



## EXECUTIVE SUMMARY: AANP INSOMNIA SURVEY

January 2006

In January 2006, AANP conducted a sample survey of its membership on issues related to insomnia. The following discussion is based on 410 respondents who responded that they did treat insomnia and completed the survey. Nine respondents practiced in sleep medicine. Approximately 80% of the respondents had been in practice for more than 3 years, with 34% having been an NP for over 10 years. Family nurse practitioners made up the largest group of respondents (60%), followed by adult NPs (27%), gerontology NPs (10%). The remainders indicated a variety of “other” specialties.

Over 62% of NP respondents indicated that over 10% of their patients had been diagnosed with insomnia and almost 4% indicated that over 50% of their patients have insomnia. Asked what symptoms their patients with insomnia most frequently experienced, the most commonly selected choices described daytime impacts of sleep disorders: waking not rested (73%) and feeling extremely tired during the day (68%). Other commonly reported symptoms included waking too early, having trouble getting a good night’s sleep, difficulty falling asleep, waking several times, and waking frequently during the night.

Fifty-four percent of the respondents reported that over 10% of their patients initiated discussions about insomnia. Fifty-three percent reported that they always (16%) or usually (38%) asked their patients if they experience symptoms of insomnia, while 2% indicated that they did not ask patients about insomnia, even rarely. Asked about situations that would prompt them to question patients about insomnia, the most frequently responses were patients with fatigue (77%) or depression (77%). Other situations identified by over 50% of respondents included patients who had cardiovascular disease (70%), looked tired (54%), or had recently experienced a traumatic life event (52%). Less frequently reported prompts included patients who were frequently sick (29%) or had experienced a major life change (25%).

Most (99.2%) of the respondents indicated that insomnia is a serious health problem that impacts overall health with a negative impact on daytime performance (99.7%) and that insomnia is a growing health problem (89.8%). They felt that insomnia is more of a physical than mental condition (81%), and not merely the result of poor diet or lifestyle choices (92%).

Asked to identify components of an effective treatment plan for insomnia, most (97%) felt that lifestyle changes such as taking a warm bath and avoiding tobacco or caffeine before bed could be part of an effective plan, in addition to other methods of “sleep hygiene”, such as keeping the bedroom dark, warm, and comfortable (95%). While 53% included over the counter sleep medications as a potential part of the treatment plan, 82% agreed that prescription sleep medications were an important component. Over 70% agreed that cognitive-behavioral therapy,

such as changing attitudes about sleep, could be an important part of the plan. Almost 30% identified other medications that they believed were helpful, as indicated, including variety of treatments for depression and/or anxiety.

Almost all (91%) respondents agreed that patients wanted to know more about how to manage their insomnia and 54% specified that their patients had not understood that insomnia was treatable prior to discussions about the condition. Most indicated their patients thought that it was a problem when they did not get enough sleep (67%) and knew it was not normal to have trouble sleeping (61%). However, prior to initiating discussions about insomnia, half of their patients believed that they could manage insomnia on their own. They reported that 20% of their patients with insomnia had experienced problems for over a year prior to seeking treatment. The most commonly identified reasons why patients waited or hesitated to discuss their symptoms of insomnia were that they believed they could manage on their own (26%), or believed the condition would go away on its own (24%).

The respondents identified the top reasons why their patients finally discussed symptoms of insomnia with a health care provider and most frequently selected that the insomnia affected their patients' sex lives (40%). Other top reasons were that the patients' work (39%) and relationships (37%) were affected and that they could not manage their symptoms themselves (37%). Thirty-five percent of patients were likely to discuss symptoms of insomnia after seeing a news story about the condition (35%).

The majority of respondents identified a need for more information about insomnia for both health care providers and their patients. They indicated that they typically received information about new research on insomnia from professional meetings (34%). Asked what types of resources would them better counsel patients about insomnia and its treatments, they identified web site information for professionals (42%) and patient education brochures (28%), followed by continuing education courses (12%).

In summary, AANP members responding to a survey about insomnia and its treatment identified the condition as a growing and serious health condition, about which both providers and their patients need more information. AANP recognizes the importance of insomnia as a treatable condition, which is confirmed by this and the companion patient survey.