Modernizing insomnia care to align with practice guidelines

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Canadian Association des Pharmacists pharmaciens Association du Canada

DISCLOSURES for Dr. David Gardner

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Gov. of NB

Public Health Agency of Canada

CIHR

Health Canada



Through your participation in this session, you will:

- 1. Describe non-pharmacological interventions for insomnia management and recommend cognitive- behavioural therapy for insomnia (CBTi).
- 2. Develop skills for you to lead the deprescribing of sedatives.
- 3. Identify your learning needs and next steps for enabling patients to transition from sedatives to CBTi.



For your patients with insomnia, have youOYesrecommended sleep hygiene?ONo



For your patients with insomnia, have you helped any access or use cognitive-behavioural therapy for insomnia (CBTi)?

O Yes

O No

O Unsure

INSOMNIA



Is **CBT**; the same as **Sleep Hygiene**? **CBTi is not Sleep Hygiene.** CBTi is an effective sleep therapy that follows a step-by-step process to treat insomnia and keep it from returning. It brings together different sleep-enhancing techniques to fix what's causing insomnia. The examples included here are part of what you will see when you complete a CBTi program. Visit Sleepwell Recommends at mysleepwell.ca to select a CBTi program. that's right for you.

Go to bed at the right time

not feeling sleepy.

2 The 20 minute rule

Set a bedtime, and don't get into bed

before it. This may be later than you

currently go to bed if you are already

spending a lot of time in bed. You should

stay up past your set bedtime if you are

Often people with insomnia notice that their mind begins to race when they turn off the light. You can stop this by leaving your bed when you don't fall

asleep (or fall back to sleep) after 20

asteep for fail back to steep) after 20 minutes of lying in bed. Plan ahead to

do a relaxing activity when you leave

the bed. Return to bed when sleepy.

Repeat after 20 minutes, as needed.

If you can, sleep until it is your planned

regardless of how late you were up the

Don't nap if you don't need to. Avoid

napping by getting active (ex. 20-minute

yourself to a 10-20 minute power nap.

Finish your nap before 3 pm.

walk). When a nap can't be avoided, limit

This may sound odd at first, but most

people with insomnia spend a lot of time

in bed trying to sleep. This creates sleep

Shortening your time in bed temporarily

interruptions. Gradually extend your time

Control

can lead to the unexpected benefit of giving you a better sleep with fewer

in bed as things improve.

anxiety and makes it harder to sleep.

time to rise and start your day. Don't sleep or stay in bed past your rise time,

3 Get out of bed each morning at the

same time (or earlier)

night before.

5 Spend less time in bed

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Health Canada Santé Canada

The views expressed herein do not necessarily represent the views of Health Canada.

🕢 Nap wisely

6 Distract your mind

It is hard to fall asleep when your mind is active worrying about finances, health, relationships, or tomorrow's to-do list. Give your mind a chance to slow down and let sleep take over. Try these distraction techniques to help you fall asleep: Grocery cart exercise: using your imagination, slowly urocery cart exercise: using your imagination, stowy walk through a grocery store and fill your cart, paying

Word list challenge: think of a 5-letter word and come up with 5-10 words that start with each letter of the up with 5-10 words that start with each letter of the word. Add variety by choosing a theme - animals,

relaxation technique to your bedtime routine that lets you do this. Examples include: low light reading before getting into bed, the 4-7-8 as

you are not sleeping well. Stop reading, writing, socializing, working, or snuggling with pets in bed. Any type of screen is to be avoided.

9 Bust your sleep myths

2B

Rela

Sleep Drive

Many people worry that they aren't getting enough sleep, and this keeps them up at night. what are your sleep myths? Busting them might What are your sleep myuns: busing them might be a part of what helps you get your sleep back.

leenwell mysleepwell.ca

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10 Healthy sleep habits start during the day Having an active body & mind during the day are important for your mental, physical, and sleep health. This starts with bright light in the morning. Can you add more light right after waking up and more daytime activities that energize your body and mind?

