



VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF CHRONIC INSOMNIA DISORDER AND OBSTRUCTIVE SLEEP APNEA

Department of Veterans Affairs

Department of Defense

Patient Summary

QUALIFYING STATEMENTS

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent Department of Veterans Affairs or TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian-sector care. Additional information on current TRICARE benefits may be found at www.tricare.mil or by contacting your regional TRICARE Managed Care Support Contractor.

Version 1.0 – 2019

I. Chronic Insomnia Disorder

A. What is chronic insomnia disorder?

“Insomnia” is the common complaint of being unable to sleep. When insomnia symptoms begin to cause problems with your daytime functioning, it can become a diagnosable medical disorder. Insomnia disorder can be acute (short-term) or chronic (ongoing). Acute insomnia disorder lasts for days or weeks. Chronic insomnia disorder is when these short-term symptoms last even longer. A diagnosis of chronic insomnia disorder involves trouble falling asleep, staying asleep, or waking too early.

In addition, to meet the diagnosis of chronic insomnia disorder, these sleep difficulties must:

- Occur at least 3 nights per week
- Have begun at least 3 months ago
- Cause you to feel poorly during the day
- Occur even though you are allowing enough time for sleep

Chronic insomnia disorder is associated with medical conditions (such as cardiovascular disease, obesity, diabetes), and with mental health disorders (such as mood disorders, anxiety disorders, and posttraumatic stress disorder [PTSD]). Insomnia symptoms can be brought on by stressful life events, such as work pressure and family obligations. In Veterans, it is common for insomnia to begin during military training or deployment, or after trauma. At times of great stress, people often change their behaviors and thoughts about sleep to make up for poor sleep quality. After the stressful period ends, behaviors aimed at correcting the problem, such as staying in bed longer, in fact make the problem worse. This can lead to chronic insomnia disorder.

B. Chronic insomnia disorder: diagnosis and treatment

- It is important to discuss your treatment goals with your healthcare provider. For example, your goal could be to fall asleep faster. But if you care about being less sleepy during the day, your provider might make different recommendations.
- If you have trouble falling asleep or staying asleep, you should speak with your healthcare provider about this concern. Your provider will talk with you and might ask you to fill out a questionnaire.
- If you have sleep problems, you should bring it up with your healthcare provider and discuss a possible referral to a sleep specialist.
- Your healthcare provider may also ask you to write down the times when you fall asleep and the times when you wake up. This is called a “sleep diary” and could help determine if you have insomnia.
- Your healthcare provider will work with you to create a personalized treatment plan to best suit your needs.
 - Cognitive behavioral therapy for insomnia (CBT-I) and brief behavioral therapy for insomnia (BBT-I) are effective treatments for chronic insomnia disorder. These treatments are effective in treating chronic insomnia without using drugs. They work by

helping you to change your sleep patterns and reduce unhelpful thoughts and behaviors. As your sleep becomes less fragmented, the quality of your sleep improves. You may also learn skills to help you relax and quiet your mind at bedtime. This approach takes work, but it is the most effective way to cure chronic insomnia. Because it has been shown that these treatments help people with insomnia, many healthcare providers understand that CBT-I and BBT-I are the best approaches to improve your sleep in the long-term.

- Your healthcare provider may also suggest prescription medication. However, sleep medications are generally used for only a short period of time. Also, some prescription drugs may have serious side effects, including increased risk of falling, sleepwalking, or addiction. Before taking any medication for sleep, please discuss the risks and benefits with your healthcare provider. Also, you should not take over-the-counter medications like diphenhydramine (Benadryl®) to treat insomnia. Similarly, you should avoid supplements like melatonin, valerian, or kava to treat insomnia. These supplements are not regulated by the U.S. Food and Drug Administration and could be unsafe. In fact, kava has been shown to cause life-threatening liver problems.
- Your healthcare provider may also offer some alternative treatments, such as ear acupuncture with seed and pellet, to treat your insomnia.

II. Obstructive sleep apnea

A. What is obstructive sleep apnea?

- Obstructive sleep apnea (OSA) is a common and serious problem in the U.S. It often affects military personnel and Veterans. In individuals with OSA, breathing actually stops or is reduced for short periods of time. These episodes, which can occur just a few times per night or as frequently as hundreds of times per night, can lead to awakening from sleep. Many people with OSA are not aware that they stop breathing when they are asleep.
- If OSA is not treated, it may decrease your sleep quality, make you sleepy during the day, and make it harder to do your job. Untreated OSA could also lead to weight gain, high blood pressure (hypertension), heart failure, irregular heart rhythm, stroke, high blood sugar, and motor vehicle crashes.
- Patients with OSA often snore, but not all patients who snore have OSA. Therefore, just because you snore does not automatically mean you have OSA. Other common OSA symptoms include sleepiness, headaches in the morning, using the bathroom frequently at night, waking up choking or gasping for air from your sleep, or waking up with a dry mouth or a sore throat. Your bed partner may also note that you repeatedly stop breathing during your sleep. If you have any of these symptoms, you may have OSA.
- You are much more likely to have OSA if any of these apply to you:
 - You are a male or a post-menopausal woman;
 - You have obesity, a large neck size, high blood pressure, a family history of sleep apnea, or have had a stroke;

