

QUALITY STANDARDS

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# Insomnia Disorder

A guide for adults  
with chronic insomnia

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Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [insomnia disorder](#). It outlines the top 5 areas where clinicians can take steps to improve care for people with insomnia disorder. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

#### **DID YOU KNOW?**

“Clinicians” are health care professionals who provide care to patients, including doctors, nurses, nurse practitioners, pharmacists, psychologists, psychotherapists, and social workers.

# Summary of the top 5 areas to improve care for people with insomnia disorder



## Quality Statement 1: Comprehensive Assessment

### What the standard says

People suspected of having insomnia disorder receive a comprehensive assessment to inform diagnosis.

### What this means for you

If you are having trouble sleeping, your family doctor or nurse practitioner will talk with you about your sleep and how it is affecting your daily life. They should ask you or your care partner about your sleep history and your medical history, including your physical and mental health.

### WHAT IS INSOMNIA DISORDER?

When you have insomnia disorder (also called chronic insomnia), you feel as if you don't sleep well or you don't sleep long enough, even though you have enough time to sleep. Insomnia disorder is a long-lasting condition and can be very distressing. It is a 24-hour problem, because it affects how you function during the night and during the day.



## Quality Statement 2: Individualized, Person-Centred, Comprehensive Care Plan

### What the standard says

People with insomnia disorder, their care partners (as appropriate), and clinicians collaborate to develop an individualized, person-centred, comprehensive care plan. They review this plan together regularly.

### What this means for you

Your clinician should work with you to create a care plan that fits with your values, wishes, goals and needs. They should ask what better sleep would look like for you. They should work with you to update your care plan at least every 2 months until you are sleeping better, and then at least once a year until your insomnia disorder has resolved.

### WHAT IS A CARE PLAN?

A care plan is a written document that describes your health needs and goals, as well as the care that will be provided to meet them. The care plan should be based on your values, wishes, goals, and needs. It should account for any physical and mental health concerns that affect your sleep. For example, your care plan might include:

- A history of your sleep and sleeping patterns
- What better sleep would look like to you
- Plans to manage any physical or mental health conditions you have (see quality statement 3)
- Cognitive behavioural therapy for insomnia, or CBT-I (see quality statement 4)

### DID YOU KNOW?

There is no standard for how long a person should sleep. Every person's sleep needs are different, and they change depending on your phase of life.



## Quality Statement 3: Management of Insomnia Disorder in People With Comorbidities

### What the standard says

People who have insomnia disorder and comorbidities receive timely treatment of their insomnia disorder and any other health conditions as part of a comprehensive care plan.

### What this means for you

If you have other health conditions as well as insomnia disorder, your clinician should offer you treatment for your insomnia as well as those other conditions. For example, if you develop insomnia during an episode of depression, you should be treated for depression and insomnia at the same time.



## Quality Statement 4: Cognitive Behavioural Therapy for Insomnia

### What the standard says

People with insomnia disorder have timely access to cognitive behavioural therapy for insomnia as a first-line treatment. Therapy is delivered in a way that best fits the person's needs and preferences.

### What this means for you

Your clinician should offer you CBT-I (a type of psychological treatment) as soon as possible after your diagnosis, in a format that best fits your needs and preferences. Your clinician should talk with you about what you most hope to achieve with insomnia treatment, and what you would like to change about your sleep.

### DID YOU KNOW?

Cognitive behavioural therapy for insomnia (or CBT-I) works very well for treating insomnia disorder. For most people, it should be the first treatment to try. Some people might need extra assessments and different plans. If you have questions about your treatment, **be sure to speak with your clinician.**



## Quality Statement 5: Pharmacotherapy

### What the standard says

People with insomnia disorder are offered effective medications at the lowest possible dose, for the shortest possible duration, and after a trial of CBT-I. A medication is offered only after a discussion about its benefits and risks.

### What this means for you

If you have insomnia disorder and your symptoms are not getting better with CBT-I, your clinician may talk to you about medication options. The type of medication you take (as well as how much and for how long) will depend on your age, your health conditions, and your preferences. Your clinician should talk to you about the potential benefits and risks of the medication they are offering. They should follow up with you after 4 weeks to see how you are doing.

### DISCUSSION

After your clinician has talked to you about the potential benefits and risks of a specific medication, you can work with them to decide the best treatment for you.

# Suggestions on what to discuss with your clinicians

## **Ask your clinicians:**

- What treatment options are available to me?
- What self-help or community supports are available to me?
- What should I do if my sleep gets worse?
- When should I come back for a follow-up?
- How long should I try this treatment to know if it's effective?
- What are the possible benefits and risks of medication for insomnia?

## **Share with your clinicians:**

- If there is anything about the diagnosis that you do not understand
- Any concerns or questions you have about your treatment options
- Any physical or mental health concerns that affect your sleep
- If you would like to involve a family member or care partner in your care plan
- Information about any other medications you are taking

## Learn more

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The [Canadian Sleep Research Consortium](#) provides links to resources (including apps, books, and online courses) for people with insomnia and their care partners.

The free [Consensus Sleep Diary](#) app (available with an account sign-up) helps you learn about your sleep patterns and make changes to improve your sleep. You can access your diary entries from any internet-connected device.

[Sleeponitcanada.ca](#), a Canadian public health campaign on sleep, provides [tools and resources](#) including sleep diaries, online programs, and podcasts for people with sleep disorders and their care partners.

The [SleepEZ](#) digital cognitive behavioral therapy for insomnia (dCBT-I) course, developed by the United States Department of Veterans Affairs, includes a sleep diary and other resources.

## Need more information?

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If you have any questions or feedback about this guide, please contact us at [QualityStandards@OntarioHealth.ca](mailto:QualityStandards@OntarioHealth.ca) or 1-877-280-8538 (TTY: 1-800-855-0511).

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