Hygiene

Thoughts

attention to each item you select.

names, cities, etc.

🕖 Take time to relax

Before getting into bed, there are many ways to prepare your body and mind for sleep. Add a breathing exercise, and toe-to-head progressive muscle tightening and relaxing.

Make being in bed about being asleep Use your bed only for sleep, sex, & sickness if

What is insomnia

- Experiencing difficulties with initiating or maintaining sleep
- Causes clinically significant distress or impairment in functioning
- Often associated with fatigue

Diagnostic categories:



What causes insomnia



Who experiences insomnia

Insomnia symptoms: 24%

Chronic insomnia: 10%

Higher rates:

Women: 1.4 x more often Older adults Health issues: 4-6 x more often

Morin & Jarin. Epidemiology of insomnia. Sleep Med Clin 2022 Chaput et al. Sleep Health. 2023





Which condition does chronic insomnia increase the risk for?

- A. Car accidents
- B. High blood pressure (hypertension)
- C. Cardiovascular diseases (heart attack, stroke)
- D. Depression
- E. Cognitive decline
- F. Type 2 diabetes

Insomnia is a risk for ...



Chaput et al. Sleep Health 2023

The economic impact of insomnia in Canada



Chaput et al. Sleep Health 2023

Chaput et al. Sleep Health 2023

2021 Direct costs attributable to insomnia



Less insomnia, More Savings

Reduce insomnia symptoms by 5% to save 19%

Prevalence of "insomnia symptoms		Cost/yr	
	Women	Men	Both
24%	\$1.125 B	\$775 M	\$1.9 B
19%	\$965 M	\$580 M	\$1.55 B
-5%	\$160 M	\$195 M	\$350 M

in prescription \$, physician care \$, hospital \$ for diabetes, depression, CVD, cognitive decline, & hypertension

Chaput et al. Sleep Health 2023

Sleeping pill use increases with age



Prescription sleeping pills: benzodiazepines and z-drugs

Weir et al. CMAJ 2018, https://www.cmajopen.ca/content/6/4/E678

Chronic use of "sleeping pills" in Canada

2020/21:

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



CIHI. Overuse of Tests and Treatments in Canada Nov 2022

Benzodiazepines

How *effective* are sleeping pills?



Increase in total sleep time (min)

Subjective: zopiclone

Chiu et al. Sleep J 2021 SR of hypnotics for insomnia in older adults



Change in time to fall asleep (min) Subjective: zopiclone

Chiu et al. Sleep J 2021 SR of hypnotics for insomnia in older adults

How safe are sleeping pills?



Sedative risks:

for z-drugs & benzos

- sedation
- dizziness, weakness, ataxia
- psychomotor impairment
 - weakness, ataxia, balance problems, falls, injuries
- cognitive impairment
 - sedation, retrograde amnesia
- impaired driving
 - motor vehicle accidents, DWI (criminal offense)
- nausea, slight hypotension
- pneumonia
- paradoxical behaviour
- dependence & withdrawal
- diversion
- drug interactions & overdose
 - opioids, other CNS depressants
- mortality

A Research & Knowledge Mobilization Program



Transforming how insomnia is treated



To achieve better insomnia treatment outcomes with CBTi.



To reduce sleeping pill use and related harms.





- Motivate patients to reassess ongoing long-term use
- Tools for deprescribing sleeping pills



Insomnia

EN FR

Sleepwell / Sleeping Pills

Clinicians

Recommend

my Sleepwell.ca

Sleeping Pills

Cognitive impairments

Memory Alertness Thinking Cognitive decline?

Injurious falls

Fractures

Berry et al. JAMA Intern Med. 2013

Hip fractures **52%** to **90%**

Donnelly et al. PLOS One 2017

COVID-19 hospitalization 164%

Park et al. Nature Sci Rep 2022

Flu-related pneumonia ↑325%

Flu-related death **240% to 2000%**

Nakafero et al. Pharmacoepi Drug Saf 2016



For which sedative is this statement true? Your driving is as impaired 11 hours after taking this medication as it is with a BAC of 0.08.

