

Experiences of insomnia for patients and prescribers in the primary care consultation – a focus group study

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Introduction

Background

- Prevalence of 40%.
- 50 % seek help from primary care
- Hypnotic drug prescribing costs over £22 million a year.

The aim of the study

- To explore the experiences of patients and prescribing primary care professionals (PPCPs) during the GP consultation in order to understand how to improve the management of insomnia.

Method

- Focus groups with PPCPs in local surgeries
- Focus groups with patients in non-NHS venues spread throughout Lincolnshire.
- Both still on going due to change in recruitment strategy and lack of data saturation. (from letter recruitment by GP to public recruitment using newspapers and posters in surgeries)

• **Results**

- Tape recorded, transcribed, analysed using constant comparison to develop a template. Data management with MAXQDA 2007

Analysis- more detail

The findings presented today have been derived from:-

- Getting to know the data
- Developing a template that helps us to understand what is going on during the 10 minutes
- Template used because it can integrate a-priori themes with those that the researcher develops from the data to explain what was going on in the consultation – NB *No a priori themes used beyond initial descriptive first level coding to date*
- Theoretical in depth explanation important for the research team developing an intervention to improve sleep management for use in an RCT.
- Writing up is considered part of the iterative qualitative process
- Health warning- **the data collection and analysis is on-going**

What we are learning from the prescribers experiences

4 main categories:

1. Attributed reasons for sleeping difficulties
2. Expectations in the consultation*
3. Influences on the management of sleep difficulties
4. Consultation strategies*



Category: Expectations in the consultation

Themes

- Wants

“And usually an expectation that they will be given a tablet for it” [P5]

- Resistance

“Previous expedience if we know the patient is anti medication then we obviously go through the other options” [P9]

- Pre-consultation

experience

“....because you knew you had a bit of a battle on your hands to not prescribe sleeping tablets and get a happy patient walking out the door” [P7]

“I always find the exercise one quite good because they usually had twigged on and often didn't drink too much tea or coffee, but the exercise one was the one you could get most of them on” [P8]



Category: Consultation strategies

Themes:

- **General approach**
- **To encourage unnecessary issue of prescriptions and uptake of alternatives**
- **To reduce drug prescribing in existing patients**
 - Sub theme
 - Feelings
 - Whole practice approach
 - Spending time
 - Proactivity

“ I think there are lots more difficult problems, more challenging problems maybe that you wouldn't want at 5.40 of an evening, but I wouldn't say this was one of those particularly” [BP2]

“I would generally go through a systems enquiry basically just ask questions about each possible cause” [P7]

“Yes, just listening” [P3]

“They've got to want to do it and you've got to spend a lot of time following them up and keeping them happy”[P5]

What we are learning from the patients

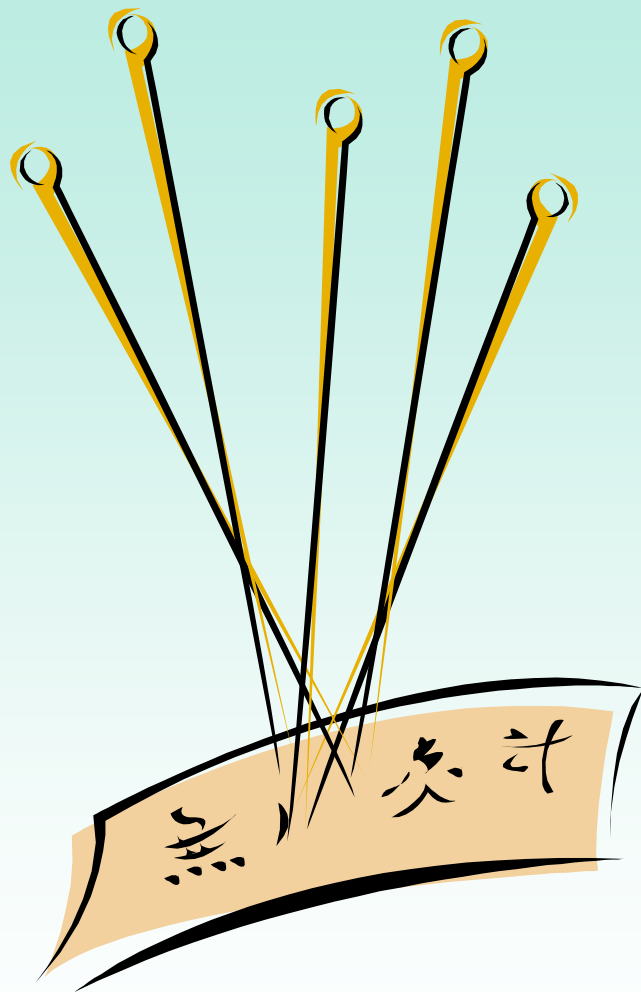
4 main categories:

- Patient explanations for sleep difficulties being presented to the GP**
- Expectations***
- Influences on the management of sleep difficulties***
- Consultation with the doctor***



Category: Expectations

- **Theme:** “Just go into my Doctor and say I’ve not had any sleep for about month or very little, I’m really desperate I do need a good nights sleep and that’s where it starts. That’s when she’ll give me a week’s course of sleeping tablets,....” [Pat4]
- **Wants**
- **Resistance** “The problem is when you try something and it works after a certain amount of work it doesn’t work and you need something stronger. You can understand why Doctors won’t prescribe them – but what’s the answer?” [Pat5]
- **Pre-consultation experience** “.....I have spent £500 on Acupuncture I’ve tried every herbal medicine there is” [Pat4].
“I took Nytol, I have reflexology, I have an osteopath to make sure I’ve got no aches and pains that could keep me awake. You name it I’ve tried it, I’ve tried everything, other than hit myself over the head. To me if reflexology cannot relax you to go to sleep then I don’t know what can, I really don’t”.[G1]



Influences on the management of sleep difficulties

Themes:

- **Drug prescribing**

“I fully expected them to say or give me a sleeping tablet. I think the tablets they did give me were like Diazepam that were like for stress, because my reflexologist does say that I am really, really stressed, but I don't feel it.” [G1]

- **Alternatives to prescribing**

“..... She just won't give them out. I was just so desperate I was sat there crying my eyes out, I was so tired and she realized I did need some help. She only gave me 7 day worth and after that she wouldn't give me anymore.” [Pat4]

- **Attitudes to dealing with sleep difficulties**

Moderator: " what did you think or feel about the consultation?"

“It was a complete waste of time because there was no help given.....a piece of paper, a sleep diary and that” [Pat5]

“I went to the Doctor and said I want to sleep and asked what you can advise and immediately he gave me 28 tablets and I said what are these tablets ?” [Pat3].....