- You use opioid medications, certain sleeping medications, or alcohol; or
- You sleep on your back

B. Obstructive sleep apnea: diagnosis and treatment

- If you have sleep problems, you should bring it up with your healthcare provider and discuss a possible referral to a sleep specialist.
- To find out if you have OSA, your healthcare provider may ask you to fill out a questionnaire and ask about your sleep and what medications you take.
- To diagnose OSA, your healthcare provider may order a sleep study. A sleep study measures the number of times your breathing stops while you are asleep.
- There are two places a sleep study could occur. It may take place in a sleep center (in-lab) or at your home (a home sleep apnea test). Based on your healthcare provider's evaluation, he or she may recommend one of these kinds of sleep studies.
 - For an in-lab sleep study, you spend the night at a sleep center and sleep in a bed in what may look like a hotel room. Technicians will put sensors on your body. These sensors monitor your sleep (brain waves), breathing, heartbeat, oxygen levels, and leg movements.
 - Home sleep apnea tests allow you to sleep in your home. While this is convenient, home sleep studies do not provide as much information as in-lab tests. Therefore, if a home sleep apnea test cannot establish a diagnosis of sleep apnea, your healthcare provider or sleep specialist may then recommend an in-lab sleep study.
- To treat your OSA, your healthcare provider may recommend the following:
 - Positive airway pressure (PAP) therapy: Because of its long track record of effectiveness and safety, PAP is the standard treatment for OSA. PAP therapy involves using a mask that is fit to your nose or face. The mask connects you to a machine that will push air into your lungs to help open the obstructed upper airway passages that tend to be collapsible during sleep. You wear the mask during the entire time you are asleep. You should use PAP whenever you sleep or take a nap. Also, you should try to use it for as long as possible. Longer use of PAP is better for your sleep and overall health. If you have challenges using PAP, there are many ways your healthcare provider or a sleep specialist can help you. Make sure you tell them about any challenges you have with using PAP. This support is especially useful if you also have PTSD, an anxiety disorder, or insomnia disorder. To make sure that you are continuing to receive optimal PAP therapy for OSA with your PAP machine, you should follow up with your sleep specialist or healthcare provider on a regular basis.
 - Mandibular advancement devices (MAD): Depending on your teeth and severity of sleep apnea, this may be a good treatment option for OSA. This device moves your jaw forward to open your airway. You wear this during sleep and it keeps your jaw in position and prevents sleep apnea. In order to get a MAD, you should talk to your healthcare provider or a sleep specialist; you will need to see a dentist who specializes

in making and fitting these devices. Once fitted with this device, you should follow up with a sleep specialist to check if it is effectively treating your sleep apnea.

- Lifestyle changes: There are some life habits that can improve or worsen OSA. Going to bed at the same time each night and getting 7 – 8 hours of sleep on a regular basis can improve sleep and OSA. Not getting enough sleeping can worsen OSA. Also, alcohol and certain medications (e.g., opioids or other pain medications, sleeping medications) can worsen OSA. Losing weight can improve OSA but gaining weight can make OSA worse. Also, the position you sleep in can improve OSA. For many patients, sleeping on their side can improve OSA and sleeping on their back can make OSA worse.
- Referral: In some cases, your healthcare provider may recommend you see a dentist, a psychologist, or a surgeon that specializes in the ear, nose, and throat.

III. Questions to ask your care team

Ask about anything that seems unclear to you. Some examples may include:

A. Chronic insomnia disorder

- It feels like I am getting enough sleep but I wake up feeling tired and get sleepy during the day. Is it possible there is something wrong with my sleep?
- Should I be referred to a sleep specialist?
- I cannot sleep. Do I have insomnia?
- What treatments other than medication may help me sleep better?
- I haven't been sleeping well and I am interested in medication. What are my options?
- What is the best way to treat insomnia?

B. Obstructive sleep apnea

- My bed partner says that I snore a lot. I wake up choking at night. Is it possible that I have OSA?
- How can I know if I have sleep apnea?
- I cannot tolerate PAP. Is there anything that can help me use it?
- For how long do I need to use PAP?
- Are there treatments for sleep apnea other than PAP? What are these treatments? Are there any side effects?
- Are there any negative health effects of not treating sleep apnea? What are these?

IV. You can find more information on chronic insomnia disorder and obstructive sleep apnea here:

- Sleep Education, a resource provided by the American Academy of Sleep Medicine: <http://sleepeducation.org/>
- National Sleep Foundation: <http://sleepfoundation.org/>
- American Thoracic Society, Fact Sheets A – Z: <https://www.thoracic.org/patients/patient-resources/fact-sheets-az.php>
- American Thoracic Society, Patient Educational Materials: <https://www.thoracic.org/members/assemblies/assemblies/srn/patient-educational-materials/>
- Society of Behavioral Sleep Medicine: <https://www.behavioralsleep.org/>