

1.5 Insomnia

Key Points

1. Insomnia manifests as nonrefreshing sleep, difficulty falling asleep or maintaining sleep, or early morning awakening. It causes daytime sleepiness and poor concentration, diminished coping and QOL, and exhaustion in family and caregivers.
2. Insomnia is common and increases with age or illness.
About 50% of advanced cancer patients report insomnia, and about 75% of patients admitted to a palliative-care unit require hypnotic medication.
3. Assessment includes differential diagnosis that considers treatment or medication side effects, poor sleep environment, mental disorders, primary sleep disorders, physical symptoms, and the effect of substances or substance withdrawal.
Effects of sleep environment can include uncomfortable bed, lights, noise, odors, being awakened for vital signs or blood draws, blood transfusion, and monitoring devices or alarms. Substance effects many include use of coffee, tobacco, or caffeine, or withdrawal from alcohol or benzodiazepines. Medications requiring evaluation include steroids, albuterol, theophylline, and stimulants.
4. The physician assesses for insomnia by questions about its presence, chronicity, or acuteness, factors associated with sleep difficulties and efforts to address them, as well as inquiries about differential diagnoses.
5. Management of insomnia includes improving symptom control and identifying and treating contributory factors.
Delirium, common at Life's End, may be mistaken for insomnia, and some insomnia medications can worsen delirium. The physician can stop unnecessary medications and move steroids and stimulants to morning doses. Sleep hygiene interventions include exercising earlier in the day, following a bedtime ritual, practicing relaxation techniques, and restricting use of bed to sleeping.
6. Trazedone is a common regimen based on the anecdotal experience of hospice programs.
There is not good evidence about the medication most effective for insomnia. The Trazedone dose may vary from 25–100mg q hs.

Insomnia

The Palliative Response



What Is Insomnia?

- Manifestations
 - Nonrefreshing sleep*
 - Difficulty falling asleep*
 - Early morning awakening*
 - Difficulty maintaining sleep*
- Symptoms
 - Daytime sleepiness*
 - Daytime lack of concentration*

Prevalence

- Common in the population
- Increases with age or illness
 - Advanced cancer*
 - ~ 50% of patients report insomnia*
 - Palliative Care patients*
 - ~75% of patients admitted to a palliative-care unit require a hypnotic medicine*

Cycle

- Etiology
 - Pain and other symptoms lead to insomnia*
- Sequelae
 - Insomnia exacerbates other symptoms and makes them harder to bear*
- Effects
 - Diminishes coping capacity*
 - Lowers reported QOL*
 - Exhausts family and caregivers*

Differential Diagnosis

- Treatment side effects
 - Diarrhea, nausea, instrumentation*
 - Chemotherapy induced mucositis, pain*
- Poor sleep environment
 - Uncomfortable bed, lights, noise, odors*
 - Awakened for vital signs, blood draws, etc.*
 - Blood transfusion*
 - Monitoring devices and alarms*

Differential Diagnosis

- Mental disorders
 - Depression, delirium, anxiety*
- Substances
 - Coffee, tobacco, caffeine*
- Withdrawal from substances
 - Alcohol, benzodiazepines, other drugs*
- Medications
 - Steroids, albuterol, theophylline, stimulants*

Differential Diagnosis

- Primary sleep disorder
Sleep apnea
Restless legs syndrome
- Physical symptoms
Pain, dyspnea, cough
Diarrhea, nausea, pruritis

Assessment

- Do you experience insomnia?
- Chronic problem or new with this illness?
- What do you think makes it hard to sleep?
- What works and doesn't work to help?
- Depression or anxiety causing problems?
- Stimulants, like coffee or alcohol, before sleep?

Management of Insomnia

- Improve control of pain or other symptoms
- Identify and treat depression
- Identify and treat delirium
Common at Life's End
May be mistaken for insomnia
Worsened by some insomnia medications

Management of Insomnia

- Support treatment for known primary sleep disorder
E.g., CPAP for sleep apnea
- Review medications
Stop unneeded medicines
Administer steroids/stimulants in morning
Counsel about caffeine, alcohol, tobacco

Management of Insomnia Sleeping Environment

- Comfortable bed and position
- Appropriate lighting and noise level (some people need white noise)
- Reduce interruptions such as vital signs, medicine, blood draws, transfusions
- Reduce instrumentation and monitors with alarms

Management of Insomnia Sleep Hygiene

- Exercise earlier in day
- Establish bedtime ritual
- Employ relaxation techniques
- Restrict use of bed
Bed is for sleeping
If unable to sleep, get out of bed

Medications for Sleep

Trazedone

- Lack of good evidence about most effective medication for insomnia
- Trazedone 25–100mg q hs
 - Has become a common regimen*
 - Problems with other medications*
 - Positive anecdotal experience of hospice programs*

Medications for Sleep

Benzodiazepine Hypnotic

- Meant for short-term use (2 weeks or less)
- Tolerance develops rapidly
- May contribute to delirium
- Problems of withdrawal
- Short-acting forms—wake up in night
- Long-acting forms—daytime grogginess

Medications for Sleep

GABA/BZD Agents

- Examples
 - Zalepion (Sonata)*
 - Zolpidem (Ambien)*
- Comparison with benzodiazepine
 - Act at same site*
 - Same problems and precautions*
 - Cost significantly more without clear benefit*

Medications for Sleep

Antidepressants

- Good choice if someone is depressed
- Trazedone
 - Has become antidepressant of choice*
 - Fewer side effects*
- Doxipen and Imipramine
 - More sedating*
- Side Effects
 - Constipation*
 - Dry mouth*
 - Orthostatis*

Medications for Sleep

Antihistamines

- Usually not drug of choice
 - Short-term effect*
 - Numerous interactions with other medications*
 - May contribute to delirium*
- Benadryl is in many over-the-counter sleep aids
- Herbal or natural remedies untested

Review of Insomnia

- Assessment
 - Often multifactorial*
 - Reassess frequently*
- Treatment
 - Treat underlying causes if possible*
 - Use hypnotic medications if needed*
- Goals of Care
 - Restful sleep*
 - Improved QOL and daytime functioning*

Selected Readings

Savard, J. and C. Morin. "Insomnia in the Context of Cancer: A Review of a Neglected Problem." *Journal of Clinical Oncology* 19 (2001): 14.