

Adult Clinical Insomnia Screening and Management

Insomnia Severity Index
7 questions scored from 0-28 → **Positive ISI ≥ 8**

Screen for and Treat Other Sleep Disorders/Conditions: OSA, restless leg, BPH (nocturia), hot flashes, nightmares, partner awakenings
Screen for and Treat Psychiatric Comorbidity: Depression, anxiety (GAD-7), trauma or PTSD (PTSS), substance use (AUDIT, DAST), mania (MDQ), psychosis
Consider Medication Side Effect: Stimulants, antidepressants, glucocorticoids, opioids may cause sleep onset insomnia. Lower dose or administer earlier in day.

Subthreshold Clinical Insomnia
ISI 8-14

Moderate Clinical Insomnia
ISI 15-21

Severe Clinical Insomnia
ISI 22-28

Patient Education on Sleep Hygiene
(.pcgbmedSLEEP, Improving My Sleep)
AND
Sleep Hygiene App

- Sleep trackers: ShutEye and Sleep Cycle
- Relaxation and Sleep tracker: BetterSleep
- Meditation: Headspace

Patient Education on Insomnia (.pcgbmedINSOMNIA)
AND
Cognitive Behavioral Therapy for Insomnia (CBT-I) via DCAM PCG BMed, Long-Term Therapy, or App

- CBT-I coach (mobile.va.gov/app/cbt-i-coach) (Free)
- Shut-I (www.somryst.com); Sleepio (www.sleepio.com)
- Dr. Lullaby (<https://drlullaby.com>) (App+teletherapy)

Patient Education (.pcgbmedINSOMNIA)
AND
CBT-I
AND
Consider Referral to Sleep Medicine
AND
Consider Medication Options

Medication Options for Severe Clinical Insomnia (ISI 22-28) with Behavioral Modification (Sleep Hygiene, CBT-I)

For BZ, BZRA, and dual orexin, prescribe lowest effective dose for 2 (BZ, BZRA) to 4 (dual orexin) weeks. Advise that after a return to an acceptable sleep cycle, patients should **discontinue or use only intermittently.**

Sleep Onset Insomnia (ISI Q1)

Melatonin OTC (USP tested, ex: NatureMade) 0.5-5 mg, 1 hr b/f bed (↑1 mg/wk)	Melatonin	Pref: Shift worker, beta-blocker, circadian rhythm d/o; Risk: nightmare, AM sedation
*Ramelteon 8 mg, 30 mins b/f bed	Melatonin RA	Safer in ≥65 yo than other options; Risk: nightmares, AM sedation, ↓CNS
*Diphenhydramine OTC 25-50 mg OR Doxylamine 12.5-25 mg, 20-30 mins b/f bed	Antihistamine	Avoid if ≥65 yo; Risk: anticholinergic SEs
*Triazolam 0.125-0.25 mg at bedtime	BZ	Avoid if ≥65 yo; Pref: anx. w/antidepressant; Risk: parasomnia/nightmare, ↓CNS, CYP3A4

Sleep Maintenance (ISI Q2-3) or Combined Onset-Maintenance Insomnia

Trazodone 50-150 mg, 30 mins b/f sleep (↑50 mg/wk)	SARI	Caution if ≥65 yo; Pref: mood d/o w/antidepr.; Risk: serot. syndr., ↓BP, priapism, ↑QT
Mirtazapine 7.5-45 mg at bedtime	TeC	Pref: ↓wt and mood d/o w/antidepr.; Risk: serot. syndr., ↑QT, ↓BP, ↓WBC, Na, ↑AST/ALT
Gabapentin 300-1800 mg at bedtime	Anticonvulsant	Caution if ≥65 yo; Pref: hot flashes, chronic pain, AUD; Risk: N/V, abdominal pain
Amitriptyline 10-50 mg, 0.5-1 hr b/f bed (↑10 mg/wk)	TCA	Avoid if ≥65 yo; Mood d/o; Risk: antichol. SEs, serot. syndr; ↓BP, CNS; ↑QT, wt
*Doxepin 3-6 mg/d at bedtime; if mood d/o, 75-150 mg	Antihistamine	Avoid if age ≥65 yo; Risk: anticholinergic SEs
*Eszopiclone 1-3 mg, Zaleplon 5-20 mg, OR Zolpidem IR 5 mg / CR 6.25 mg at bed	BZRA	Avoid if ≥65 yo; Risk: parasomnias, nightmares, ↓CNS
*Lemborexant 5-10 mg at bedtime OR Suvorexant 10-20 mg, 30 mg b/f bed	Dual orexin	Schedule IV; long-term side effects unknown; Risk: parasomnias, nightmares, ↓CNS
*Temazepam 7.5-30 mg at bedtime	Benzo	Avoid if ≥65 yo; Pref: anx. w/antidepressant; Risk: parasomnia/nightmare, ↓CNS

*FDA-Approved.