



## Service Priorities and Programmes Electronic Presentations

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### **Treating primary insomnia in primary care**

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### **Introduction**

Insomnia is common among the general population. Prevalence rate varies from 10% to 30% over the world. In primary care setting, insomnia symptoms are more commonly reported, especially for those with chronic illness. Use of hypnotics drug and alcohol have been rising steadily, however, both pose a significant risk of harm in long run. Occupational Therapist in Integrated Mental Health Program (IMHP) integrates principle of Cognitive Behavioral Therapy for Insomnia (CBT-I) in treatment for people with primary insomnia, which includes both individual counseling session and group education. The content focuses on self-management concepts of using sleep diary, basic knowledge on sleep hygiene, techniques on sleep restriction, stimulus control, medication education, relaxation techniques and ways to handling cognitive traps in related to sleep problem.

### **Objectives**

The aim of the study is to evaluate the effectiveness of the sleep management program in improving sleep quality in people reporting insomnia symptoms in community.

### **Methodology**

This is a retrospective descriptive study conducted at YMT GOPC from September 2014 to September 2015. Inclusion criteria were IMHP clients suffering from primary insomnia with mild mood symptom and not indicated for the use of antidepressant. Primary insomnia is defined difficulties in sleep onset; sleep maintenance, early morning waking, or non-restorative sleep symptoms. Outcomes were measured by the Sleep efficiency, Personal Health Questionnaire (PHQ-9) and General Anxiety Disorder Assessment (GAD-7). Pre-and post-treatment outcome were compared by pair-t test.

### **Result**

63 clients were recruited during the study period. Clients in this study had a mean

age of 57.2 and the large majority was female (75%). On average, people suffer from insomnia for 2.5 years. 41% of them suffered from one or more chronic illness at the same time. 27% of them using medication to promote sleep and 21% of them use medication more than 4 times a week. Clients attended 4 sessions on average in 14 weeks. Sleep efficiency increased from 68.6% (SD 16.2%) to 85% (SD 7.7%) ( $t=9.593$ ;  $p<0.001$ ). In addition, mean PHQ9 score decreased from 7.08 (SD 3.4) to 3.52 (SD 2.7) ( $t=9.237$ ;  $p<0.001$ ) and mean GAD scores decreased 7.47 (SD 3.8) to 3.87 (SD 3.2) ( $t=9.786$ ;  $p<0.001$ ). Also, over 80% of them did not rely on medication after the program and only 2% of them use medication more than 4 times per week. Upon the completion of the program, clients had napping during daytime was reduced from 47% to 5%, clients with coffee and tea intake reduced from 59% to 22%. Also, life pattern was restructured with more participation in work, leisure and social activity was noted. The present results suggest that sleep management, based on the principles of CBT-I can improve the sleep efficiency, reduce anxiety and/or depression and reduce the medication use of adults with insomnia symptoms in primary care settings. Future study on the relationship between life pattern and sleep disturbance would be considered to promote the importance of healthy lifestyle in primary care.