27 Sept 2023
Note to reader/user:
This template was constructed as a teaching tool. Any documentation that you use for your own clinical work should reflect your own approach, assessment and professional judgement. ***Please modify (or disregard) any element of this template as is relevant for you and your practice.*** *This template is in no way intended to replace your clinical judgement.*

SOAP for INSOMNIA – adults >18

S/

Patient well known to me
Patient presents with a new complaint of insomnia

Sleep Issue – sudden onset // gradual worsening
Present for – days // weeks
Previous episodes – Has never had before // had previous epsiode [date].
Previous episode - lasted [days/week],
Previous episode - resolved with time // attention to sleep hygiene // medications
This episode is presently – same since started // getting worse // better since onset

In the last week:
number of awakenings each night -
duration of awakenings-
number of times needing to use toilet -
usual bedtime:
time of sleep onset:
awakening time:
nap times:
nap lengths:

RED FLAG SYMPTOMS
-night sweats not explained by menstrual cycle – not present
-concurrent unintentional weightloss >5kg – not present

SLEEP HYGIENE Current Habits:
Caffeine - cups daily
Caffeine - timing of last intake
Alcohol – servings weekly
Other substance use –
Exercise pattern
Meals – timing of last one of day
Bedroom is dark and quiet
Electronic devices stored/charged outside medroom

PRECIPATING EVENT?
Travel across time zones? none
Change to exercise routine? none
Perimenopause or Menopause? None
Pregnancy? None
New or increased substance use? none
Family Issue? none
Work Issue? none
Mood Issue? none
Finances/Housing concerns? none
Food insecurity? none
Other psychosocial concern? none
No specific event can be identified

COMPROMISED FUNCTION reasonably attributable to sleep pattern?
Fatigue or malaise
Poor attention or concentration
Social or vocational/educational dysfunction
Mood disturbance or irritability
Daytime sleepiness
Reduced motivation or energy
Increased errors or accidents
Behavioral problems such as hyperactivity, impulsivity or aggression

HAS ALREADY TRIED
Addressing sleep hygiene – comprehensive // intermittent
Mindfulness/CBTi
Using OTC meds –

CO-MORBIDITIES
Anxiety/Depression - no
Adjustment disorder – no
Substance use disorders– no
Posttraumatic stress disorder // Bipolar disorder //
Psychotic disorders // Eating disorders – none
Previously diagnosed sleep apnea – no
Restless Legs Syndrome - no
Benign prostatic hypertrophy with increased urinary frequency or nocturia

[select any that are relevant]
Migraine or other headache syndrome
Peripheral Neuropathy
COPD or Asthma
Arthritis
Heart failure // Ischemic heart disease // Hypertension

Hyperthyroidism
Nocturia
Gastroesophageal reflux
Diabetes
Cancer
Chronic pain
Fibromyalgia // CE – MFS // Long COVID
Lyme disease // Human immunodeficiency virus (HIV) infection
Dementia
Stroke // Traumatic Brain Injury
*(**note, if yes to any of these items, investigating changes to those underlying conditions should be added to the approach presented in this template)*

MEDICATIONS reviewed for substances that may disturb sleep:
None relevant
Potentially causing an issue: (list and include when started and/or any recent change to dose/pattern)

Central nervous system stimulants (e.g. ADHD medications)
Central nervous system depressants (e.g. sedatives, opioids)
Bronchodilators (e.g. asthma medications)
Beta antagonists (e.g.SABA's)
Antidepressants
Diuretics
Glucocorticoids

No new medications since symptoms started

Patient well known to me and I have considered their past medical history, as is documented elsewehere in this chart.

