Classification of Sleep Disorders,
American Academy of Sleep Medicine, 2014

ADDITIONAL CRITERIA C-F

C. Not explained by inadequate opportunity or circumstances

D. Occurs at least three times a week

E. Present for at least three months

F. Not better explained by another sleep disorder

Short-term
Insomnia: Less than
three months

International Classification of Sleep Disorders,
American Academy of Sleep Medicine, 2014

BURDEN OF INSOMNIA

- 10-15% of adults meet criteria for insomnia
- 20-30% in primary care settings
- 41%-53% comorbidity with psychiatric disorders
- High costs to society (productivity, economic costs)

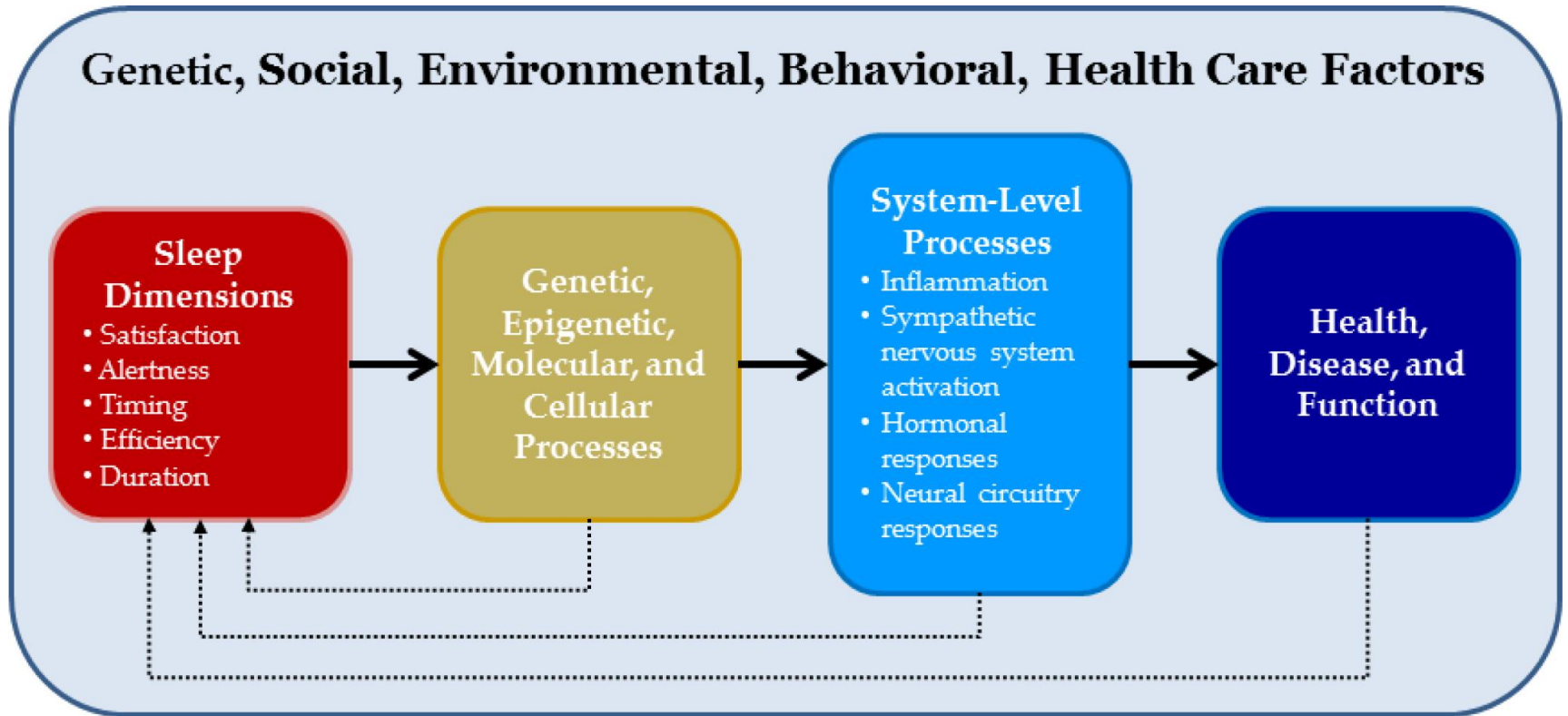
Harvey & Buysse, 2018

SLEEP HEALTH FRAMEWORK

1. Regularity
2. Satisfaction
3. Alertness
4. Timing
5. Sleep Efficiency
6. Sleep Duration

Buysse, 2014

CONCEPTUAL MODEL OF SLEEP HEALTH



Buysse, 2014

FACTORS PERPETUATING INSOMNIA

- Variable morning oob times
- Napping
- Going to bed too early
- Remaining in bed when unable to sleep

