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www.reachmd.com

info@reachmd.com

(866) 423-7849

Utilizing Assessment Tools in Insomnia

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Yurcheshen:

Hi, this is Mike Yurcheshen from the University of Rochester, and today I'm pleased to talk with you about utilizing assessment tools in insomnia.

So the first question is, why would we want to use assessment tools? And in essence, we use these to measure how poorly people are sleeping at night, and then also to get a measure on how poorly they're functioning during the day. And these can be useful in spot checks. And sometimes we use these tools longitudinally, so that we get a sense for how patients are doing over time.

Now, this is a slightly misleading slide, but it does bring home the point that there are some common and classic tools in sleep medicine that are not always used for chronic insomnia. So I've listed polysomnography and home sleep apnea testing. So if you have a patient who presents with chronic insomnia symptoms, difficulty falling asleep that had been going on for years, and maybe not a very high degree of daytime sleepiness with a physical exam that's not highly suggestive of say sleep apnea, sleep disordered breathing, periodic limb movement disorders, you're not required, and in fact, it's probably low yield to be using in-lab or at-home sleep testing. If you have a higher clinical suspicion that somebody is having some of these more physiologic problems, of course, you should leverage that to your advantage. But it's not absolutely required, and commonly, patients with chronic insomnia don't end up having tests like these.

What is most useful are subjective questionnaires, and most specifically sleep diaries. So there are many forms of these. They're widely available on the internet. And patients will record a variety of information, including things like how long it takes them to fall asleep, how much they're awake in the middle of the night, what time they went to bed and got up, and how much time they might spend sleeping during the day. They can record this for several weeks or longer, and then they can get some information. And you as a provider can also review that.

There are a couple scales that are worth mentioning. The Insomnia Severity Index, sometimes called the ISI. This is a 7-point Likert scale that has to do with different symptoms that patients are experiencing and their severity as a result of their insomnia.

And an Epworth Sleepiness Scale score gets to the daytime impact. You have some patients who have insomnia, who do have some degree of sleepiness, and this allows you to measure that. This is an 8-item scale, scored 0 to 3 on each item. A score of 0 would not suggest high daytime sleepiness, and a scale score of 24 would be a high degree of sleepiness.

There are some objective tests that can be useful in insomnia, and of these, I would say clinically, actigraphy is the most useful. This is a picture of an ActiGraph, one that soon to be kind of off market or unsupported. But these are wrist-watch size and shaped items, you wear them on your non dominant wrist. And again, you can use these longitudinally. So you might wear it for a week, or 2, or a month. And this allows sleep providers to get more objective information about sleep. Basically, there's an accelerometer in each one of these and it uses motion as a surrogate for being awake and lack of motion as a surrogate for being asleep. And I use these, in particular,

where I think there's a mismatch between what a patient is telling me versus what their presentation in the office looks like. It's been validated in normal populations, and the validation for people with insomnia is less robust, but it's still often used in that capacity.

I'm going to briefly mention the Psychomotor Vigilance Test, which is more of a laboratory-based test, but it's a combined attentional and motor task and allows somebody to measure exactly the impact of sleep disruption and sleep deprivation on performance.

Lastly, a brief word about consumer technology. This has certainly been in the news and in the public consciousness for a good 5 to 10 years. There are varied types, but a common one that people are familiar with this smartwatch technology. This also uses accelerometry. So very similar to what you would use ActiGraph. And patients will bring information in like this, we'll review it, and it can sometimes be useful. Occasionally I'll use it as a replacement for actigraphy if I think that it's going to be useful in a more immediate term.

So that concludes our brief talk about objective and subjective measures of sleep, and thank you very much for your attention.

Announcer:

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