

Insomnia Referral Guidelines

Definition:

Perceived or actual difficulty to initiate and/ or maintain sleep resulting in daytime dysfunction:

Acute: > 1 week < 1 month

Chronic: > 1 month

Diagnosis:

History and physical findings

Assess for secondary causes: "The 3 P's"

- Predisposition
 - Precipitating event (life stressor, deployment, jet lag etc.)
 - Propagating behaviors- poor quality mattress, sleep hygiene, etc
- Disease that cause and/or aggravate insomnia
 - Abuse of sleep aids: OTC and prescription
 - Cancer
 - Pain- acute or chronic not adequately controlled
 - Leg symptoms- see Restless Leg Syndrome (RLS) CPG
 - Heart failure
 - Hormone shifts: premenstrual, pregnancy, menstrual and post menopausal
 - Parkinson's or Alzheimer's
 - Psychiatric disorders: Anxiety/ Panic attacks, Post Traumatic Stress Disorder (PTSD), Bipolar, depression, schizophrenia, etc.
 - Stress
 - Sub-optimized breathing conditions: asthma, COPD, emphysema
 - Thyroid disorders
 - Withdrawal (opioids, benzodiazepines, nicotine, caffeine, etc)

Medications and Insomnia:

- Alcohol
- Antiarrhythmic agents (quinidine, propranolol, verapamil)
- Antibiotics: Fluroquinolones
- Antidepressants that may cause daytime drowsiness (desipramine, imipramine, nortriptyline)
- Antidepressants (fluoxetine, bupropion, sertraline)
- Antiepileptics (phenytoin)
- Antihypertensives (hydrochlorothiazide, nifedipine, methyldopa, propranolol)
- Bronchodilators (beta-2 agonists, theophylline)
- Caffeine
- Decongestants (pseudoephedrine)
- Diuretics (furosemide)- nocturia
- Nicotine
- OTC weight loss and body building agents
- Systemic steroids- especially at higher doses
- Thyroid medications

Indication for Referral:

Insomnia persists > 1 month despite:

- Sleep hygiene modification
- Attempts to optimize secondary causes
- Attempts to optimize medications and OTC agents

Referral: Make sure to include duration of insomnia and level of efforts to improve situation

From primary care clinics:

- Submit consult to local BiHIP/mental health provider
- If needed, local mental health provider will submit a consult to Sleep Clinic for further evaluation.

From Fleet Forces:

- Submit consult directly to Sleep Clinic

❖ Have the patient keep a sleep diary from the time of the referral until evaluation

Additional Resources:

Sleep Diary

Proper Sleep Hygiene



HEALTH ANALYSIS