

Norma Munro, 78

1. Norma Munroe

1.1 Norma

Norma Munro, 78

Norma is a 78 year old with poor sleep for more than three months. The lack of sleep has been affecting her ability to do her favorite activity -- crossword puzzles! She had tried OTC medications including melatonin but they did not work. Norma returns to the clinic with her sleep diary.

Norma has controlled COPD and knee osteoarthritis.

Conversation **Diary**

Moving Forward

Conversation (Slide Layer)

Norma Munro, 78

I learned a lot doing this diary. I tried not to keep staring at the clock!

That is good - this helps both of us figure out the best way to help you.

We'll analyze it later in our appointment!

So what do we do with this?

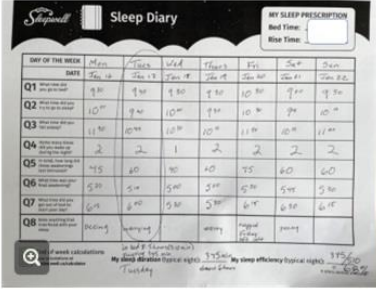
Conversation **Diary**

Moving Forward

Sleep Diary (Slide Layer)

CFPCLearn


Norma Munro, 78



DAY OF THE WEEK	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Q1 Bedtime	9:30	9:30	9:30	9:30	10:30	9:30	9:30
Q2 Wake time	10:00	9:40	10:00	9:30	10:30	9:30	10:00
Q3 Total sleep time	11:30	10:10	10:30	10:00	11:00	10:00	11:00
Q4 Total sleep time (hours)	2	2	1	2	2	2	2
Q5 Total sleep time (minutes)	75	60	60	120	75	60	60
Q6 Total sleep time (percentage)	5:30	5:00	5:00	5:00	5:30	5:00	5:30
Q7 Total sleep time (percentage)	6:15	6:00	5:30	5:30	6:15	6:00	6:15
Q8 Total sleep time (percentage)	bedtime	wake time	wake time	wake time	wake time	wake time	wake time

Conversation Diary

Moving Forward




1.2 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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Select the most accurate statements about sleep restriction. (Choose all that apply)



- A. Sleep restriction consolidates fragmented sleep.
- B. Sleep restriction is dangerous.
- C. Sleep restriction is more effective than sleep hygiene alone.
- D. Sleep restriction can help stop sleep medications.

Submit

1.3 Question Review

Review

Answer: The correct answers are A, C and D.

- Information icon
- Print icon
- Checklist icon
- Person icon

- Sleep Restriction
- Protocol example
- Benefits
- Harms
- Interventions

Click on the buttons to view additional information

Proceed

Sleep restriction (Slide Layer)

Review

Answer: The correct answers are A, C and D.

- Information icon
- Print icon
- Checklist icon
- Person icon

- Sleep Restriction
- Protocol example
- Benefits
- Harms
- Interventions



Sleep restriction aims to consolidate fragmented sleep by reducing the time allowed in bed to enhance the endogenous sleep drive.

Proceed

Protocol (Slide Layer)

SCFPCLearn

Review



Answer: The correct answers are A, C and D.

- Sleep Restriction
- Protocol example
- Benefits
- Harms
- Interventions

Protocol example:



- Pick an average day and calculate total sleep duration
- Set wake time and count back to sleep initiation time (based on total sleep duration)
- Eliminate naps if possible
 - If not, a nap can be taken until 4pm, maximum 45 minutes

Proceed

Benefit (Slide Layer)

SCFPCLearn

Review



Answer: The correct answers are A, C and D.

- Sleep Restriction
- Protocol example
- Benefits
- Harms
- Interventions

In a systematic review (7 RCTs), sleep restriction was compared to control (mostly sleep hygiene)

- Sleep efficiency: 79-87% with restriction versus 68-79% with sleep hygiene (~10% more efficient sleep)
- Sleep latency: falls asleep 6-19 minutes faster than control

In another analysis, stopping hypnotic medications:



- 53% with sleep restriction versus 15% (usual care), number needed to treat was 3.

