

Resources for Effective Sleep Treatment (REST Project)

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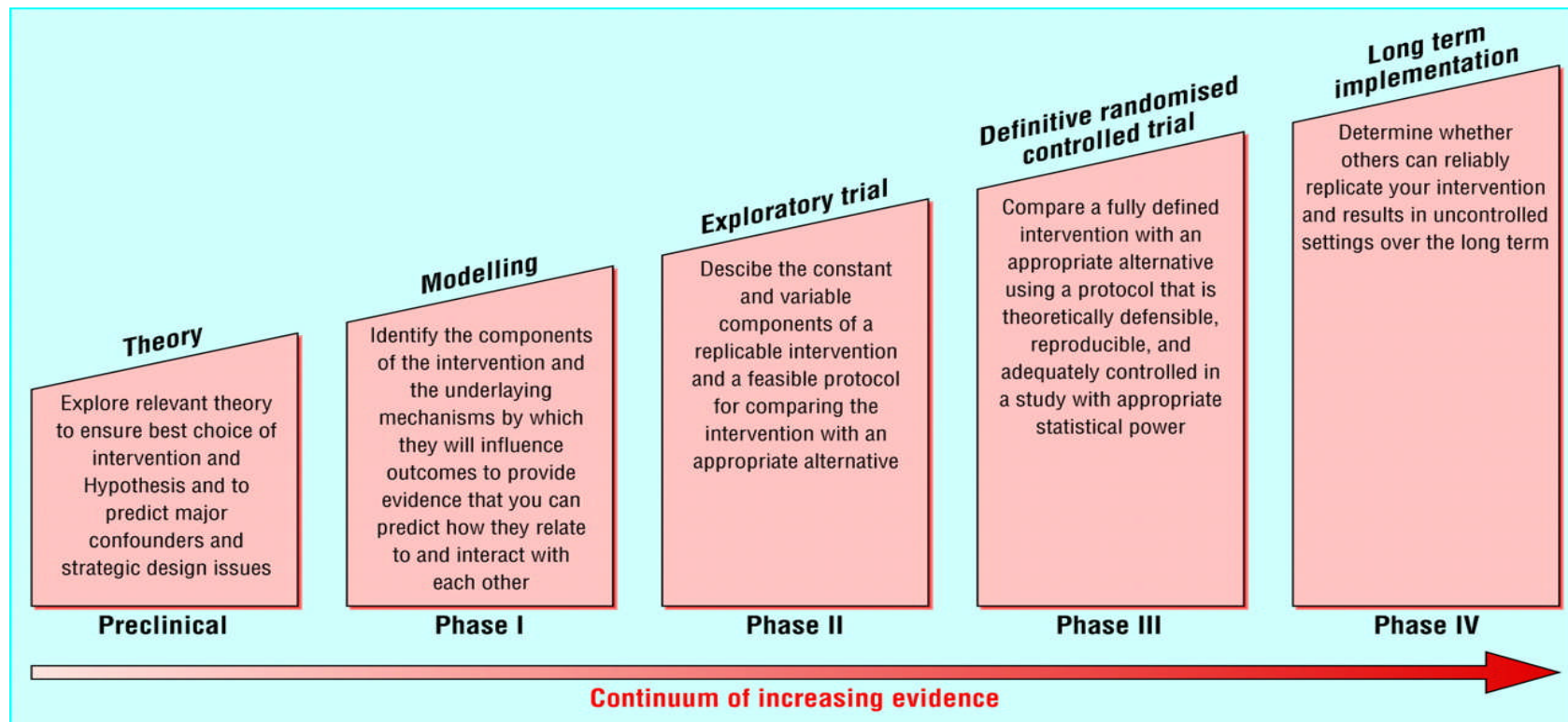
East Midlands Hub
UK Mental Health Research Network



