

In the Wee Small Hours of the Morning

An Insomnia Reversal Program for Primary Care

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Rationale

- 52-64% of primary care patients report sleep difficulty.
- The recommended first-line treatment for chronic insomnia is cognitive behavioural therapy for insomnia, or “CBT-I”.
- The vast majority of Canadians do not have access to this treatment.

The Sleep Therapy Program

Sleep Therapy groups are led by the psychologist and another professional. Groups meet for 6 weekly sessions (2 hours each).

Participants learn the techniques of CBT-I

- stimulus control therapy
- sleep restriction therapy
- cognitive techniques

Participants keep sleep diaries and learn how to maintain their good sleep.

Hypnotic Medication Withdrawal Program

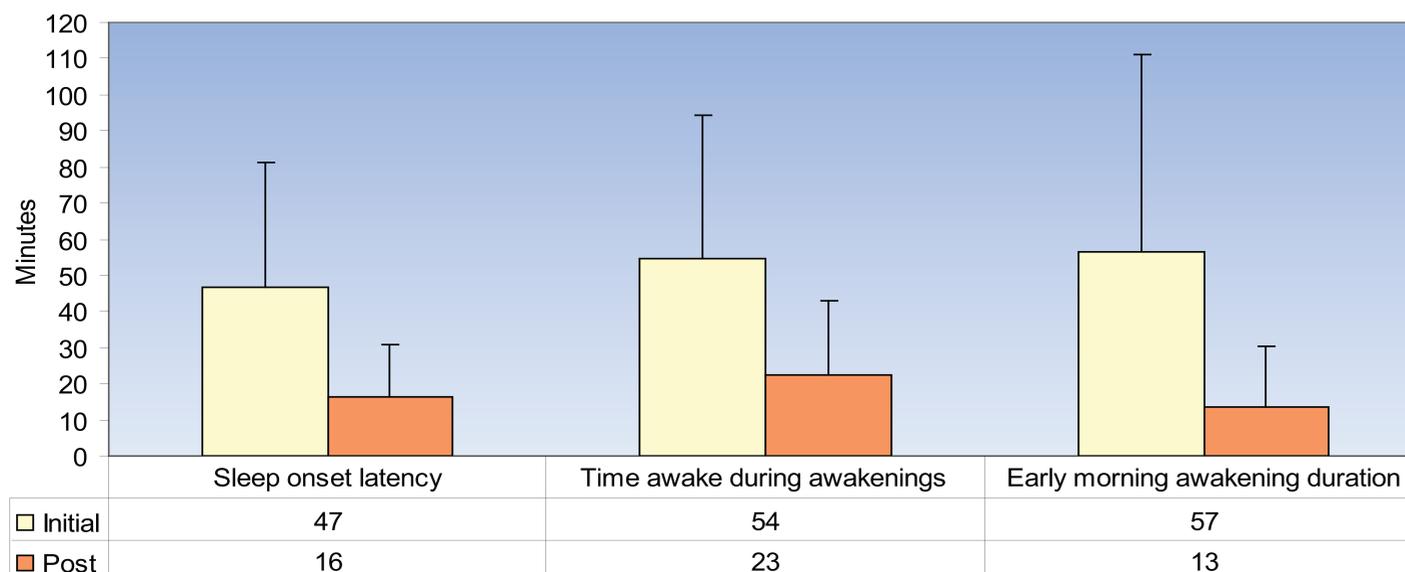
- for those wanting to discontinue long-term hypnotic medication use

Patient sees the pharmacist and the psychologist, who work in collaboration with the family physician.

A taper schedule is designed. The patient learns CBT-I. We follow the patient’s progress.

Outcomes

Mean (+SD) sleep measures from weekly sleep diaries at two points: initial consult and at the final Sleep Therapy session. N=53



For the first 53 Sleep Therapy patients:
Mean age = 54.6 yrs; SD = 11.5; range = 30-78
45 women, 8 men

Sleep measures, including sleep quality ratings, improved significantly (paired t-tests, all $p < .01$).

89% of participants no longer had clinically significant insomnia (Insomnia Severity Index) by the 6th session.

8 of the 53 did the hypnotic medication withdrawal program. These patients showed similar improvements to those of the entire group.

Conclusion

Effective treatment for chronic insomnia can be provided within a family health team.

Your team can do this too. Ask us about it.