

Integrative Medicine for Insomnia



Eric S. Zhou, PhD^{a,*}, Paula Gardiner, MD, MPH^b, Suzanne M. Bertisch, MD, MPH^c

KEYWORDS

- Sleep disorders • Insomnia • Integrative medicine • Alternative therapy
- Complementary medicine

KEY POINTS

- Insomnia is a common sleep disorder that is associated with poorer physical and psychological health.
- The comprehensive evaluation of a patient's health status is important when diagnosing insomnia and devising a treatment plan.
- Consistent evidence has demonstrated the efficacy of cognitive-behavioral therapy (CBT) for insomnia. CBT should be considered as first-line treatment.
- There is a growing body of literature suggesting that mindfulness-based stress management, yoga, and tai chi may improve insomnia symptoms. Current data do not support routine use of dietary supplements for sleep.
- Well-designed research studies are needed to better understand the impact of other complementary treatment approaches for insomnia (eg, acupuncture).

INSOMNIA

Insomnia is characterized by difficulty initiating and/or maintaining sleep or early morning awakenings. It is a remarkably common problem across the life span. One-third of the general population experiences insomnia symptoms and 10% to 15% meet criteria for insomnia disorder. Insomnia disorder is marked by chronic sleep disturbance that causes distress or impairs daytime function. Insomnia imparts tremendous societal and economic impact, resulting from workplace absenteeism, accidents, and declines in productivity.^{1–3} Chronic sleep dysfunction is also associated with a variety of deleterious health outcomes, such as cardiovascular disease,^{4,5} diabetes,⁶ and obesity,⁷ as well as impaired mood and cognitive function.^{8,9}

Disclosure Statement: The authors have nothing to disclose.

^a Department of Pediatric Oncology, Dana-Farber Cancer Institute, 450 Brookline Avenue, Boston, MA 02215, USA; ^b Boston Medical Center, Boston University School of Medicine, 1 Boston Medical Center Place, Boston, MA 02218, USA; ^c Division of Pulmonary, Critical Care, and Sleep Medicine, Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, 330 Brookline Avenue, Boston, MA 02215, USA

* Corresponding author.

E-mail address: eric_zhou@dfci.harvard.edu

Med Clin N Am 101 (2017) 865–879
<http://dx.doi.org/10.1016/j.mcna.2017.04.005>

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Despite the psychological, physical, and financial burden of insomnia, it remains an underdiagnosed and poorly understood condition. In both primary care and the hospital setting, insomnia is often inadequately discussed and actively treated.^{10,11} There is a notable gap between clinical practice guidelines for evaluating and treating chronic insomnia and current clinical care. Given this gap, patients commonly self-treat with alcohol¹² or nonprescription sleep aids, with nearly 20% using either a prescribed and/or a nonprescribed sleep aid within the past month.¹³ Those who do consult their physicians about their poor sleep are often treated with pharmacotherapy.¹⁴ At least 6 million Americans (3.0%–3.5% of the population) report use of a prescription medication for insomnia within the past 30 days.^{13,15} Rates of use have increased over the past decade.¹³ There are concerns regarding the use of pharmacotherapy as insomnia treatment, including dependence,¹⁶ increased risk for motor vehicle accidents,¹⁷ falls in the elderly,¹⁸ and psychiatric and medical conditions.^{19,20} Moreover, there are limited data on long-term efficacy.²¹ Given these concerns and patient preferences often for nonpharmacological treatment,²² it is important for patients with insomnia to be offered evidence-based nonpharmacologic approaches that may improve their sleep. Integrative insomnia therapies, including complementary and alternative medicine (CAM), are treatment options that are commonly used by adults with insomnia in the United States.^{23–25} Biologically based therapies (eg, herbs) and mind-body therapies (eg, meditation) are the most commonly used CAM therapies for insomnia.²⁴

INSOMNIA EVALUATION

Providers should remember that insomnia symptoms are likely underreported during routine clinical care. Patients often overlook their poor sleep because they may misattribute it as a symptom of another health issue. They also may have become resigned to the condition or are not aware that effective treatment options exist.^{26–28} The evaluation of insomnia requires a broad approach and starts with a thorough medical and psychiatric history. Several risk factors exist for insomnia that should alert clinicians to the increased possibility of insomnia disorder (**Box 1**).^{9,29–32}

Patients should be specifically asked about the timing of their sleep habits (eg, when they go to sleep; how long it takes them to fall asleep; frequency and duration of night awakenings; wake time; naps; quality and variability of their sleep pattern). Further, the

Box 1

Risk factors for insomnia

- Female sex
- Older age (>60 years)
- Medication side effects
- Night/Rotating shift work
- Travel across time zones
- Psychosocial distress
- Substance use
- Pregnancy
- Poor physical health (eg, congestive heart failure, sleep-disordered breathing)
- Poor mental health (eg, depression, anxiety, schizophrenia)

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