Sleep Health Institute

BBTi Summary

Indications for BBTi

Chronic Insomnia Disorder
+controlled comorbidities

Contraindications for Sleep Restriction

- Epilepsy
- Bipolar disorder
- Suceptible to falls
- Excessively sleepy
- Safety critical occupation

4 Essential Habits

- Wind down
- Set an alarm
- Relaxation technique
- Get up if unable to sleep
  + follow good Sleep Hygiene

3 Phases

Consolidate Sleep

- New TIB (nTIB) = TST + 30 minutes
- Patient goes to bed nTIB hours before the alarm
- Usually the patient is going to bed later and getting up at their usual time. If main problem is waking too early, then have them set the alarm for their usual final wake time.

Lengthen Sleep

- Once sleep is consolidated for at least 1 week (SL < 20 min, WASO < 30 min, waking with the alarm, not before the alarm) then may advance bedtime routine 30 minutes (or delay alarm 30 minutes.)
- Repeat until feeling rested.

Wean Off Sleeping Pills

- If the patient is taking hypnotic medication and getting enough sleep to feel rested, they can follow the **Sleeping Pill Withdrawal Protocol:**
  - reduce first medication by ½ pill + go to bed 2 hours later
  - after 5 nights, advance bedtime routine 30 minutes every 2 nights until back to getting the amount of sleep required to feel rested
  - wait 2 weeks to recover from sleep deprivation
  - repeat as required to get off all sleep meds

Address Comorbidities

Psychological Factors

- Insomnia Conditioning – BBTi, CBTi
- Psychiatric Disorders – CBT, medication
- Excessive Stress – stress management, psychotherapy

Physiological Factors

- Pain, hot flashes, restless legs
- Other medical conditions affecting sleep
- Other sleep disorders – consult + PSG

Time in Bed (TIB), Sleep Latency (SL), Wake After Sleep Onset (WASO),
Cognitive Behavioural Therapy for insomnia (CBTi), Polysomnogram (PSG)

Follow-up and Fine Tuning the Program

- Determine average TIB, SL, WASO, TWT and TST.
- If TST > 7 hours and rested, carry on. If on hypnotics can do *Sleeping Pill Withdrawal Protocol.*
- If TST < 9 hours, SL < 20 min. + WASO < 30 min. (=TWT < 50 min.), advance bed time routine 30 min at a time until getting enough sleep to feel rested.
- If TST < 9 hours, and TWT > 50 min but < 75 min, continue current bed time and wake time.
- If patient is still tired and TST > 6 but < 9 hours, and TWT is > 75 min., restrict TIB another 30 min.
- If TST > 9 hours per night and still not rested, refer for sleep consult and PSG

Problem Solving

DIS – adequate wind down, avoid screens, using relaxation, delay bedtime
DMS – using alarm; not looking at time; not eating, drinking or taking sleep meds during night
DRS – use relaxation to return to sleep every awakening and make this an automatic reflex; getting up if unable to sleep
Waking before the alarm – bed time later; use alarm; don't look at time; alarm earlier; use relaxation; don't anticipate getting up
Re-evaluate comorbidities that may be interfering with sleep
Reinforce the 4 habits and good sleep hygiene

When to Refer for CBTi

- Persistent insomnia not responding to BBTi

Place for Hypnotics

- Not coping
- Excessive daytime sleepiness due to insufficient sleep
- Having sleep testing with PSG or HSAT
- Difficulty tolerating CPAP
- Significant suffering + not responding to BBTi or CBTi treatment

Time In Bed (TIB), Sleep Latency (SL), Wake After Sleep Onset (WASO, Total Wake Time (TWT), Total Sleep Time (TST), Difficulty Initiating Sleep (DIS), Difficulty Maintaining Sleep (DMS), Difficulty Returning to Sleep (DRT), Polysomnogram (PSG), Home Sleep Apnea Test (HSAT), Continuous Positive Airway Pressure (CPAP)