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Guidelines
Acta Neuropsychiatr 2019;86:415

New guidelines for diagnosis and treatment of insomnia

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ABSTRACT
The Brazilian Sleep Association brought together specialists in sleep medicine, in order to develop new guidelines on the diagnosis and treatment of insomnia. The following subjects were discussed: concepts, clinical and psychosocial evaluations, recommendations for polysomnography, pharmacological treatment, behavioral and cognitive therapy, comorbidities and insomnia in children. Four levels of evidence were envisaged: standard, recommended, optional and not recommended. For diagnosing of insomnia, psychosocial and polysomnographic investigation were recommended. For non-pharmacological treatment, cognitive behavioral treatment was considered to be standard, while for pharmacological treatment, zolpidem was indicated as the standard drug because of its hypnotic profile, while zopiclone, trazodone and doxepin were recommended. **Key words:** insomnia, diagnosis of insomnia, treatment of insomnia, cognitive behavioral therapy.

Novas diretrizes no diagnóstico e tratamento das insônias

RESUMO
A Associação Brasileira de Sono reuniu especialistas em medicina do sono com o objetivo de desenvolver novas diretrizes no diagnóstico e tratamento das insônias. Nós consideramos quatro níveis de evidência: padrão, recomendado, opcional e não recomendado. Os tópicos abordados foram: conceito, avaliação clínica e psicossocial, indicação da polissonografia, tratamento farmacológico, terapia comportamental cognitiva, comorbidades e insônia na infância. Para o diagnóstico da insônia, foi recomendada uma avaliação psicossocial e a realização da polissonografia, enquanto que no que se refere ao tratamento, foi estabelecido como padrão a indicação da terapia comportamental cognitiva, e, quanto ao tratamento farmacológico, foi indicado o uso do zolpidem como hipnótico padrão, e sendo recomendado o zopiclone, a trazodona e a doxepina. **Palavras-chave:** insônia, diagnóstico da insônia, tratamento da insônia, terapia comportamental cognitiva.

Even today, insomnia remains a clinical entity that is difficult to diagnose and complex to treat, demanding an approach with appropriate strategy and planning. Insomnia, as a symptom, syndrome or disease, has serious social and professional conse-

quences, affecting daily activities and rendering individuals incapable of performing their tasks. It therefore generates a high cost for society.

In November 2008, the Brazilian Sleep Society brought together doctors who

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Received 2 March 2019
Revised 8 April 2019
Accepted 18 March 2019

Brazilian Sleep Association, Federal University, São Paulo SP, Brazil; University, São Paulo SP, Brazil; School of Medicine, Santos, SP, Brazil; Federal University, Rio de Janeiro, RJ, Brazil; Universidade Federal do Rio de Janeiro, Rio de Janeiro, RJ, Brazil; Universidade, Curitiba PR, Brazil; University, PE, Brazil; São Lucas Hospital, Curitiba PR, Brazil; University, Brasília DF, Brazil; São Paulo University, São Paulo SP, Brazil.

Treatment

- **Goals of treatment^a**
 - to improve sleep quality and quantity
 - to improve insomnia-related daytime impairment
- **Promote good sleep habits**
- **Consider cognitive behavioral therapy for insomnia (CBT-I)**
- **Consider medications to improve sleep**
- **Treat insomnia and comorbid conditions simultaneously^{a-c}**

a. Schutte-Rodin S. *J Clin Sleep Med.* 2008;4:487-504^[6]; **b.** Fava M, et al. *J Clin Psychiatry* 2011;72:914-928^[20]; **c.** Fava M, et al. *Biol Psychiatry.* 2006;59:1052-1060.^[21]

Antidepressants for Insomnia: Considerations

- **Patients with insomnia related to depression and anxiety**
- **Patients with psychoactive substance use disorder history**
- **Treatment failures with BzRAs**
- **Suspected sleep apnea**
- **Fibromyalgia**

Morin CM, et al. *Lancet.* 2012;379:1129–1141.^[19]

Resistant Hypertension

- **Uncontrolled HTN with a regimen of 3 drugs, one of which must be a diuretic**
- **Raise a suspicion of secondary hypertension. But first:**
 - **Check medications appropriate or not**
 - **Check adherence to treatment**
 - **Workup for secondary causes of hypertension**
 - **Add aldosterone receptor antagonist (Spironolactone, Eplerenone)**
 - **Add adrenergic receptor blockers: Labetalol, Carvedilol, Bisoprolol**
 - **Add direct vasodilators: Hydralazine, Minoxidil**
 - **Add Clonidine**

