

**11th Annual Conference of the UK Federation of Primary Care Research
Organisations and
2nd Joint conference of the UK Primary Care Research Network**

Improving Patient Outcomes with Research

27-28 November 2008

Abstract Submission – papers, poster presentations and workshops

Complete the form below using Arial pt 10. Save the document using your last name followed by a first name.doc (e.g. **Smith Freda.doc**) and email it to RDoffice@NeEssexpct.nhs.uk

Closing dates for submission 19th October 2008

Maximum word count: 350 words (main body of abstract, not including references). Boxes will expand as necessary to accommodate the content but please do not alter the format.

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Title of abstract
<i>Developing a model of insomnia management for patients and practitioners in primary care – A practice collaborative study</i>
Main body of abstract
Presentations of research should use headings: background, aims/questions, method, results, conclusions/points of interest, references Workshops (lasting one hour) should include: background/introduction, workshop aims, content, audience participation
Background
Sleep problems affect over a third of adults in the United Kingdom leading to reduced productivity and impaired health-related quality of life. Hypnotics have been shown to 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.
Aims
Our aim was to test the feasibility and practicability of implementing 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 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, the Pittsburgh Sleep Quality Index 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 improvement in patients' experience of their care.

Conclusion

A practice collaborative utilising quality improvement techniques was employed for modelling a complex intervention for management of sleep problems in primary care.

References (if applicable) – maximum of six

Preferred method of presentation: oral /~~poster~~/ ~~workshop~~ (please delete)

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

Please tick this box if you do not give permission for your presentation to appear on the UKFPCRO website after the conference.

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