- O Oxazepam
- O Zopiclone
- O Diphenhydramine
- O All of above

Zopiclone next day (10 am) $\approx BAC.08$

Would you drive 30 minutes after drinking 3 shots of alcohol? ≈BAC.08

Impaired driving, accidents, loss of independence

Leufkens et al. Clin Ther 2014

The vicious cycle of medication use, dependence, and withdrawal



Insomnia is the most common symptom of sleeping pill withdrawal



Withdrawal symptoms:

insomnia

anxiety

- irritability
- headaches
- sweating
- shaking or tremors
- pounding heart
- nausea
- dizziness
- unsteadiness
- difficulty concentrating
- sensitivity to noise and light
- ringing in the ears
- confusion/delirium
- depression
- seizures

How to safely stop

the long-term use of sleeping pills



✓ Gradual dose reduction✓ CBTi

How to stop sleep medications





Zopiclone: 7.5 mg QHS +3.75 mg "to get back to sleep"

Lorazepam: "dose varies" 0.75 mg/day

Gradual Dose Reduction of zopiclone and lorazepam

Don't take without giving



Sequential

Gradual Dose Reduction

GDR of zopiclone and lorazepam

BZRA equivalents



Gradual Dose Reduction

GDR of zopiclone and lorazepam





GDR

Gradual dose reduction

Stop Sleeping Pills Guide

Advice

Estimate how long it will take to reduce your dose based on how long you have been using sleeping pills.

Using the **Stop Sleeping Pills Planner**, develop your dose reduction plan with your doctor and pharmacist.

Aim to reduce your dose on the same day of the week, every 1 or 2 weeks.

Your plan should be flexible. Make adjustments based on how you are feeling.

6 Reduce your dose the same amount each time or slow things down by making smaller dose reductions, lengthening the time between dose reductions, or both.

6 Monitor your sleep with a sleep diary. Use CBTi to help you sleep as you lower your dose.

Estimated dose

Estimate the duration of your dose reduction schedule



Sleeping pill



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Stairs



Slow slide





CBTi

Sleeping Insomnia CBTi Pills

Sleepwell Stories Recommends

EN FR

Sleepwell / CBTi

Sleepwell's CBTi page

- Introduce and enable access to CBTi ٠
- Offer tools that compare and contrast ٠ CBTi vs. sleeping pills
- Support use of CBTi ٠

CBTi

What is CBTi?

I've selected my CBTi

resource, now what?



More about CBTi

Below are key tools and resources to help you get started with the sleep enhancing techniques of CBTi. You can use these tools and resources even if you're taking sleeping pills. For more information on how to safely and effectively stop sleeping pills, check out our Insomnia pages.

Events

Clinicians



See our recommended books, apps and websites and other resources to help you get your sleep back!

Assess your sleep

Try our sleep and insomnia tools.







Hygiene of Sleep Checklist

Insomnia Beliefs Quiz





CBTi

Sleep Therapy

that's better than sleeping pills

Cognitive behavioural therapy for insomnia = CBTi = sleep therapy

Cognitive behaviour therapy for insomnia = CBTi = sleep therapy





CBTi formats





The European Academy for Cognitive Behavioural Therapy for Insomnia: An initiative of the European Insomnia Network to promote implementation and dissemination of treatment

J Sleep Res. 2020

"Together with the main strategies listed in Table 2, knowledge on **sleeping medication tapering** or withdrawal should be considered a component of CBT-I."

Table 2

Sleep restriction Stimulus control Sleep hygiene education Relaxation Cognitive reappraisal Cognitive control/worry time Paradoxical intention + Medication tapering

Evidence for CBTi What do the practice guidelines say?

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, highquality evidence).

A pharmacological intervention can be offered <u>if</u> CBT-I is <u>not</u> effective or not available. **Recommendation #2 of 22**: First line treatment of insomnia and anxiety disorders include CBT in various formats.

