Pharmacotherapy, Complementary and Integrative Health Treatments for Chronic Insomnia Disorder: Recommendations for Providers

Insomnia is a highly prevalent condition among both military personnel and veterans,[1,2] making access to treatment essential. **Chronic insomnia disorder**[3] can be diagnosed when a patient experiences difficulties with sleep onset, sleep maintenance or early morning awakenings:

- ✓ At least three nights per week
- ✓ Accompanied by daytime consequences
- ✓ Despite adequate opportunity and circumstances for sleep[4]
- ✓ Lasting more than three months in duration

For evaluating patients suspected of having insomnia disorder, the Insomnia Severity Index (ISI) or Athens Insomnia Scale (AIS) are suggested tools as part of a comprehensive sleep assessment.

Non-pharmacologic, behaviorally-based approaches, such as cognitive behavioral therapy for insomnia (CBT-I), are the suggested first line treatments. However, there may be times when short-term pharmacotherapy and/or complementary and integrative health (CIH) treatment is appropriate for your patient.

Before starting pharmacotherapy:

- Review sleep history and evaluate contraindications for pharmacotherapy.
- Evaluate for other sleep disorders (e.g., apnea, non-rapid eye movement (NREM) and parasomnias), daytime sleepiness, respiratory impairment, cognitive impairment, substance use history and medication interactions.
- Encourage non-pharmacologic approaches.
- Exercise clinical judgment to determine if pharmacotherapy may be safely initiated when patients require immediate intervention.

When short-term pharmacotherapy is appropriate, **low dose (i.e., 3 mg or 6 mg) doxepin OR non-benzodiazepine benzodiazepine receptor agonists** are suggested.

Pharmacotherapy for Chronic Insomnia Disorder

Suggested	Suggested Against
✓ Low dose doxepin ✓ Non-benzodiazepine benzodiazepine receptor agonist	✗ Antipsychotic agents ✗ Benzodiazepines ✗ Trazodone

NOTE: There is insufficient evidence to recommend for or against the use of ramelteon or suvorexant for the treatment of chronic insomnia disorder.

A 2019 Food and Drug Administration safety announcement advises health care professionals of the risk of serious injuries caused by sleep behaviors, including sleepwalking, sleep driving, and engaging in other activities while not fully awake associated with the non-benzodiazepine benzodiazepine receptor agonists.

All patients offered non-benzodiazepine benzodiazepine receptor agonist should be specifically counseled regarding the risk of complex sleep-related behaviors (e.g., sleep walking and sleep driving).

The use of antipsychotic agents is NOT suggested for treatment of chronic insomnia disorder.

For military personnel, depending on their duties and medication response, duty limitations and temporary medical profiles may be indicated if a non-benzodiazepine benzodiazepine receptor agonist is prescribed.

Service members may be concerned about stigma or potential career-impacts of being treated for a sleep disorder (e.g., referral for medical board). Providers should discuss these and other duty fitness concerns with their patients.

Complementary and Integrative Health and Over-the-Counter Treatments for Chronic Insomnia Disorder

Suggested	Suggested Against	Recommended Against
✓ Auricular acupuncture with seed and pellet	✖ Alpha-stim ✖ Cranial electrical stimulation ✖ Diphenhydramine ✖ Melatonin ✖ Chamomile ✖ Valerian	✖ Kava

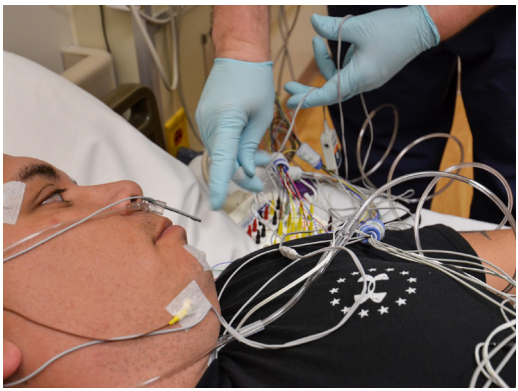
NOTE: There is insufficient evidence to recommend for or against aerobic exercise, resistive exercise, tai chi, yoga, and qigong for the treatment of chronic insomnia disorder.

When insomnia remits after short-term pharmacotherapy or CIH treatment, with no additional medication required:

- Follow-up as needed.
- Encourage relapse prevention strategies for those benefiting from behavioral treatments.

If insomnia doesn't remit after short-term pharmacotherapy or CIH treatment, or if remission requires additional medication:

- Refer to a sleep specialist for further assessment.



Tips for Patient-Centered Care:

1. Build and maintain trust, respect and support with the patient and family/caregivers, providing information through all stages of care.
2. Ensure treatment goals reflect patient priorities, including improving daytime functioning and performance of daily activities.
3. Explain the risks, benefits and likely outcomes of different diagnostic and treatment options.
4. Discuss pharmacologic options in depth with the patient, considering their preference for reducing or eliminating certain medicines from their treatment plan.
5. Provide information regarding non-pharmacologic treatment options to patients who prefer alternatives to medication.
6. Be prepared to adjust the treatment, based on patient response, preferences, and changes in priorities and goals.
7. Reduce the stigma experienced by patients with insomnia disorder, particularly military personnel, and acknowledge the concerns they may face when reporting their sleep disorder.
8. Coordinate with other members of a patient's care team to ensure timely referrals and smooth transitions.

RESOURCES

National Sleep Foundation: Sleep disorder continuing education and practice resources for health care professionals.
https://www.sleepfoundation.org/for-professionals

American Academy of Sleep Medicine:
Clinical resources for sleep medicine services.
https://aasm.org/clinical-resources

Society of Behavioral Sleep Medicine:
https://www.behavioralsleep.org

REFERENCES

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[4] American Academy of Sleep Medicine. (2014). *International classification of sleep disorders* (3rd ed.). Darien, IL: American Academy of Sleep Medicine.

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Department of Veterans Affairs and Department of Defense health care providers who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education. Photos courtesy of the Department of Defense.

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