

Resources for Effective Sleep Treatment (REST Project)

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TRENT RDSU
Trent Research & Development Support Unit



CCAWI
CENTRE FOR CLINICAL AND
ACADEMIC WORKFORCE INNOVATION

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

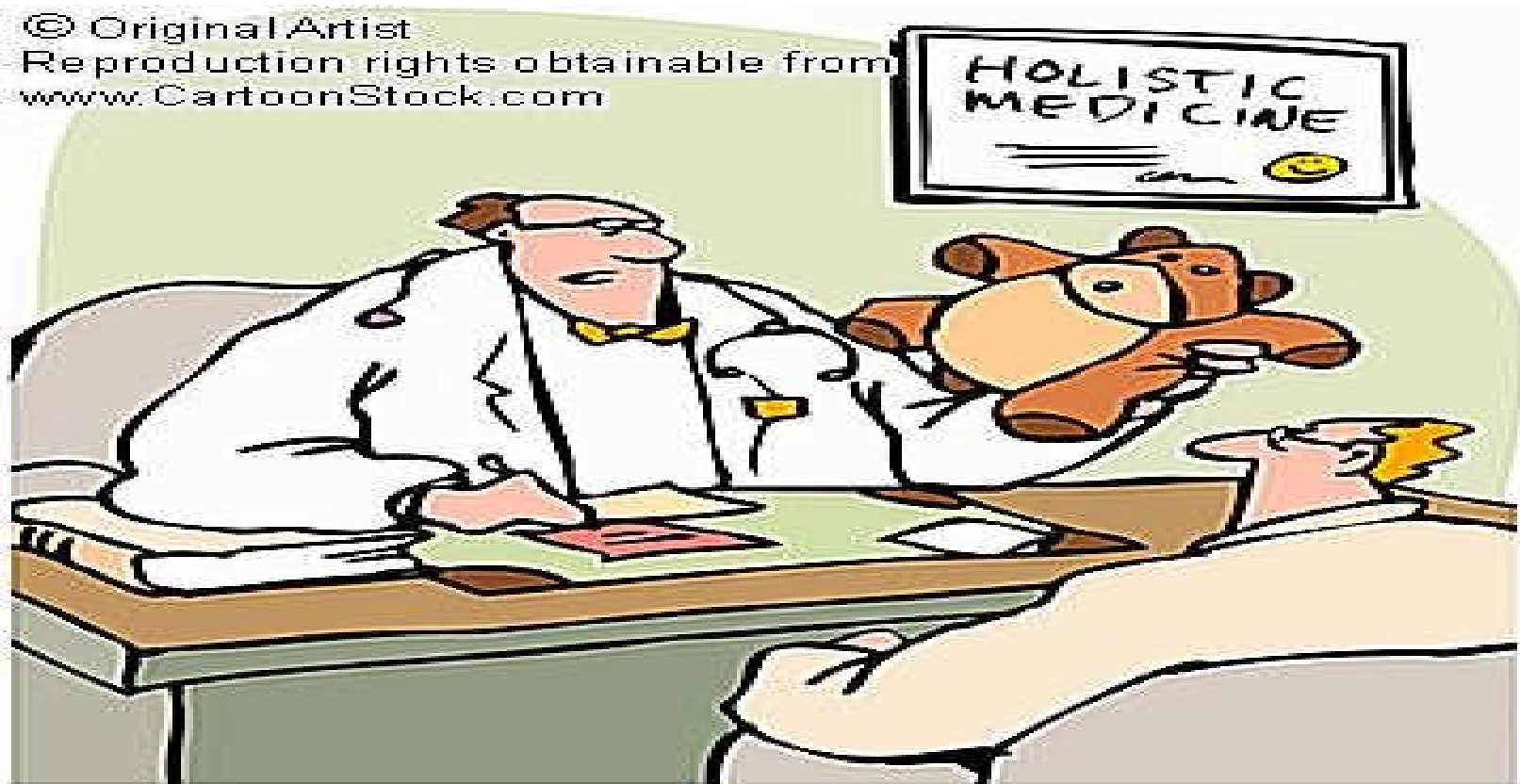
- Prevalence rate of 40%.
- 50% of sufferers seek help from primary care.
- In the UK over £22m is spent on hypnotic drugs.
- Most prescribing of hypnotics takes place in primary care.

