

# Primary care intervention for primary insomnia

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Insomnia is a highly prevalent and debilitating sleep disorder, with prevalence estimates ranging from 10 to 15% in the general population<sup>1</sup> and up to 20–30% in primary care medical settings.<sup>2</sup> Despite its high prevalence and associated morbidity across a host of mental and physical health conditions, insomnia remains under-diagnosed and untreated for the vast majority of insomnia sufferers.<sup>3</sup>

Psychological treatments for insomnia, including multi-component cognitive-behavioural therapy for insomnia (CBT-I), have been proven efficacious in numerous randomised clinical trials<sup>4,5</sup> and are recommended as the front-line treatment for insomnia by the American Academy of Sleep Medicine.<sup>6</sup> However, demonstrations of 'real-world' clinical effectiveness of CBT-I lag significantly behind efficacy trials, in part due to the critical shortage of specialty-trained clinical psychologists,<sup>7</sup> as well as the duration and intensity of initial treatment (typically delivered over 6–8 sessions). Consistent with recent calls within the sleep community and within the broader primary care community (who disproportionately provide the front-line care for patients presenting with insomnia), the article by Fernando and colleagues presents preliminary data from a study of primary insomnia patients treated with a brief, single-session intervention utilising sleep restriction as compared to a sleep hygiene control condition. Results are promising in that patients with insomnia who received the sleep restriction therapy were significantly more likely to describe their sleep as 'better' or 'much better' as compared to those receiving sleep hygiene alone. Although a single-item subjective measure of sleep improvement following treatment, particularly without control for baseline symptom severity, is somewhat limited, an advantage of this approach is that the outcome is patient centred and is salient to both patients and their primary care providers.

These findings add to a growing body of literature, including work from our laboratory.<sup>8,9</sup> These studies have utilised streamlined behavioural sleep treatment approaches which capitalise on the components of CBT-I shown to have the largest effects on treatment outcomes (i.e. sleep restriction and stimulus control), in order to fill the gap between efficacy and effectiveness of behavioural sleep treatments in real-world clinical settings. In addition, 'stepped care' approaches, including different components of standard CBT-I tailored to the needs of the patient, as well as internet-based approaches may also facilitate the dissemination of efficacious behavioural sleep treatments.

The vast majority of insomnia sufferers are rarely, if ever, seen by a specialty-trained provider in CBT-I. Given this, efforts to educate primary care providers and other professionals in the diagnosis and treatment of insomnia are critical to meeting the unmet needs of the numerous patients with insomnia who currently remain undiagnosed and untreated, and to provide patients with alternatives to pharmacologic management of their insomnia.

## References

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