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## FAST FACTS AND CONCEPTS #104

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**Introduction** This Fast Fact addresses non-pharmacologic therapies for insomnia; *Fast Fact* #101 discusses patient assessment and #104 discusses pharmacologic treatment of insomnia.

### Non-Specific Treatments

- Improving Sleep Hygiene Patients can be reminded that there is no rule for how much someone should sleep; older patients need less sleep. Patients should be advised to keep a regular sleep schedule; this means going to bed and getting up at the same time. Patients should avoid long daytime naps, alcohol, and caffeine. Vigorous exercise done at least six hours before bedtime or moderate exercise at least four hours before sleep improves sleep latency and quality. Sleep hygiene can be particularly difficult for chronically or seriously ill patients. Exercise is often not possible, and a person may have difficulty getting out of bed without assistance. Avoiding daytime naps completely is often unrealistic for patients who are very ill; naps should be kept as short as possible, and there should be a prolonged period of awake time prior to bedtime.
- Behavioral Treatments
  - **Relaxation therapies:** The patient can be taught to use various relaxation techniques just prior to bedtime such as progressive muscle relaxation, guided imagery, or hypnosis (see *Fast Fact* #211).
  - **Sleep restriction therapy:** This therapy requires patient motivation as it involves a patient staying out of the bedroom until 3 am and then going to bed 15 minutes earlier every night until the target bedtime is achieved.
  - **Stimulus control therapy:** This focuses on establishing a connection between the bed and sleep. It emphasizes not watching TV or reading in bed.
  - **Cognitive behavioral therapy:** This is a form of psychotherapy that focuses on identifying unwanted feelings or thoughts and replacing them with more positive thoughts. It is effective in treating chronic insomnia in the general population and has also been effective in women with metastatic breast cancer.

Stimulus control therapy, relaxation therapy, cognitive behavioral therapy, and practicing good sleep hygiene are primary therapies for insomnia. Sleep hygiene education should be provided to anyone with insomnia. Choosing which therapy to use first depends mainly on provider experience and patient motivation. It is difficult to know how long non-pharmacologic therapy should be tried before attempting other measures. This may depend somewhat on the patient, the severity of their insomnia, or the severity of their illness. Many studies which showed cognitive behavioral therapy to be effective used a treatment regimen of 7-8 weeks.

**Specific Treatments** *Obstructive sleep apnea* is treated with bi-level positive airway pressure (e.g. BiPAP) ventilation at night. Although some patients report difficulty becoming accustomed to sleeping with the BiPAP mask on, this therapy can dramatically improve symptoms. Surgery is sometimes indicated for obstructive sleep apnea. *Symptoms* from an underlying medical disorder may also contribute to insomnia. Thus adequately treating a patient's pain, nausea and vomiting (See *Fast Fact* #5), or dyspnea (See *Fast Fact* #27) may improve sleep.

**Spiritual concerns** can be an important cause of insomnia in palliative care patients. Patients may be able

to avoid these concerns during the day through the distraction of daily activities but have difficulty ignoring them at night. Thus, it is important to directly address a patient's spiritual concerns, worries, and fears about dying during the day; brief psychotherapy may be helpful.

## References

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