Proceed

Harms (Slide Layer)

SCFPCLearn

Review



Answer: The correct answers are A, C and D.

- Sleep Restriction
- Protocol example
- Benefits
- Harms**
- Interventions

Harms: In one high quality RCT with 91 patients, sleep restriction was compared to advice about sleep hygiene. By 6 months :



- Motor vehicle accidents - no difference
- Sleepiness - no difference
- Injuries - 14% (sleep restriction) versus 29% (advice) (statistically different, i.e., less with sleep restriction)

Proceed

Interventions (Slide Layer)

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Review



Answer: The correct answers are A, C and D.

- Sleep Restriction
- Protocol example
- Benefits
- Harms
- Interventions**

Sleep efficiency improvement: (no direct comparisons available)

- Sleep restriction: ~10%
- Insomnia CBT: ~10%
- Z-drugs (e.g., zopiclone, zolpidem): ~5%

Proceed

1.4 What Next


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Norma Munro, 78

Hmm that sleep restriction sounds complicated but it makes a bit of sense. But really, are there no pills that can help right away?

There are, but there are pros and cons to them especially as we get older.

Moving Forward




1.5 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

SCFPCLearn

Select the most accurate statements about insomnia medications.



A. Z-drugs are effective with minimal side effects in RCTs.

B. Placebo response is about 25-75% of an active medication.

C. Trazodone is effective and safer than other sedative-hypnotics.

D. Benzodiazepines result in more falls than other medication classes

E. Benzodiazepines have a clear association with dementia.

Submit

1.6 Question Review

Review

Answer: The correct answers are A and B.

Z drugs

Placebo

Trazodone

Benzodiazepines

Dementia

Click on the buttons to view additional information

Proceed

Z drugs (Slide Layer)

Review

Answer: The correct answers are A and B.

Z drugs

Placebo

Trazodone

Benzodiazepines

Dementia

Z drugs: (zopiclone, zolpidem)



- Patients fall asleep faster (13-22 min), get more sleep time (~28 minutes), and perceived sleep quality is not changed.
- Few side effects:
 - Dry mouth, metallic taste
 - Verbal memory or attention: Inconsistent effects
 - Accidental injury: No difference compared to placebo
- Few studies in older patients, but Cochrane review (2018) found no significant adverse effects over 1-6 mo

Proceed

Placebo (Slide Layer)

SCFPCLearn

Review



Answer: The correct answers are A and B.

- Z drugs
- Placebo
- Trazodone
- Benzodiazepines
- Dementia

Placebo improves sleep measures significantly in both subjective and objective (polysomnography) measures, between 25-75% of an active medication.



- For example, in one RCT, placebo improved total sleep time by 36 minutes and eszopiclone increased it by 72 minutes

Proceed

Trazodone (Slide Layer)

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Review



Answer: The correct answers are A and B.

- Z drugs
- Placebo
- Trazodone
- Benzodiazepines
- Dementia

Trazodone has a "small" effect on short-term sleep quality and perhaps 0.3 less awakenings per night. However, trazodone does not have consistent benefits on sleep over placebo.



- Falls: no difference compared to other sleep medications, more falls when compared to no medication (retrospective observational data)
- Mortality (observational data): 12% versus 7% (no antidepressant)

Proceed

Benzodiazepines (Slide Layer)

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Review



Answer: The correct answers are A and B.

Z drugs

Placebo

Trazodone

Benzodiazepines

Dementia

Benzodiazepines: Falls (from 2018 Systematic Review):



- Benzodiazepines: Odds ratio (OR) 1.4
 - Long acting (diazepam) 1.8
 - Short acting (oxazepam, lorazepam) 1.3
- Antipsychotic: OR 1.5
- Antidepressant: OR 1.6
- These sleep agents can all increase risk of falls in the elderly and should be used with caution.

Proceed

Dementia (Slide Layer)

SCFPCLearn

Review



Answer: The correct answers are A and B.

