Rising to the challenge of sleep problems in general practice – evidence for improving primary care for insomnia

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Insomnia in primary care

- Common > 30% of adults in any year
- Recurrent or chronic in 33%, i.e. 10% of population
- Co-morbidity and long term conditions
- Psychological, physical effects, reduced productivity and impaired quality of life
- Hypnotic drug use persistent despite evidence for non-pharmacological interventions

Drugs for sleep


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REST

Resources for Effective Sleep Treatment:

- Improve the user experience of treatment for insomnia
- Increase non-pharmacological treatment of insomnia
- Reduce rate (and costs) of Z-drug and benzodiazepine hypnotic prescribing
How we developed the evidence

Problem

Practice collaborative

Context

Practitioner Survey

Patient Survey

Focus groups

Change in prescribing

REST Intervention
Practitioner beliefs about sleep

- GPs did not like prescribing drugs but were not sure what else they could do or how to do this

- Compared to anxiety where GPs tended to use or refer for psychological treatments for insomnia, drugs were often an early choice of treatment, particularly Z drugs over benzodiazepine hypnotics

- GPs positive to initiatives to reduce inappropriate prescribing

Siriwardena AN, Qureshi Z et al. Family doctors’ attitudes and behaviour to benzodiazepine and Z drug prescribing *BJGP* 2006; **56**: 964–967.

What patients told us

- Side effects common (40%+)
- 95% had taken hypnotics for 4 weeks or more
- 45% advised to continue treatment for a month or more and a further 42% not advised on duration
- 92.1% were on repeat prescriptions
- 87.9% first prescribed by GP
- 18.6% wished to stop medication


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The quality improvement collaborative
What patients said they needed

- Listening, empathy, taking the problem seriously
- Health beliefs: concerns about sleep tablets vs. need for help
- Previous self-help: what they have tried already: OTC, complementary
- Careful assessment
- Problem focused therapy: including CBT-i


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What we learnt from practitioners

- Need to focus on the problem not just underlying causes
- Do not assume that patients only want a prescription
- Do not expect patients, already on sleeping tablets, to be resistant to stopping...patients often open to alternatives.

Problem focused therapy

Opening
- Presentation
- Positive response

Information gathering
- Illness experience
- Problem framing
- Co-morbidity
- +/- Severity (ISI)
- Explain sleep diary

Initial assessment

Review with sleep diary
- CBTi

Review and further advice if needed
Some change in prescribing

SWINGBRIDGE SURGERY

Tests:
A. Fails Runs Test
B. Trend of 7
C. 8 One Side of Median
D. 14 Alternating
E. 7 Same Value
X. Excluded or Missing Data

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More change

NEWMARKET MEDICAL PRACTICE

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Special Cause(s) Detected

Tests:
A. Fails Runs Test
B. Trend of 7
C. 8 One Side of Median
D. 14 Alternating
E. 7 Same Value
X. Excluded or Missing Data
Dramatic change
Data analysis

- Time series analysis of number of prescriptions 2 years before and during the 6 month intervention period

- 8 practices in the intervention group:
  - reduced prescribing of benzodiazepines by 2.2% per month (95% CI reduction of 4.6 to increase of 0.2) more than the other 94 practices during the six month intervention period
  - reduced their Z-drug prescription by 3.7% per month (95% CI 5.9 to 1.4) more over the same period
Collaborative results

- Practices showed innovative ways to respond to management of insomnia.
- Practices tested out new models of assessment and non-drug treatment including CBTi showing how these could be ‘normalized’ within a primary care setting.
- GPs and patients contributed to information for modelling an intervention in primary care.
**Next steps**

- Preliminary testing in a pilot cluster RCT
- Spread
  - Seminars
  - E-learning

Siriwardena AN et al. Effectiveness and cost-effectiveness of an educational intervention for practice teams to deliver problem focused therapy for insomnia: rationale and design of a pilot cluster randomised trial. *BMC Family Practice* 2009, 10:9
Project members

- Lincolnshire Primary Care Trust
- University of Lincoln, Lincoln School of Health and Social Care (LSHSC)
- East Midlands Hub, Mental Health Research Network (EM MHRN)
- University of Nottingham, Social Policy
- Trent Research & Development Support Unit (RDSU)
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Thank you