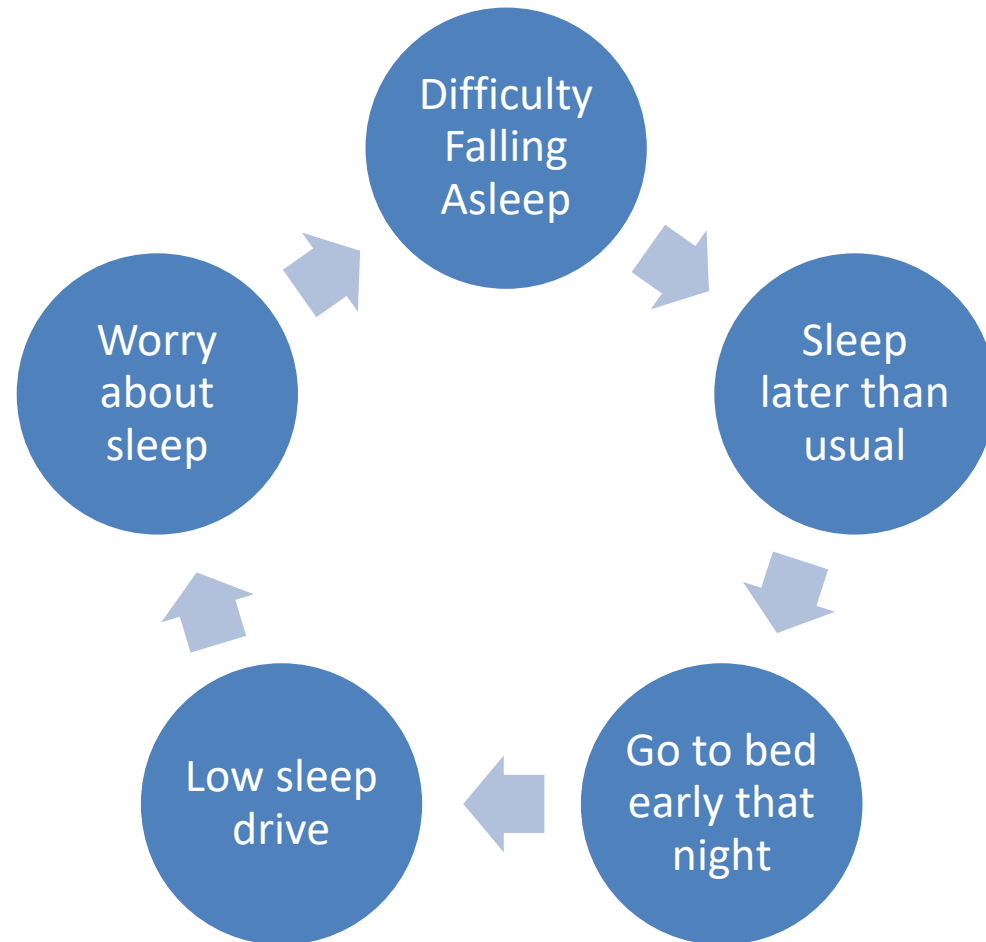
Low sleep drive when wanting to go to sleep.