Relaxation techniques for health. Biofeedback: Biofeedback uses technology to help monitor certain processes in the body such as brain waves, heart rate, breathing, and body temperature. Frontiers in human neuroscience, 12, 353. Clients are instructed to set an alarm for the same time every morning and are discouraged from taking daytime naps. Digital CBT-I Several digital CBT-I (sometimes called dCBT-I or dCBT) applications have been developed in order to adapt to this trend, reduce the cost of treatment, and offer the benefits of CBT-I to a wider audience. During treatment, the bed is only used for sleep and sex. Online resources and smartphone applications offering dCBT-I vary based on several factors, including their purpose and the amount of involvement they require from a provider. CBT-I is often called a multicomponent treatment because it combines several different approaches. Autogenic training: This technique adjusts focus to different parts of the body and notices specific sensations. Annals of internal medicine, 165(2), 125eAA133. Was this article helpful? Cognitive Restructuring In people with insomnia, inaccurate or dysfunctional thoughts about sleep may lead to behaviors that make sleep more difficult, which then reinforce the dysfunctional thoughts. (2016, April). F. Is CBT-I Effective? This treatment has also been shown to be effective in groups that are at particularly high risk of experiencing insomnia, such as pregnant people, people with post-traumatic stress disorder (PTSD), and people experiencing insomnia after cancer treatment. Once a person spends the majority of their time in bed sleeping, they can begin gradually increasing their time in bed. Meditation: In depth. Other resources and applications are a mix of the two, allowing people to work through a pre-set program and have regular e-mail or telephone-based feedback sessions with a professional. Meditation may also involve practices Combine the attention focused on the movement, such as Yoga and Tai Chi. Página errors can not be displayed. Annual review of Clinical Psychology, 7, 435 Á 458. Behavioral Sleep Medicine, 4 (3), 179 - 198. Manber, R., EIB, B., Simpson, N., Asarnow, L., Rangel, E., Sit, A., & Lyell, D. Digital cognitive behavioral therapy is effective in insomacy in the treatment of insan NIA Under Threshold: A RCT Pilot. D., & Espie, C. CBT-I focuses on exploring the connection between the way we think, the things we do and how we sleep. Cognitive interventions: Restructuraan attempts Cognitive to change inaccurate or beless to sleep. The cognitive restructuring begins to break this cycle through identification, challenging and altering the thoughts and crenchs that contribute to the Inscriptio. Cognitive behavioral therapy for insomnia - natal insam: A randomized controlled assay. M., Qian, M. When these techniques are used together as Multicomponent-I CBT, until 70% to 80 % of patients with improvements to Xperencia of primary insam. It is not recommended for people with certain terms that may be worse, losing sleep, as bipolar disorder and convulsions. Sleep restriction limits the time spent on the bed to restore a consistent sleeping program. I., Kyle, S. (2016, May). Using the information provided by electronic devices, people can begin to learn to have more control over these processes. Keep a sleep schedule: having a regular and predictable sleep schedule can help your body maintain a pace and facilitate sleeping. The American Members Collection recommends that all adult patients receive CBT-I as a first-rate approach. S. For example, previous insignia experiences can lead to worrying about falling asleep. It can take time to learn and practice the skills learned in the (2017). YESNO References + 16th Pigeon W. Relaxation Training Relaxation can help reduce the thoughts and the voltage f races accompanying freqA'ventemente lying awake in bed. S. Savard, J. Gehrman, P. Hypnosis: Guided or self-hypnosis for insA'nia involves learning to relax when given Cue É f verbal or not the verbal. Here is the É tA © some relaxation techniques commonly taught in CBT-I: exercises of the