Z drugs

Placebo

Trazodone

Benzodiazepines

Dementia

Dementia: (Systematic review 2022)

In observational trials, there is a weak association between benzodiazepine use and risk of dementia (Odds ratio: 1.33)

- effects were no longer statistically different when focusing on studies of lower risk of bias.

It is unclear if benzodiazepines are a risk for the development of dementia, and causation is even less clear.

Proceed


1.7 What Next

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Norma Munro, 78

Well if a drug is only going to give me that much better sleep and I might fall and break my hip, then I guess I am open to something else...
I guess we are going to use that sleep diary somehow?

Moving Forward



1.8 True or false?

(True/False, 10 points, 1 attempt permitted)


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True or false?

Insomnia CBT is possible in a busy office practice.

True

False



1.9 Question Review

Review

Click on the buttons to view additional information

Proceed

iCBT (Slide Layer)

Review

- iCBT, which is traditionally 4-6 sessions with a trained therapist is not accessible/practical for the vast majority of primary care providers.
- BUT, shortened versions (e.g. two to three 20-minute sessions) have been studied in primary care practices.
 - Wakefulness after sleep: reduced by half - 52%
 - Symptom Questionnaires: 56% improvement
 - Quality of sleep (better or much better): 73% (shortened iCBT) vs 35% (advice)

Proceed

Norma's worry (Slide Layer)

Review

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iCBT
Norma's worry
Dysfunctional Beliefs
Insomnia Quiz I
Insomnia Quiz II

But I am sure this poor sleep is going to cause dementia or something bad!

Proceed

This slide is part of a review interface. It features a blue header with the word 'Review' and the SCFPCLearn logo. On the left, there is a vertical menu with five buttons: 'iCBT', 'Norma's worry', 'Dysfunctional Beliefs', 'Insomnia Quiz I', and 'Insomnia Quiz II'. The 'Norma's worry' button is highlighted. In the center, there is an illustration of an elderly woman with grey hair, wearing a green dress and a dark jacket. A yellow speech bubble points to her, containing the text: 'But I am sure this poor sleep is going to cause dementia or something bad!'. At the top right, there is a circular profile picture of the same woman and a small gear icon. At the bottom right, there is an orange 'Proceed' button.

Dysfunctional Beliefs (Slide Layer)

Review

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iCBT
Norma's worry
Dysfunctional Beliefs
Insomnia Quiz I
Insomnia Quiz II

A component iCBT is identifying dysfunctional beliefs about sleep. This can be more challenging in a time constrained family practice and was not included in brief intervention studies noted previously. A validated list of dysfunctional beliefs is available on mysleepwell.ca where patients can score themselves.

Examples include:

- *I need 8 hours of sleep*
- *I need to catch up on sleep loss*
- *There are bad consequences of insomnia on health*



Proceed





This slide is part of a review interface. It features a blue header with the word 'Review' and the SCFPCLearn logo. On the left, there is a vertical menu with five buttons: 'iCBT', 'Norma's worry', 'Dysfunctional Beliefs', 'Insomnia Quiz I', and 'Insomnia Quiz II'. The 'Dysfunctional Beliefs' button is highlighted. The main content area contains a paragraph of text: 'A component iCBT is identifying dysfunctional beliefs about sleep. This can be more challenging in a time constrained family practice and was not included in brief intervention studies noted previously. A validated list of dysfunctional beliefs is available on mysleepwell.ca where patients can score themselves.' Below this is a section titled 'Examples include:' followed by a bulleted list: '• *I need 8 hours of sleep*', '• *I need to catch up on sleep loss*', and '• *There are bad consequences of insomnia on health*'. At the top right, there is a circular profile picture of the same woman and a small gear icon. At the bottom right, there is an orange 'Proceed' button.

