Priority Topic: INSOMNIA

Key Features:

1. In patients presenting with sleep complaints, take a careful history to:

   - distinguish insomnia from other sleep-related complaints that require more specific treatment (e.g., sleep apnea or other sleep disorders, including periodic limb movements, restless legs syndrome, sleepwalking, or sleep talking).

   - assess the contribution of drugs (prescription, over-the-counter, recreational), caffeine, and alcohol.

   - make a specific psychiatric diagnosis if one is present.

What you should study:

✔ Management of common sleep disorders AAFP 2013
✔ Dx and Tx of OSA in Adults AAFP 2016
✔ Common sleep disorders in children AAFP 2014
✔ Insomnia in the clinic AIM 2014
✔ L’insomnie - quoi de neuf dans le DSM-5? MduQ 2014
✔ Nocturnal Leg Cramps AAFP 2012
✔ Obstructive Sleep Apnea AIM 2014
✔ OSA Assessment Sheet - STOP-BANG
✔ American Academy of Sleep Med Guidelines 2017
✔ Comment traiter le syndrome des jambes sans repos MduQ 2011
✔ Le syndrome des jambes sans repos MduQ 2014
2. When assessing patients with sleep complaints, **obtain a collateral history from the bed partner**, if possible.

✓ **Just do it!**
✓ **Quand le ronflement fatigue MduQ 2014**

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<td>3. In all patients with insomnia, provide <strong>advice about sleep hygiene</strong> (e.g., limiting caffeine, limiting naps, restricting bedroom activities to sleep and sex, using an alarm clock to get up at the same time each day).</td>
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**What you should study:**

✓ **Nonpharmacologic management of chronic insomnia AAFP 2014**
✓ **L’insomnie CBT MduQ 2014**

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<td>4. In appropriate patients with insomnia, <strong>use hypnotic medication judiciously</strong> (e.g., prescribe it when there is a severe impact on function, but do not prescribe it without a clear indication).</td>
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**What you should study:**

✓ **Insomnia - pharmacologic therapy AAFP 2017**
✓ **Prescrire les hypnotiques MduQ 2014**