BZRA Use Disorder Guideline in Seniors

Canadian Coalition for Seniors' Mental

Health

Guideline 2020

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

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

Conn et al. Can Geriatr J. 2020; 23: 116-22. 46

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COTIVE SLEEPI	ing r itte	O ^{mysleepwell.ca}
+ CBIIVS. Sterning	nia	
for treating insolin		
	-	ing pills
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CE-RASED		USED TO MAKE TOO
FIRST-LINE EVIDENCE DADLA		
TREATMENT FOR MOST	TOTOT	Second-line treatment for insolution
and a second sec	EXPERI	is address
cirst-line treatment for insomnia. RECO		front chemicals in the brain. Doesn't address
P1.00	HOWIT	the underlying causes of insolition
is and to fix the causes of insomnia,	WORKS	the first week only.
including what keeps it going.		More effective than CBTI in the first of sleep for
in averall Notice	THEFT	Get to sleep 10-15 minutes longer.
More effective than sleeping pills overdating	EFFECTIVENESS	20-23 million
improved sleep within 1-2 weeks of o		time with nightly use and can lead
Statted	L	ose effect over time higher doses.
can lead to months	DURATION	to take o
A 6-week program of better sleep.		peo't prevent insomnia. Often cause steep
and years	PREVENTION	problems when stopped abiup sy
	PREVENTION	higher - next-day sedation, memory
Prevents insomma news		There are several risks inking, impaired driving, loss
subo can use		problems, confused and to broken bones a outrawal,
safe with very few restrictions on who can	RISKS	of balance, temonia, drug dependence a the
it. Can experience daytime steeping		and drug interactions and other
alertness, and slowed restriction therapy.		the are only to be used short-term by
time-In-bed rest		Sleeping pills are not recommended for children of
the stufts of all ages with or without	WHO COULD	adults and ale the people 65 and older.
For teens and adults of can be modified to sur	USEN	hal can evolve into years
other health issues		A short-term plan (1-2 weeks) can be
	LENGTH OF	of use with no externa
CBTi course ends after 6 weeks.	TREATMENT	sorty benefits on quality of life can reverse
A typical control	OTHER	the development of drug dependence
anxiety and depression	BENEFITS	side effects
Improves well-being, and quality of life.		ut toly available.
symptoms, a	16.	widely available and pharmacies.
table in multiple formats including se	and AVAILABILI	TY Requires visits to pro-
Available in industry and online courses)	ams.	and plans pay for some or some
therapist-guided (online, in-person) pros-		Most health insurance plans pay
time pay for some	or all	or all sleeping pill costs, to side effects and risks.
Some health insurance plans pay le	CBTi	costs can be man
CBTi costs. Cost varies dependent.		
program	- Murphy -	Update: November 2023





Click the icon to learn about each component of CBTi, the first-line therapy for insomnia.

Relax



Control





Thoughts



Sleep Drive

Sleepwell Recommends

page

- Curated list of CBTi program
 - Books
 - Apps
 - Website

Sleep Diary	MY SLEEP PRESCRIPTION Bed Time: Rise Time:
Sun	
10 Mar	
10:00	
10:30	
11:30	
	Sleep Diary Sun 10 Mar 10:00 10:30 11:30

Activity



Sleep Efficiency Calculator

Insomnia Sleeping Pills CBTi Sleepwell Recommends Training FR

Based on last night's sleep, use the sleep efficiency calculator to calculate your sleep numbers:

- 1. Time in bed
- 2. Time in bed awake
- 3. Time in bed asleep
- 4. Sleep efficiency *



CALCULATE

Sleep Efficiency Calculator

Answer the sleep efficiency calculator questions based on your typical night's sleep in the past week to estimate your typical sleep efficiency.

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	1 tes)? 7:00an	1 ≎ tes)? 60 7:00am



Sleepwell / CBTi / Sleep Efficiency Calculator

See our recommended books, apps and
websites and other resources to help you
get your sleep back!

Assess your sleep

Try our sleep and insomnia tools.