Category: Consultation with the doctor

- **Themes:**

- **Perceptions of the experience**

- **Valued strategies**

- **Sub theme:**

- **Empathy**

- **Listening**

- **More time**

- **Unhelpful strategies**

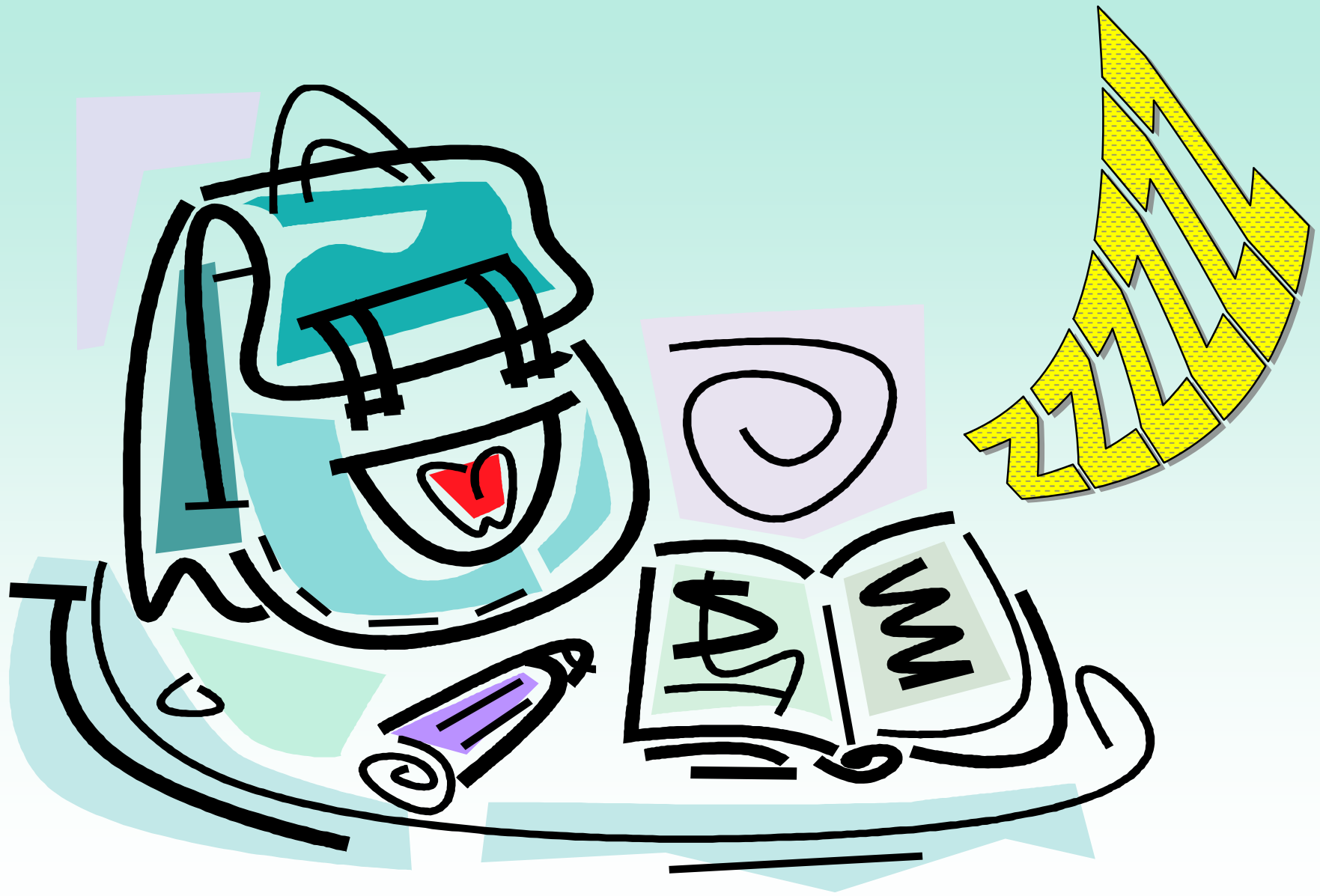
“Anything worrying you-that was about it” [Pat3]

“Unless you can experience it, it is hard to understand” [Pat5]

“She actually sat there and listened to what I had to say” [Pat4]

“A little bit more time to discuss things with you to get to the root of the problem. It’s alright saying to you what do you think the problem, you know what the problem is because that is why you are there” [Pat3]

“I was only given a piece of paper to read” [Pat5]



Discussion and value for the RCT – so far.....

- GPs and Patients recognise Insomnia is a response to adversity
- Presented in terms of impact on life and feelings
- Justification as a medical problem is that they have previously tried self help
- Patients want doctors to get to the root of the problem - confounded by the fact that they expect medication.

What are the implications for the intervention in the RCT?

The educational component of the Intervention for prescribers needs to include:

- Sleep assessment tool, sleep diaries, sleep hygiene etc
- How to conduct the consultation, including listening, empathising and talking about the various options when introducing these to the patients
- Resources to signpost patients to other agencies such as CRUISE and CAB
- An understanding of the patient mindset at the point where a consultation starts and the importance of their own position in negotiating strategies. [possibly through scenarios]