SPIELMAN 3 P'S MODEL OF INSOMNIA



Spielman et al., 1987

PERPETUATING CYCLE: EXAMPLE

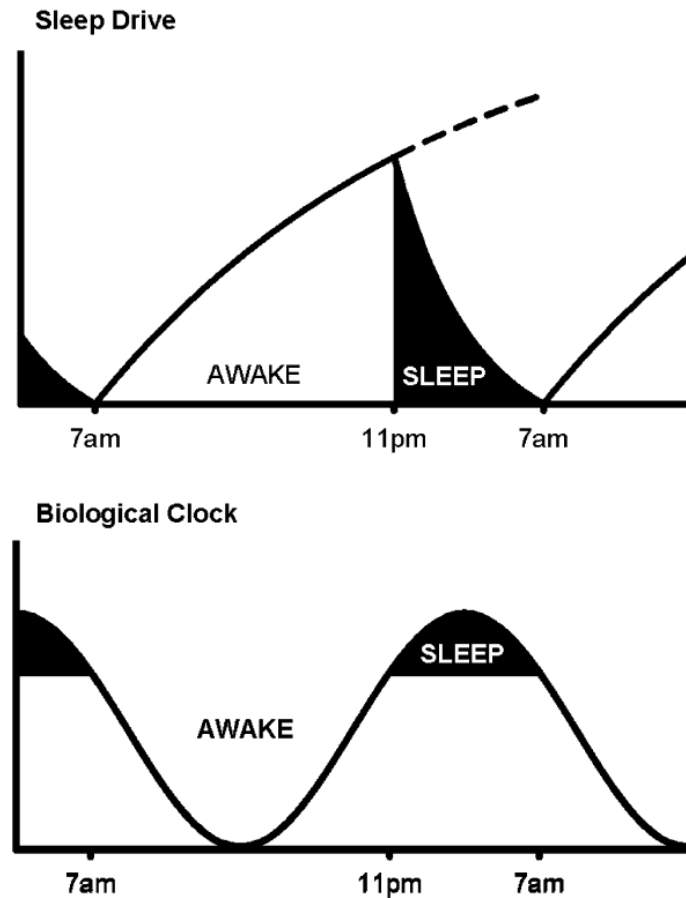


2020 IMPACTS ON SLEEP

- Constant news cycle, checking news and social media too frequently
- Disrupted sleep schedules
- Daytime sleep
- Winding up instead of winding down
- Increased use of alcohol

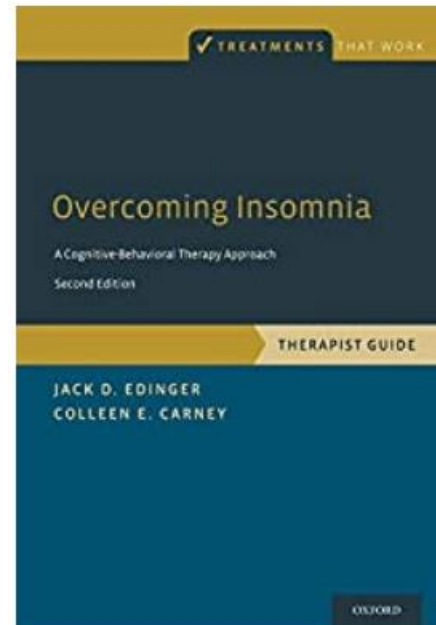
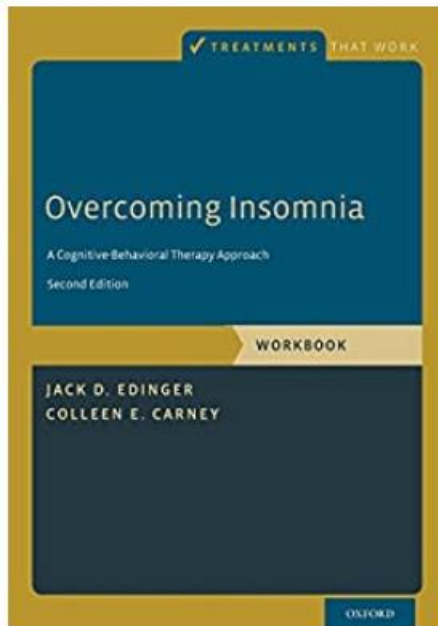
BBTI RATIONALE

HOMEOSTATIC AND CIRCADIAN DRIVES



Troxel et al., 2012

CBTI FOR INSOMNIA



BRIEF BEHAVIORAL TREATMENT FOR INSOMNIA (BBTI)

- Response to shortage of clinicians who can provide CBTi
 - Addresses need for interventions in primary care settings (e.g., integrated care model)
 - Doesn't require specialist training
 - Brief, concise (e.g., 4 sessions; 2 in person, 2 via telephone)
-
- Troxel et al., 2012

STRUCTURE OF BBTI SESSIONS

Week	Session Content
Pretreatment	Assessment (PSQI, ISI, Sleep Diary for 2 weeks, depression)
1 – In person (45-75 minutes)	Sleep hygiene, rationale, 2 process model, calculate sleep parameters, present 4 stimulus control rules, prescribe sleep schedule
2 – Telephone (< 20 minutes)	Review sleep and daytime functioning
3 – In person (30 minutes)	Review and reinforce, modify TIB, 30/30 rule, troubleshoot
4 – Telephone (< 20 minutes)	Review progress, increase TIB, troubleshoot

BBTI: 4 RULES IN SESSION 1

1. Reduce time in bed
2. Get up at the same time every day no matter what
3. Do not go to bed unless sleepy
4. Do not stay in bed unless asleep

Troxel et al., 2012

STRATEGIES FOR SOUND SLEEP IN 2020

- Keep to a schedule that respects circadian drive
- Develop adequate means of winding down
- Stay out of bed during the day
- Determine adequate frequency of news/social media checking, and stick to it
- Avoid alcohol

SUMMARY

- Disrupted sleep during times of stress is normal
- Such disruptions can lead to chronic insomnia
- Helping people understand the relationship between stress, sleep, homeostatic and circadian drives may help prevent the development of chronic insomnia