Evidence-Based Interventions to Improve Sleep Health
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Background & Significance
- Insufficient sleep is associated with a multitude of adverse health outcomes and many serious public health implications.
- Insomnia is the most common disorder that causes insufficient sleep and is one of the top complaints reported in primary care in the U.S (Taylor et al., 2017).
- Despite its prevalence, insomnia continues to be under diagnosed and treated ineffectively (Zhou et al., 2017).

Purpose
- There are currently many underutilized, evidence-based treatments available for insomnia and new, emerging treatment options.
- The purpose this review is to help close the gap between current clinical guidelines and current clinical practice for treating insomnia.

Results of Literature Search
- A literature search was conducted using the search terms “insomnia” and “evidence-based interventions” on the databases CINAHL, PubMed, and Scopus.
- The search was restricted to 2015-2020, human subjects, and English language.
- 40 articles were retrieved and reviewed and 29 yielded results.
- Insomnia has been traditionally treated with pharmacological agents such as benzodiazepine receptor agonists (BZRAs), but the evidence backing the use of these drugs is minimal to moderate. The harms associated are extensive (Lee et al., 2019).
- Cognitive behavioral therapy for insomnia (CBT-I) has undoubtedly the most evidence backing its use for the treatment of insomnia and should always be used as the first line treatment.

Synthesis of Evidence
- Clinicians need to modify their practice to close the gap between current clinical guidelines for evaluating and treating insomnia and current clinical practice.
- Providers can aid in reducing the ubiquity, economic burden, and health disparities associated with insomnia.
- Evidence-based interventions with strong evidence across multiple sleep outcomes include cognitive behavioral therapy, digital cognitive behavioral therapy, and brief behavioral intervention should be utilized as first line treatment (Zhou et al., 2017).
- Pharmacological treatment should only be used short term (<4 weeks) and in conjunction with non-pharmacological treatment.

Clinical Algorithm forTreating Insomnia

Guidelines for Deprescribing BZRAs

Implications for Practice and Conclusion
- Clinicians must discuss sleep with every patient at every visit. Sleep quality assessments are an important early risk indicator that can reduce the incidence of a wide spectrum of morbidities.
- Clinicians can shift the paradigm surrounding medication usage for insomnia by deprescribing BZRAs.
- If pharmacological treatment is indicated then a short course of less than 2-4 weeks of low dose melatonin, ramelteon, zolpidem, suvorexant, or doxepin are the most safe and effective across multiple sleep outcomes (Rios et al., 2019).
- Clinicians must utilize CBT-I and be aware of digital CBT-I like Somryst which is the first FDA approved digital CBT-I and is nearly as effective as in person CBT-I.
- Exercise and mindfulness-based treatment can be used as complementary interventions to CBT-Idigital CBT-I, depending on the patient’s interest. Those have moderate evidence backing its efficacy.

Conclusion: Primary care health providers can help decrease the public health issue of insomnia by basing treatment plans on evidence-based guidelines and by not initiating BZRA treatment especially in older adults.

References