FIFE:
Patient is worried that:
Patient hopes today that I can help them by:

O/

Appearance
Blood pressure
Insomnia Severity Index Score
https://qxmd.com/calculate/calculator_820/insomnia-severity-index-isi (can copy results to chart)
No routine labs recommended, but where relevant, TSH +/-T3/T4, renal function, iron studies, A1c may be reviewed

A/

Acute insomnia

Patient meets diagnostic criteria for insomnia typically where:

Take >30 min to fall asleep, and/or
Awake >30 min/night, and/or
Awakening >30 min before intended rise time, AND

Sleep difficulties occur despite adequate opportunity and circumstances for sleep, AND
There is daytime impairment that is attributable to the sleep difficulties, AND
The sleep-wake difficulty is not solely explained by a current sleep disorder, medical disorder, mental disorder, or medication/substance use, AND
Frequency of at least three nights per week, CHRONIC = Duration more than three months.

Patient does not meet diagnostic criteria for insomnia but has significant concerns about sleep

Co-morbidities may be contributing to sleep issue

Current medication may be contributing to sleep issue

P/

Comordities require review (provide detail about what/when this will happen)

Medication(s) require review (provide detail about what/when this will happen)

Reviewed what is "normal" for adult sleep
-most well-rested adults fall asleep within about 10 to 20 minutes of attempting to sleep and
-spend less than 30 minutes awake during the night
-most adults benefit from 7-9 hours per night to be able to function normally in the day
-as we age, need for sleep decreases, as little as 5-6 hours may be enough
-some people need more sleep, 9-11 hours can be normal for some people

When having sleep issues is very common to
-overestimate the amount of time it takes them to fall asleep and
-underestimate their total sleep time

Beliefs about sleep may be a barrier to getting enough sleep – recommended that patient complete https://mysleepwell.ca/cbti/beliefs-about-sleep/ and if needed RTC to review

Using a shared decision making approach we have decided:

NON PHARMA
- complete an assessment of sleep hygiene using https://mysleepwell.ca/cbti/hygiene-of-sleep/
- identifed a reasonable "bed time" and "rise time" that patient will trial for 1-4 weeks,
Bed time:
Rise Time:
-If the problem, persists for >1 week, or after addressing sleep hygiene, keep a sleep diary for 1-2 week - https://mysleepwell.ca/cbti/sleep-diary/

NON PHARMA – CBTi
-given patients significant daily dysfunction from their disrupted sleep, recommended trial of CBTi
-referral made to free BC-based CBTi program – Dr. Sarah Adams – online - https://pathwaysbc.ca/f/3983

PHARMA
Options and evidence reviewed, including:
-almost all sleep medications were tested for short term use
-A drug "working" in a trial usually means falling asleep 5-20 minutes sooner and/or staying asleep 18-25 minutes longer
-All pharma options have potential serious adverse side effects, including, memory problems, falls, impaired driving, in rare cases – dependence abuse and withdrawl, pneumonia, drug interactions, hangover, worsening of sleep conditons, sleep walking, "black outs" with amnesia nausea, dizziness, sedation, constipation.
-regular use of sleeping pills has them gradually lose their effect, which can lead to an increased dose and ongoing escalation of dose, and increase in side effects. Insomnia can end up being worse than it was in the past.

-patient's insomnia symptoms are intolerable, and likely due to recent life events, knowing the potential risks and benefits, they wish to trial:

e.g. zopiclone 2.5mg qhs prn insomnia, m=5 tablets
*(**note, this is an example low dose, short prescription of a studied insomnia drug, any prescription you provide should be considered in the specific context of the patient in front of you.)*

-patient is aware that as with most prescribed medications, this one must be kept away from children, and stored in a safe place, and only be taken as prescribed

-patient aware that while taking this prescription, they should avoid other central nervous system and respiratory depressants including alcohol, cannabis, and some over-the-counter medications, such as antihistamines

-pt aware that this is ONLY a short term medication, and they should use as little as possible, and renewals are not expected to be useful

-pt agrees to RTC if insomnia gets worse or not markedly better in 2-4 weeks.

Handouts and patient references given:
https://mysleepwell.ca/cbti/hygiene-of-sleep/
https://mysleepwell.ca/cbti/beliefs-about-sleep/
https://mysleepwell.ca/cbti/ (some free resources, some covered by extended benefits)
https://www.ptsd.va.gov/appvid/mobile/cbticoach_app_public.asp (US - free)
https://www.cbtforinsomnia.com/ (US – cost associated $50-70 US)

References:

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