Insomnia Quiz (Slide Layer)

SCFPCLearn

Review

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iCBT

Norma's worry

Dysfunctional Beliefs

Insomnia Quiz I

Insomnia Quiz II



Beliefs about sleep

Did you know that faulty beliefs and excessive worry about sleep can make insomnia worse? Are your thoughts about sleep causing you to lose sleep? Dr. Charles Morin and colleagues created a 76 question assessment to help you learn about your own beliefs and attitude toward insomnia. There are no right or wrong answers. However, higher scores could indicate that the strong belief or attitude could be a trigger for worry or concern about insomnia making it harder to fall asleep at night.

For each statement, move the slider from 0 to 10 to correspond with your own personal belief, even if it does not apply directly to your situation.

X

1) I need 8 hours of sleep to feel refreshed and function well during the day.

STRONGLY DISAGREE

5

STRONGLY AGREE



Proceed





"Insomnia Quiz" Mysleepwell.ca

Insomnia Quiz II (Slide Layer)

SCFPCLearn

Review

- 
- 
- 
- 

iCBT

Norma's worry

Dysfunctional Beliefs

Insomnia Quiz I

Insomnia Quiz II

Item	Research sample (n = 153)	Clinical sample (n = 113)
1. Need 8 hours of sleep	0.29	0.24
2. Need to catch up on sleep loss	0.45	0.48
5. Consequences of insomnia on health	0.44	0.25
8. Worried about losing control of sleep	0.40	0.33
10. Insomnia interferes with daytime functioning	0.57	0.55
11. Better taking sleeping pills	0.47	0.30
12. Mood disturbances due to insomnia	0.58	0.38
17. One poor night disturbs whole week	0.47	0.46
18. Cannot function without a good night	0.64	0.52
19. Sleep is unpredictable	0.06	0.09
20. Unable to manage consequences	0.24	0.42
21. Lack of energy due to poor sleep	0.48	0.29
24. Insomnia resulting from chemical imbalance	0.13	0.19
25. Insomnia destroying life	0.46	0.59
27. Medication as a willpower obligation	0.25	0.30
	0.36	0.42
Mean (range) of item-total correlations	0.39 (0.06 – 0.64)	0.36 (0.09 – 0.59)
Cronbach's alpha	0.79	0.77

Validation of 16
items on
insomnia quiz

Proceed

1.10 Question Review

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Sleep Restriction: Details

Norma's plan
Sleep diary
Conversation
Sleep/wake time
mysleepwell

Click on the buttons to view additional information

Proceed

Norma's Plan (Slide Layer)

SCFPCLearn

Sleep Restriction: Details

Norma's plan
Sleep diary
Conversation
Sleep/wake time
mysleepwell

Let's make a plan for Norma:

1. Pick an average day – example Tuesday
2. Calculate time asleep - 9:40pm
3. Calculate sleep efficiency = time asleep/time in bed
= (345 minutes / 510 minutes) x 100
= 68%

Proceed

Sleep Diary (Slide Layer)

SCFPCLearn

Sleep Restriction: Details

- Norma's plan
- Sleep diary
- Conversation
- Sleep/wake time
- mysleepwell

X

Proceed

Conversation (Slide Layer)

SCFPCLearn

Sleep Restriction: Details

- Norma's plan
- Sleep diary
- Conversation
- Sleep/wake time
- mysleepwell

X

Proceed

Sleep and wake time (Slide Layer)

SCFPCLearn

Sleep Restriction: Details

- Norma's plan
- Sleep diary
- Conversation
- Sleep/wake time
- mysleepwell

Calculating sleep and wake times:

1. Negotiate "Wake Time" with the patient: Norma figures 5:30am is okay.
2. Bedtime = Wake time minus average sleep time

Norma's average sleep time (from diary): ~ 6 hours

Therefore, Norma's bedtime = 11:30 pm.