1 Breathing- Many exercises of f Breathing- the different can be taught in CBT-I. Working with a professional trained in CBT - can help reduce the risks of treatment because they sã f. o trained to offer support and tools to deal with challenges or setbacks temporArios. M., & Cunningham, D. CBT-I © considered effective for many types of hsaÁnia, even showing potential benefits for people with short-term insaÁnia. health National Center complementary and integrative. Current sleep medicine Win Prizes, 3 (2), 48 - 56.https://doi.org/10.1007/s40675-017-0065-4 Instead of immediately cut down on the bed to the amount of sleep staying in tãpica one night, time in bed © Á © gradually reduced minutes as reasonably prãximo the time they spend actually sleeping. Unfortunately, due to the widespread need for this treatment, do the f hã: CBT-I professional enough to meet current demand. (2016). A. For the CBT-I is effective, Á © important to be open to confront thoughts and behaviors inãteis. For example, if a person estãj trying to sleep 8 hours a night but-Only receives five hours, they comeãsam adjusting bedtime to spend 5 hours and 30 minutes in bed. https://doi.org/10.3389/FNHUM.2018.00353 Melo M. D., Carvalho, L., Prado, L., & Prado GC Rijsdijk, F., Zavos H, Keers, R., Espie, CS, Magen, S., Metzler, T. This tã © cnica is intended to increase the drive to sleep and can temporarily increase daytime fatigue. Applied and Biofeedback, 44 (4), 259 Å ± 269. Journal of Clinical Psychology, 66 (11), 1148 - 1160. Behavioral Behavioral Cognitive Therapy ofeAs setneic so aossep amu ed sedadissecen sad odnedneped riredif assop otnemirpmoc o arobme ,sepãSses 8 a 6 ed avel etnemlareg otnematat O .)5102(. 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If CBT-I alone is not successful in improving insignia symptoms, American Members Collapse recommends having a discussion with a doctor about the risks and benefits of using medicines to sleep next to CBT-I treatment. C. The order and flow of each component may vary based on the provider's approach and the unique needs of each person. L, Badini, I., Derviveuw, S., Hodsoll, J., & Gregory, A. Thoughts and feelings about sleep are examined and tested to see if they are precise, while behaviors are examined to determine if they promote sleep. As respiration control can change your life: a systematic review of psycho-physiological correlates of slow breath. Sleep Medicine Reviews, 27, 20 - 28. A., Cutã ¢ NEA, J. Management of the Crystal Inscription Disorder in Adults: A Clinical Protection Guideline of the American Collapse METHODS. Cognitive behavioral therapy for insomnia (CBT-I or CBTI) is a short, structured and evident-based approach to combat the frustrating symptoms of insamination. The attributions between sessions can involve maintaining a daily sleep by practicing self-employed thoughts or cronchs when they emerge and improve sleep hygiene practices. In response, researchers have developed new ways to offer CBT-I, such as digital formats, groups and self-help. Obstetricia and gynecology, 133 (5), 911 - 919. Meditation: Learning to focus attention through meditation has demonstrated a variety of benefits to health, including reduced stress , anxiety and increased relaxation. Psychoeducational Interventions: Provide information on the connection between thoughts, feelings, behaviors and sleep is central to CBT-I. Living with insamination can be a challenge. Turn off your Early Electronics and find some relaxing activities that help you roll before bed. Talbot, L. S., Rajaratnam, S. W. R., & Epstein, of. 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(2011). In the meantime, here are some basic tenets of sleep hygiene that anyone coping with sleep issues may find helpful. Understanding and treating insomnia. Also try to avoid eating, alcohol, and caffeine too close to bedtime. Cognitive behavior therapy and pharmacotherapy for insomnia: a randomized controlled trial and direct comparison. E., Richards, A., Perlis, M. A person may focus on sensations such as heaviness, warmth, or relaxation. Time in bed is then adjusted to reflect this amount, plus 30 minutes. Doneããããt lie awake in bed: If you canããããt sleep, get out of bed and find something relaxing to do until you feel tired again. Contact support for additional information.The incident ID is: N/A. (2004). L., Posner, D. Tips for Sleeping With Insomnia Learning about positive sleep habits is a core part of CBT-I. Some people find it helpful to track their progress over time in order to see small improvements that can encourage them to continue treatment. Edinger, J. Sleep, 37(2), 327eããã341. Johnson, J. (2010). This can become a frustrating, nightly cycle that can be difficult to break. Here are some common techniques used in CBT-I. J., Schmitz, M., McCaslin, S. Create a nightly routine: Give yourself enough time to get ready for bed. Annals of internal medicine, 163(3), 191eãããã204. Cognitive Behavioral Therapy for Chronic Insomnia: A Systematic Review and Meta-analysis. Biofeedback Therapies for Chronic Insomnia: A Systematic Review. During treatment, a trained CBT-I provider helps to identify thoughts, feelings, and behaviors that are contributing to the symptoms of insomnia. Qaseem, A., Kansagara, D., Forcica, M. Does CBT-I Have Risks? Who Provides CBT-I? They may also associate their bedroom with habits that make sleeping more difficult, like eating, watching TV, or using a cell phone or computer. How Does CBT-I Work? Common thoughts and beliefs that may be addressed during treatment include anxiety about past experiences of insomnia, unrealistic expectations of sleep time and quality, and worry about daytime fatigue or other consequences of missed sleep. National Center for Complementary and Integrative Health. This worry may lead to spending excessive time in bed to try to force sleep. Some topics that may be covered are the effects that diet, exercise, and sleeping environment have on falling and staying asleep. Sleep medicine, 66, 174eããã183. Luik, A. Improvement in insomnia symptoms from dCBT-I appear to be similar to face-to-face approaches, although only a few studies have directly compared these different approaches. approaches.

15/05/2017 · The American College of Physicians (ACP) has provided recommendations for treatment of chronic insomnia in adults. Treatment, which can include psychological or pharmacologic therapy, alone or ... 24/06/2021 · These terms may be used informally or as a way for researchers to better categorize and analyze the different ways that insomnia can be experienced.. Sleep Onset Insomnia. Sleep onset insomnia describes difficulty falling asleep at the beginning of the night, or in the case of shift workers, whenever they attempt to initiate sleep. 19/01/2022 · Insomnia makes it difficult for you to fall asleep, stay asleep, or both. Get information on risk factors, symptoms, tests, treatments, and home remedies here. 24/06/2021 · Short-term insomnia symptoms may begin to dissipate once the stressful situation ends and acute stress subsides. However, some people fall into a vicious pattern of sleep loss and daytime anxiety about sleep that eventually snowballs into chronic insomnia. In addition to insomnia, chronic stress can lead to sleep apnea. Insomnia is a common sleep disorder that can make it hard to fall asleep, hard to stay asleep, or cause you to wake up to wake up too early and not be able to get back to sleep. Cognitive behavioral therapy for insomnia, sometimes called CBT-I, is an effective treatment for chronic sleep problems and is usually recommended as the first line of treatment. The guideline describes the critical decision points in the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea (Insomnia/OSA)and provides clear and comprehensive evidence based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems.

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