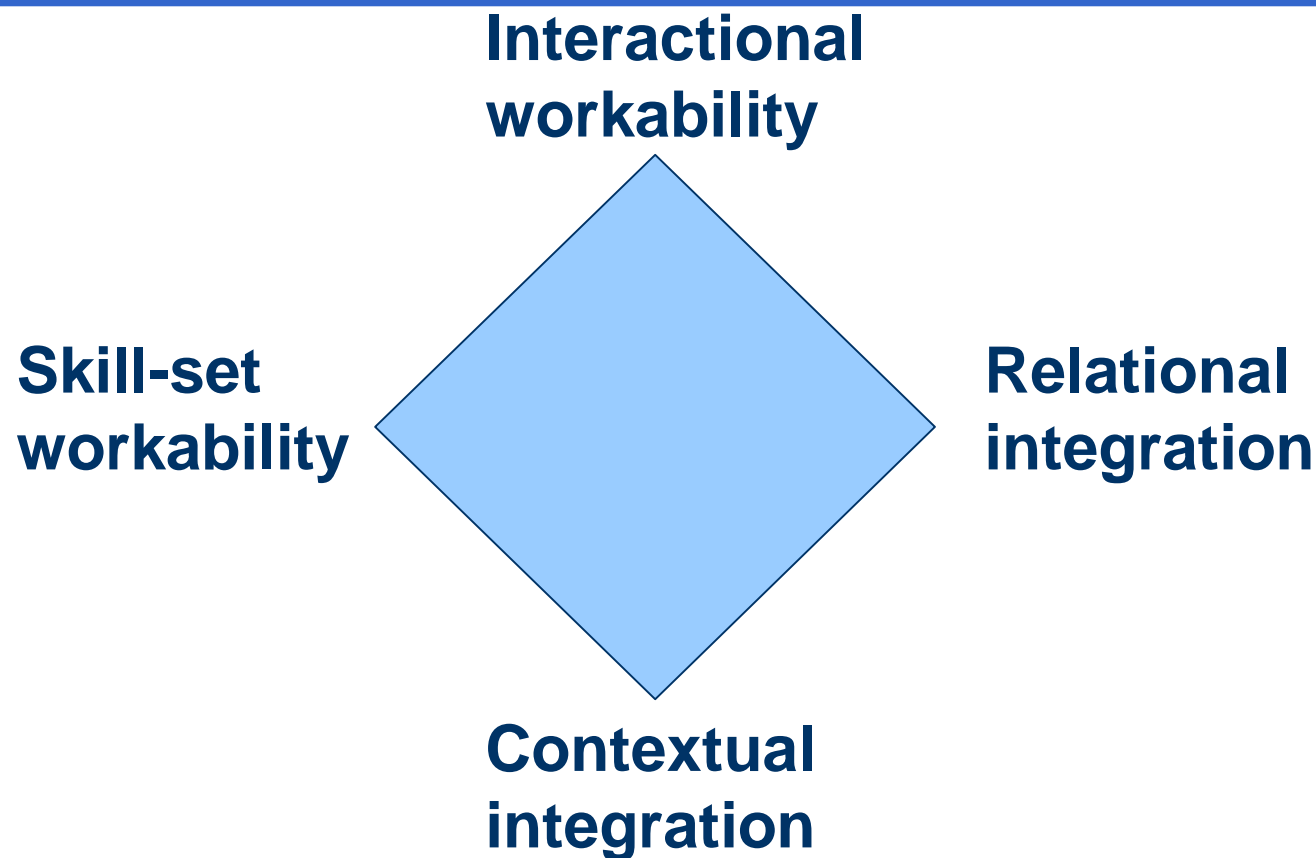
TRENT RDSU
Trent Research & Development Support Unit



Complex interventions



Normalization



REST Project

- Resources for Effective Sleep Treatment
- 3 year Project
- Quality Improvement Project
- Funded by the Health Foundation

Insomnia

- It is disturbance of sleep pattern such as difficulty initiating and maintaining sleep
- Most commonly caused by stress, physical illness and lifestyle

