

Title of abstract

Developing a model of interdisciplinary primary care for a chronic condition insomnia

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Introduction

Sleep problems are often chronic and affect over a third of adults in Europe leading to reduced productivity and impaired quality of life. Hypnotics have limited therapeutic value and potential for significant adverse cognitive and psychiatric effects particularly in the elderly. Psychosocial methods for managing sleep problems, including cognitive behavioural therapy for insomnia (CBTi), have been shown to be effective and cost effective but are not widely implemented in general practice where they are most needed and most appropriately delivered. Our aim was to test the feasibility and practicability of implementing multidisciplinary and coordinated assessment and non-pharmacological interventions for sleep management in primary care using a practice collaborative.

Method

Invitations to participate were sent to all 102 general practices in Lincolnshire and 8 were selected to take part. The research team met monthly with GPs, nurses and practice managers from the 8 practices over 6 months, using academic detailing techniques to share learning and promoting rapid experimentation (Plan, Do, Study, Act) cycles to redesign processes for management of sleep problems. Practitioners (doctors and nurses) introduced sleep assessment tools (using sleep diaries and Insomnia Severity Index) and non-pharmacological interventions including sleep education, sleep hygiene, muscle relaxation, stimulus control and sleep restriction for new presentations and existing patients on hypnotics. Practices received monthly feedback of prescribing rates and costs of hypnotic drugs using statistical process control charts. Data were collected through recordings of practice visits, discussions with practice teams, telephone interviews and focus groups. Interrupted time

series analysis using non-participating practices as controls were used to evaluate changes in prescribing.

Results

Benzodiazepines prescribing decreased by an average of 2.2% per month (95% CI reduction of 4.6 to increase of 0.2) and Z-drugs by 3.7% per month (95% CI 5.9 to 1.4) in the 8 practices compared to non-participating practices (n=94). Practitioners' attitudes changed towards managing insomnia. Practitioner skills were enhanced through better understanding of patient perceptions, better assessment of sleep problems and improved patient experience of their care.

Conclusion

A collaborative approach utilising quality improvement techniques enabled us to develop an interdisciplinary model for management of sleep problems in primary care.

Keywords: *insomnia, hypnotics, cognitive behavioural therapy, practice collaborative, modelling*

Oral presentation