Proceed

mysleep well (Slide Layer)

SCFPCLearn

Sleep Restriction: Details

- Norma's plan
- Sleep diary
- Conversation
- Sleep/wake time
- mysleepwell

Example of how to prescribe sleep schedule on "[mySleepwell.ca](#)"

INSOMNIA MANAGEMENT KIT
Bedtime Restriction Therapy

The Insomnia Management Kit is intended to be used in conjunction with your GP. To access further instructions on the use of this fact sheet and other components of the Insomnia Management Kit, go to "Insomnia management" on the SA Health website: [www.sa.gov.au](#)

Bedtime or Sleep Restriction Therapy

A pattern of sleeplessness (being unable to sleep) can develop due to a stressful or disturbing life event or simply because of poor sleep habits. This can lead to feeling tired / fatigued during the day, resulting in the belief that more time needs to be spent in bed to try to catch up on lost sleep.

However, more time in bed doesn't get more sleep, it gets more time awake feeling worried or frustrated at being unable to sleep. It makes the problem worse. Spreading a night's sleep over too long a period of time will lead to sleep that is shallow and fragmented, resulting in negative feelings and more tiredness at night and fatigue during the day. This fatigue is a result of body tension and mental stress brought on by the worry and frustration of poor sleep.

This cycle of sleeplessness continues and strengthens, the

A good starting point is the total sleep time recorded on your Sleep Diary

This is what you do...

Step 1
Work out your average amount of actual sleep per night (from the Sleep Diary if completed). Be sure not to include the hours you spent lying in bed awake.
Plan to stay in bed for only the length of your calculated average sleep time.

Step 2
Choose a regular wake-up time (to suit your own personal circumstances), and stick to it seven days a week.

Step 3

Proceed

1.11 What Next

Norma Munro, 78

Oh gosh, what am I going to do until midnight??

I know it is a big change but it works! Find some things you need to get done, or do a crossword or a puzzle.

How long do i have to do this before it fixes things?

You should start to notice better sleep efficiency within two weeks. You will be tired initially, but the worst is usually in the first four days.

Moving Forward

1.12 Create a Plan

Norma Munro

Using what you have learned write a plan for Norma. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.

Fill in your plan for the patient here

See how your plan compares

1.13 Plan Answers

CFPC Learn

Norma Munro

This is the proposed plan for Norma. How does your plan compare?

Sleep Diary

mysleepwell

Select details on the left to see suggested recommendations

What's in a name?

Sleep Diary (Slide Layer)

CFPC Learn

Norma Munro

This is the proposed plan for Norma. How does your plan compare?

Sleep Diary

mysleepwell

In summary, the plan is for Norma to go to sleep at 11:30pm and wake up at 5:30am.

While napping should be avoided, Norma may nap if necessary for 45 minutes before 4pm.

You ask Norma to complete two more weeks of the sleep diary and make a follow up appointment in two weeks.

What's in a name?

mysleepwell (Slide Layer)

The screenshot shows a slide layer titled "Norma Munro" with a vertical sidebar on the left containing icons for information, a flag, a list, and a person. The main content area features a circular profile picture of Norma Munro with a close button (X) and a navigation icon. Below the title, a text prompt asks, "This is the proposed plan for Norma. How does your plan compare?". Two blue buttons, "Sleep Diary" and "mysleepwell", are positioned above a light blue text box. The text box contains the message: "You encourage Norma to visit the mysleepwell.ca website for tips for a better sleep." A green button labeled "What's in a name?" is located at the bottom left of the slide.

Name (Slide Layer)

The screenshot shows a slide layer titled "Norma Munro" with a vertical sidebar on the left containing icons for information, a flag, a list, and a person. The main content area features a circular profile picture of Norma Munro with a close button (X) and a navigation icon. Below the title, a text prompt asks, "This is the proposed plan for Norma. How does your plan compare?". Two blue buttons, "Sleep Diary" and "mysleepwell", are positioned above a light blue text box. The text box contains the message: "Meaning behind Norma Munro's name: Borrowing from Marilyn Munroe's name. Marilyn (Norma Jean) Munroe was famously known to be an insomniac." A green button labeled "What's in a name?" is located at the bottom left of the slide.