Background

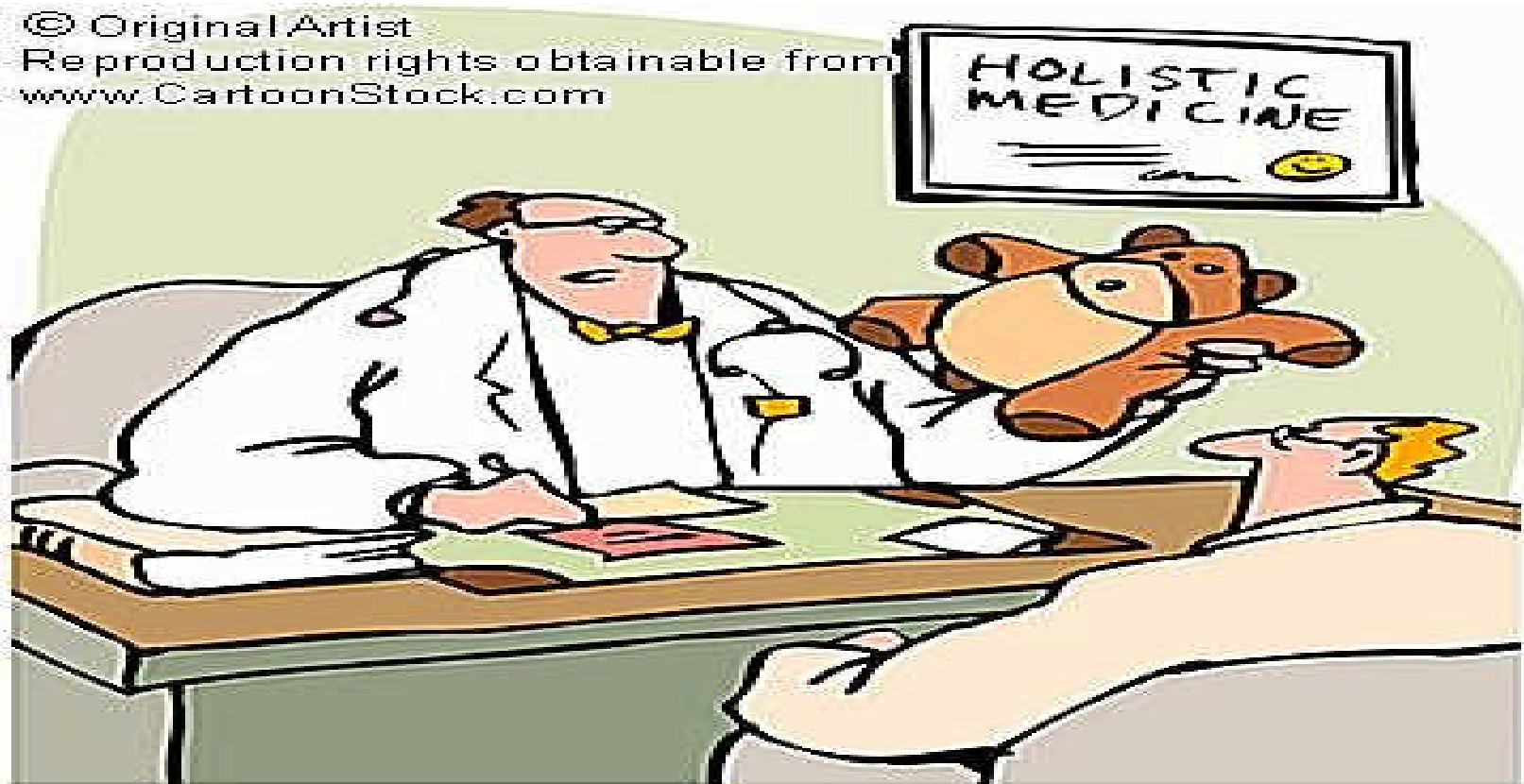
- Prevalence rate of 40%
- 50% of sufferers seek help from primary care
- In the UK over £22m is spent on hypnotic drugs
- Most prescribing of hypnotics takes place in primary care

Effects of Insomnia

- Irritability
- Daytime fatigue
- Difficulty concentrating
- High blood pressure
- Weight gain
- Heart disease
- High economic cost

Management of Insomnia

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Management of Insomnia

Hypnotics

- Limited therapeutic value
- Expensive
- Side effects e.g. falls, depression

Non-drug treatment

- Lifestyle changes
- Behavioural approach

Aims

- Improve user experience of management of insomnia
- Increase use of social and psychological interventions in insomnia
- Reduce rate (items & costs) of z-drug prescribing
- Reduce the rate (items & costs) of benzodiazepine prescribing

Patient and Practitioner Surveys

- Limited repertoire of responses for patients presenting with sleeping difficulties
- Prescription of drugs for treatment of insomnia
- Practitioners held a positive view of initiatives to reduce prescribing of hypnotics
- 95% of patients had taken hypnotics for >4weeks
- >40% of patients experienced side effects
- 20% would like to stop taking hypnotics

Project Plan

Year 1

1. Pilots practices testing out sleep assessment tools and non-drug interventions for insomnia
- 2. Patients and Prescribers Focus Groups**

Year 2

Pilot Randomised Cluster Trial (RCT)

