Treating Insomnia in the NH

The evidence and guidelines are written for younger, healthier adults than our typical population. First ask… is it?

- Major Mental Illness (MMI)
- Dementia

MMI – Some YOUNGER residents with chronic psychotic illnesses, especially BPAD – in a current manic episode, CAN require intermittent hypnotics. Typically, BZD's are used. Rarely – chronic use is required. Remember, both psychological and physical dependence occurs regardless. SO, it is still best to taper/stop intermittently.

- NEVER alprazolam
- Lorazepam cleanest, clonazepam next – temazepam has indication but long half-life and often deliriogenic
- Trazodone is popular but does not work well, is psychologically addicting and causes orthostatis in elderly (studies show that after two weeks – it stops helping with sleep onset – which is only about 10 minutes greater than placebo anyway!)
- Make sure all sedating psychotropics (antipsychotics, AED's) are given at night, to exploit the side effect of sedation

Dementia – The sleep/wake cycle in dementia is almost always affected as a byproduct of the primary illness. Sleeping exclusively at night is NOT a realistic goal. The BEST option is to live in a setting where residents can safely be awake, wander, eat, etc. at will. The best way to encourage nighttime sleep is DAYTIME activity.

- BZD's often DISINHIBIT – use only in most extreme circumstances (NO documented sleep for several days with disruptive behaviors)
- OK to try melatonin at 1mg for use as "supplement" – limited data on efficacy and is unregulated. Circadian rhythm disruption most likely to respond (blindness and jet lag)

Determine *acute vs. chronic* insomnia and identify whether it is primarily a *sleep onset or sleep maintenance* problem. Rule out depression, SUD, sleep apnea.

CBT-Insomnia (focus on stepped sleep restriction) has proven efficacy and is SUPERIOR to medications, for chronic insomnia.

- **Never use PRN hypnotics. If you decide you must RX, do so for 1-2 weeks SCHEDULED and then stop and re-evaluate. 6-8 weeks max. Explain this UP FRONT to family and staff. PRN dosing reinforces the focus on insomnia.**