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Objectives: Insomnia

1. In patients presenting with sleep complaints, take a careful history to distinguish insomnia from specific psychiatric diagnoses or other sleep-related diagnoses (e.g. sleep apnea, periodic limb movements, restless legs syndrome, sleepwalking, sleep talking).
2. When assessing patients with sleep complaints:
    a. Obtain a collateral history from the bed partner or parents, if possible and appropriate.
    b. Assess the contribution of drugs (prescription, over-the-counter, recreational), caffeine and alcohol.
3. In all patients with insomnia:
    a. Provide appropriate advice about sleep hygiene (e.g. limiting caffeine, naps and screen time, following a regular sleep schedule, limiting bedroom activities to sleep and sex).
    b. Offer other non-pharmacological options, such as cognitive behavioural therapy.
4. When initiating sleep medications:
    a. Educate patients about the risks and discuss these medications' time-limited effects.
    b. Use hypnotic medications (e.g. benzodiazepines, Z-drugs) only in situations when disordered sleep has a severe impact on function and only with a clear indication.
    c. If using hypnotic medications, warn patients of dependence, tolerance and associated harms (e.g. falls, cognitive impairment) and have a clear plan for deprescribing.
5. When a patient with a long-term history of using sleep medication presents for renewal of their prescription, reassess, educate and discuss tapering and alternative therapies.

** Mapped to the CFPC's 105 priority topics: #55-Insomnia