



UW PACC

Psychiatry and Addictions Case Conference

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**MY PATIENT HAS GOOD SLEEP HYGIENE.
WHAT SHOULD I COUNSEL THEM TO DO
NEXT TO IMPROVE THEIR POOR SLEEP?**

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ I have no conflicts of interest to disclose.

OBJECTIVES - BY THE END OF THIS SESSION:

1. You will be able to conduct a 24-hour interview to identify problem areas in need of remediation to address insomnia.
2. You will be able to identify two broad areas of sleep-interfering cognitions and suggest strategies for dealing with each type.
3. You will be able to make use of stimulus control principles to address sleep-interfering behaviors.

RESEARCH EVIDENCE FOR CBT-I

- Conclusively demonstrated that CBT-I is effective in treating insomnia across many different settings and patient populations
- Stimulus control and time-in-bed restriction are the most important components of CBT-I
- Dissemination of CBT-I has been slow

Vitiello, McCurry, & Rybarczyk, 2013

Ms. Smith is a 59-year-old, recently retired office worker with complaints of insomnia. She has no particular difficulty falling asleep, but she wakes up in the middle of the night, and is awake for about 2 hours, tossing and turning in bed. When she finally falls back to sleep, she sleeps well.

Ms. Smith has good sleep hygiene. She drinks only 1-2 cups of coffee, well before noon. She does not drink alcohol. She walks about a mile a day, doing various chores and gardening around her wooded home. She does not take naps. She does not drink alcohol or use cannabis. She does not have a television in her bedroom, and she does not use screens in bed.

THE 24-HOUR INTERVIEW

- What time do you get out of bed in the morning? Is it the same on weekends?
- How do you spend your day?
- Do you take naps?
- Do you drink alcohol with dinner? Use cannabis?
- What is your routine before bed?

THE 24-HOUR INTERVIEW

- What time do you get in bed?
- When do you try to fall asleep?
- How long does it take to fall asleep? What do you think about?
- How often do you wake up during the night?
- What do you do when you wake up during the night?
- Are there environmental disturbances at night?

WHAT TIME DO YOU GET OUT OF BED IN THE MORNING?

Mrs. Smith says “It depends on how well I slept.”

WHAT IS YOUR BEDTIME ROUTINE?

Mrs. Smith showers before getting into bed around 9 pm.

WHAT TIME DO YOU GET IN BED/TRY TO GO TO SLEEP

As noted, she gets in bed around 9 pm. She falls asleep right away.

HOW OFTEN DO YOU WAKE UP DURING THE NIGHT? WHAT DO YOU DO?

Mrs. Smith wakes up once, for about 2 hours. She tosses and turns, sometimes uses a book light to read a little, and eventually falls back to sleep. She then sleeps until 6-9 am.

HOW WOULD YOU HELP MRS. SMITH?

- Time-in-bed restriction
- Consistent out-of-bed, wake up time
- Stimulus control: get out of bed if you cannot sleep after about 20-30 minutes

TIME-IN-BED RESTRICTION

- Generally starts at total sleep time plus half an hour.
- Never drop below 5 hours.
- Add additional sleep in half hour increments until sleep efficiency drops (titrate).
- Contraindicated in bipolar disorder.

STIMULUS CONTROL

- Use the bed only for sleep and sex
- Don't remain in bed tossing and turning
- If you cannot sleep (20-30 minutes), get out of bed and engage in something relaxing until you feel drowsy. Then return to bed.
- Repeat as needed until you sleep, or until it is time to get out of bed (consistent out-of-bed time is key).

Ms. Jones is a 33-year-old mother of two young children. Her sleep hygiene is excellent. But when she gets in bed at around 10 pm, she cannot fall asleep. She remains awake for about 2 hours, worrying about her children, thinking about errands and tasks for the next day, and worrying about how miserable she will feel if she cannot fall asleep.

MS. JONES' 24-HOUR INTERVIEW

- She gets out of bed at 6 am to send her children off to school.
- Once they are at school, she naps for about an hour, from 9-10 am.
- She has excellent sleep hygiene, for the most part.
- She gets in bed at 10 pm. She remains in bed if she cannot sleep.

HELPING MS. JONES

- Stop napping once the children are in school
- Get out of bed if you cannot sleep
- Use Constructive Worry Time
- Challenge the importance of a good night's sleep, every night

CONSTRUCTIVE WORRY TIME

- Set aside a time during the day to “worry” even if you do not feel you need to.
- Use the time for active problem solving and planning.
- Provide self with a reminder that you have this time set aside for worry.

IS A GOOD NIGHT'S SLEEP THAT IMPORTANT?

- Most people with insomnia, as well as most people in general, have had to function without getting a good night's sleep
- Sleeping poorly means sleep drive will be high the following day
- Ask the patient for examples from their own life experience.

TROUBLESHOOTING

- Studio apartments, small rooms, etc for leaving the bedroom when unable to sleep
- Difficulty not napping
- Nothing seems to work – the patient is tired or sleepy during the day

SOME FINAL THOUGHTS

- Chronic insomnia is invariably maintained by the behaviors people adopt to address acute insomnia.
- Most people with insomnia need only 1-3 minor course corrections to improve their sleep.