* Target SE% is 85%-95%



Sleep Efficiency Calculator

Answer the sleep efficiency calculator questions based on your typical night's sleep in the past week to estimate your typical sleep efficiency.



Result:



Faye's Story

After 40 years of nightly sleeping pill use, Faye decided to make a change. In this video, Faye shares her experiences working through a gradual dose reduction plan and introducing new healthy sleep behaviours that dramatically improved her sleep as well as helped her mood, energy levels, and focus.

L'histoire de Georges

Après avoir pris un somnifère à chaque nuit pendant 35 ans, Georges a décidé de faire un changement. Dans cette vidéo, Georges partage son expérience de l'utilisation des ressources recommandées par Sleepwell, qui lui ont permis de mieux dormir et de se sentir plus reposé et heureux.





Watch later

Share

The Insomnia Stepped Care Model

Behavioural Sleep Experts

Trained CBT-I Providers

Primary Care and Community Pharmacy

Self-care

RESEARCH



What we know:

6 weeks CBTi → better sleep long-term



What we didn't know:

Is Sleepwell able to achieve its objectives?

- reduce sleeping pill use?
- increased CBTi use ?
- better sleep outcomes?



The Sleepwell Intervention





UNB













Financial support from



565 participants

Age:	72 [65-92] y
Female:	65%
Living alone	33%
Driving >3d/wk	58%
Health conditions:	6.5
Regular meds:	7
BZRA duration:	11.4 [0.3 to 60]
Falls (12 mo.)	31%
Severe injury	22%
ER visit	16%







JAMA Psychiatry | Original Investigation

Patient Self-Guided Interventions to Reduce Sedative Use and Improve Sleep The YAWNS NB Randomized Clinical Trial

David M. Gardner, PharmD, MSc CH&E; Justin P. Turner, PhD; Sandra Magalhaes, PhD; Malgorzata Rajda, MD; Andrea L. Murphy, PharmD

Visual Abstract

Supplemental content

Gardner et al. YAWNS NB. JAMA Psychiatry. Published online September 18, 2024.

BZRA use at 6 mo.

Stop (no switch) Reduce dose ≥ 25% (no others) Combination: stop or reduce



P<.001 Sleepwell vs. TAU P=.02 Sleepwell vs. EMPOWER P=.002 EMPOWER vs. TAU



Other Sleepwell package advantages



CBTI technique use	Highest use	a,b
Sleep onset	27 min faster	a,b
Sleep efficiency	+ 6.3%	a,b
Insomnia severity	Reduced	b
Daytime sleepiness	Reduced	b
Anxiety, quality of life	Improved	С

a better than EMPOWER b better than TAU c difference not significant

Gardner et al. YAWNS NB. JAMA Psychiatry. Published online September 18, 2024.

Implications



As a direct-to-patient intervention, *Sleepwell substantially* reduces sleeping pill use and improves sleep health.



Health service planners: Sleepwell is a low effort, efficient, and scalable intervention.



Health promotion: evidence-based, direct-to-patient intervention





What is your immediate learning need for supporting patients transitioning from sedatives to CBTi?

- O Explore the contents of **mysleepwell.ca**
- O Become directly involved in sedative GDR
- O Get up to speed on CBTi (read, take a course)
- All of above, in order of appearance.
- O I'm good. Change is for suckers.

CBTi & sedative deprescribing training



INSOMNIA INTERVENTIONS



Accredited On-Demand Online Program on CBTi and sedative deprescribing

Queen's University offers an 8-module ondemand CPD program for health care providers on insomnia interventions with a focus on CBTi and safe and effective methods for deprescribing sedative hypnotics.

LEARN MORE

mysleepwell.ca/clinicians/

Q & A

Objectives

Through your participation in this session, you will:

- 1. Describe non-pharmacological interventions for insomnia management and recommend cognitive- behavioural therapy for insomnia (CBTi).
- 2. Develop skills for you to lead the deprescribing of sedatives.
- 3. Identify your learning needs and next steps for enabling patients to transition from sedatives to CBTi.

Thank you



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