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 Survey

- 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 (Modelling Studies)

1. Pilot 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.

Testing Tools & Nondrug Treatment for Insomnia With Pilot Practices

- Sleep Assessment Tools – Sleep Diary, PSQI, ISI
- Nondrug Treatments - Sleep Hygiene, Muscle Relaxation, Stimulus Control, Sleep Restriction
- Weaning off hypnotics

Patients Focus Group

- Most attempted self-help before visiting their GP e.g. over the counter drugs, pills of internet, herbal remedies
- They want GPs to get to the root of their problems and to show empathy
- They were aware of the potential adverse effects of hypnotics and therefore welcome alternatives to these

Prescribers Focus Group

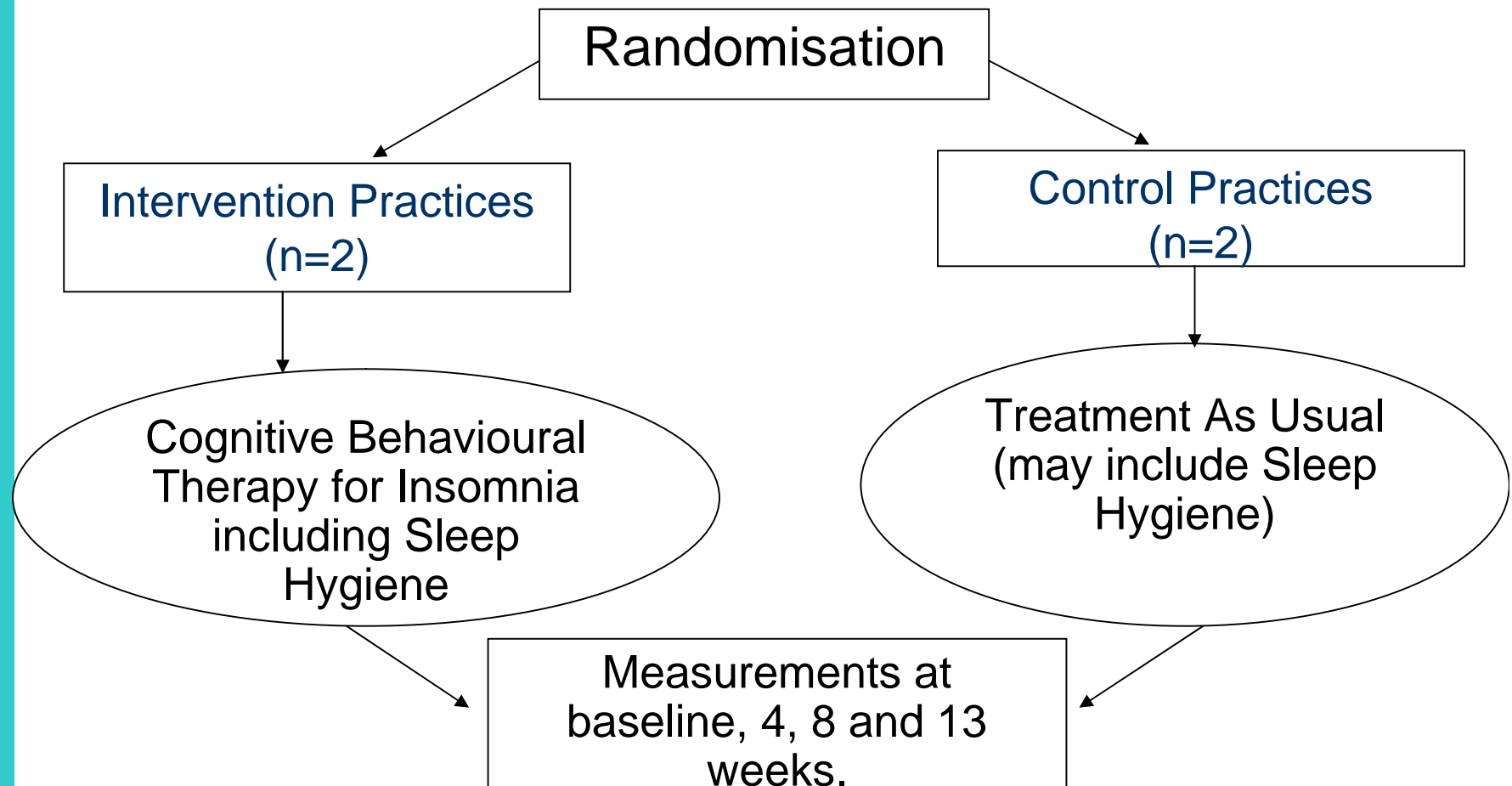
- Practitioners were of the assumption that patients wanted drugs for their sleep problems
- Practitioners expected resistance from patients if taken off hypnotics
- Consultation times do not allow for full exploration of the patients sleep problems

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 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!
