

Title: "Outcomes of Insomnia Assessments at a Regional Sleep Centre: Developing new Insomnia Guidelines"

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Introduction

Insomnia is a distressing and common problem requiring accurate diagnosis and effective treatment [2]. There are no NICE guidelines overviewing the investigation and management of primary insomnia. The British Association for Psychopharmacology (BAP) consensus statement [1] recommends that diagnosis is clinical, further investigations only occur if another primary sleep disorder is suspected, CBTi is offered as first line treatment and decisions on medication are evidence based. The aim of this project is to provide an overview of investigation and management of primary insomnia at the Rosa Burden Neuropsychiatry Centre to help identify where clinical guidelines could be developed.

Method

A retrospective review was conducted of the investigation and management of all patients referred to the Rosa Burden Centre with insomnia over a 6 month period (February- August 2013), who received a preliminary diagnosis of primary insomnia at first assessment in Sleep Clinic. This identified differential diagnoses considered, investigations ordered, treatment offered and follow up once diagnosis confirmed. The treatment pathways were then compared to the BAP recommendations.

Results

The study identified 32 patients given a provisional diagnosis of primary insomnia. 24 had a final diagnosis of primary insomnia at follow up. 100% were diagnosed using the clinical interview alone unless another primary sleep disorder was suspected, and investigations were ordered appropriately in all cases. 91.3% patients diagnosed with primary insomnia were offered CBTi as first line, and 70% of those prescribed medication had documented appropriate rationales for choice made. The follow up offered varied (Figure 1).

Discussion

There is excellent adherence to evidence based guidance at the Rosa Burden Centre. It is recommended that 1) a care pathway is developed for managing primary insomnia, in order to improve consistency in prescribing medication and follow up offered and 2) training offered to new doctors at the Sleep Centre is reviewed.

[1] SJ Wilson *et al*, "British Association for Psychopharmacology consensus statement on evidence-based treatment of insomnia, parasomnias and circadian rhythm disorders" (2010)

[2] Schutte-Rodin S *et al*, "Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults" (2008)

Figure 1: Table representation of patient pathways

Referred for insomnia	1st appointment diagnosis		Final diagnosis	CBTi offered 1st line	Delay to CBTi	Medication offered	Follow up after final diagnosis	
36	32 given initial diagnosis of primary insomnia	19 given final diagnosis of primary insomnia at first appointment		16 CBTi	No delay	12 offered medication	7 followed up	
							3 no f-u	
							2 open apps	
							3 followed up	
						4 no medication	1 no f-u	
						1 already in CBT, medication offered	1 no f-u	
						2 offered medication 1st line no CBTi	1 followed up 1 open app	
		13 had differential diagnoses considered	4 differentials considered without investigation	2 primary insomnia	2 CBTi	10 wks 27 wks	2 offered medication	1 followed up
				2 revised diagnoses				1 open app
			9 investigated (6 PSG, 3 Actigraphy)	3 primary insomnia	3 CBTi	4 mths 7 mths 1 year	3 offered medication	3 followed up
				6 revised diagnoses				
4 diagnosed with secondary insomnia								