Main RCT

Year 3

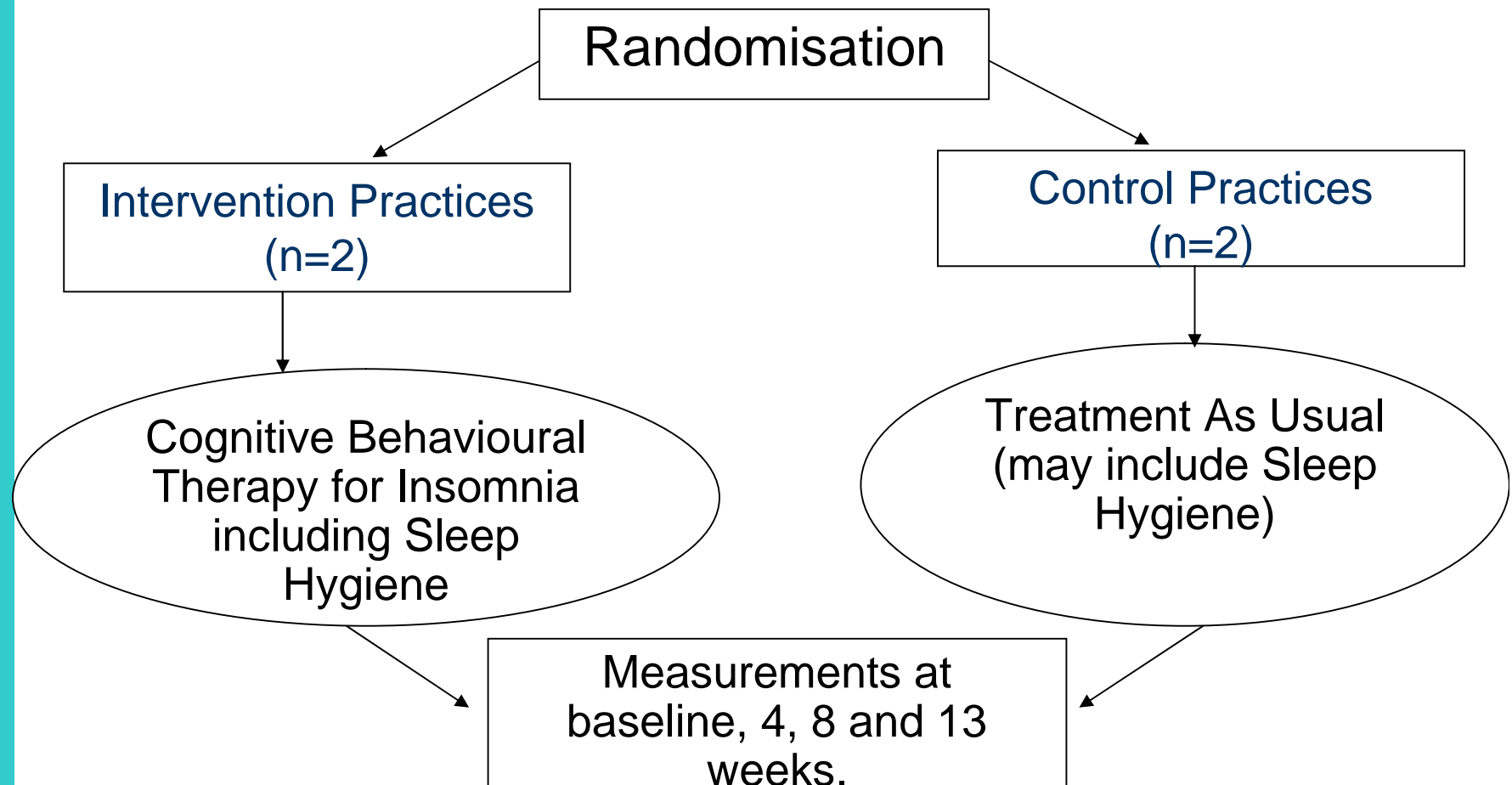
Data analysis and dissemination of findings

Pilot Randomised Cluster Trial

Aims

- To investigate effectiveness/cost effectiveness of an educational intervention for practice team to deliver problem focused therapy for insomnia
- To test procedures and gather information for a larger RCT

Design of the RCT



Pilot Randomised Cluster Trial

Intervention Practices

- Training on Cognitive Behavioural Therapy for Insomnia (CBTi).
- Treatment for patients include:
 - Sleep education
 - Sleep hygiene
 - Stimulus control
 - Muscle relaxation
 - Sleep restriction

Pilot Randomised Cluster Trial

Control Practices

- Practices will receive training on sleep assessment
- Practices will continue their usual practice i.e. hypnotic pharmacotherapy and sleep hygiene advice

Study Outcomes

- Outcomes measured at 0, 4, 8 and 13 weeks.
- 2 Weeks follow-up after first treatment.

Primary outcome

Overall Sleep Quality- Measured by Pittsburgh Sleep Quality Index (PSQI)

Study Outcomes

Secondary outcomes

- Health-related quality of life (EuroQol EQ-5D).
- Daytime sleepiness (Epworth Sleepiness Scale).
- Anxiety and depression (Beck Depression Inventory).
- Cost effectiveness.
- Adverse effects (Daily Log Book).
- Self reported sleep latency, wake time after sleep onset, total time in bed and calculated sleep efficiency.

Achievements

- Changed GP attitudes
- Understood patient perceptions
- Better assessment of sleep problems
- Better experience for users
- Reduced hypnotics prescribing in some practices

Acknowledgements

- Collaborators
- Participants/Patients
- Health Foundation

Thank you!
