

REST

Resources for Effective Sleep Treatment



Background

Insomnia is a common and often disabling condition affecting the adult working and elderly population with a prevalence ranging from 6 to 48% in the United Kingdom.¹ Half of those with insomnia seek medical help for their condition² and this often involves prescription of a benzodiazepine such as temazepam or a Z-drug such as zopiclone, zolpidem or zaleplon.



Drug treatment is often given long term, which is a practice that constitutes inappropriate treatment, and this includes 50% of new prescriptions.³ As a result over £22m is spent in primary care on 10 million (m) items of hypnotic drugs⁴ and this figure has shown little decline in the past 5 years.

Lincolnshire, a large rural county, has a high rate of prescribing of hypnotic drugs relative to other counties within the Trent Strategic Health Authority and the UK generally, with a growing rate of prescribing z-drugs.

In Lincolnshire alone the cost of Z-drugs for 108k prescriptions is £300k per annum. For 77k prescriptions of benzodiazepines the cost is £123k per annum (2005-6 figures).

Although hypnotic drugs do work, the benefits are small compared to potential side effects, which include adverse cognitive and psychomotor effects and daytime sleepiness which may continue for several months after stopping the drug⁵. This is particularly true in older patients for whom hypnotics are more likely to be prescribed. In turn, further complications like falls, fractures and road traffic collisions may arise⁶. These drugs also have considerable potential for tolerance and addiction.

So, what is REST, and what are it's aims?

REST is a three year quality improvement project funded by the Health Foundation that is being conducted across Lincolnshire Teaching Primary Care Trust. During the three years the project aims to:



-  Improve the user experience of management of insomnia using validated measures.
-  Increase use of recorded non-pharmacological measures in insomnia by at least 100% in 3 years.
-  Reduce rate (costs) of z-drug prescribing by 50% in 3 years
-  Reduce the rate (costs) of benzodiazepine hypnotic prescribing by 25% in 3 years

..and how is this going to be achieved?

Project Structure

YEAR 1 2007/08	
GP Survey	To provide baseline data regarding what Quality Improvement Tools are currently used in GP practices
Focus Groups	To investigate patient and practitioner experiences of the 10 minute insomnia consultation.
Practice Collaborative	10 GP practices across Lincolnshire piloting tools & techniques as an alternative to prescribing hypnotic drugs.

YEAR 2 2008/09	
Randomised Cluster Trial	From the information derived from the studies in year 1 we will construct a complex intervention to trial.

YEAR 3 2009/10	
Analysing results	
Interrupted Time Series Study	To provide us with a before and after picture of prescribing figures relative to the interventions that we have trialled
Dissemination of findings	

For more information on this project please contact
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1. Taylor S, Muzina CP, Wilson HCB. Cost-effective treatment of insomnia. *Journal of Clinical Pharmacy and Therapeutics* 2005; 30: 1-14. 2. *British Journal of Psychiatry* 2002; 181: 433-438. 3. *Journal of Clinical Pharmacy and Therapeutics* 2005; 30: 1-14. 4. *Journal of Clinical Pharmacy and Therapeutics* 2005; 30: 1-14. 5. *Journal of Clinical Pharmacy and Therapeutics* 2005; 30: 1-14. 6. *Journal of Clinical Pharmacy and Therapeutics* 2005; 30: 1-14.