

QUALITY STANDARDS

# 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.

### **WHAT IS INSOMNIA DISORDER?**

When you have insomnia disorder (also called chronic insomnia), you have trouble sleeping, even though you have enough time to sleep. It might mean trouble falling asleep, trouble staying asleep, or waking up too early and not being able to get back to sleep. Insomnia disorder is a long-lasting condition, and it can be very distressing. It is a 24-hour problem, because it affects how you feel during the night and during the day.

# 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 clinician should 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.

### DID YOU KNOW?

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



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

### What the standard says

People with insomnia disorder, 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 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 aspect of your physical and mental health that affects 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 for 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 both insomnia and depression.

### WHAT ARE COMORBIDITIES?

Comorbidities are diseases or health conditions (physical or mental) that happen at the same time. For example, you could have sleep apnea and insomnia disorder, or post-traumatic stress disorder and insomnia disorder.



## 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 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 as soon as possible after your diagnosis, in a format that best fits your needs and preferences. A clinician trained in CBT-I will work with you to make changes in your sleep-related thoughts and behaviours. They 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) is a type of therapy that works very well for treating insomnia disorder. At a minimum, this includes:

- Cognitive therapy (the “C” in CBT-I), which will help you to address any thinking patterns or beliefs that may be getting in the way of good sleep
- Behaviour therapy (the “B” in CBT-I), which involves creating a personalized schedule for time in bed (called time-in-bed restriction or sleep restriction) or taking steps to associate being in bed with sleeping (called stimulus control)

For most people, CBT-I should be the first insomnia treatment to try. Some 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 an adequate 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.

### WHAT IS PHARMACOTHERAPY?

Pharmacotherapy is the use of drugs (including prescribed and over-the-counter medications) to treat a mental or physical health condition.

### 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

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## Ask your clinicians:

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

## Share with your clinicians:

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



# Learn more

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The American Academy of Sleep Medicine offers a patient guide that summarizes [behavioural and psychological treatments for chronic insomnia disorder in adults](#).

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. [The diary is also available as a PDF](#).

The team of doctors and pharmacists from [GeriMedRisk](#) can work closely with your clinician to answer questions about your medications.

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

The American Academy of Sleep Medicine offers a patient guide that summarizes [recommendations for using medications to treat chronic insomnia](#). You should speak to your doctor about the risks and benefits of each medication.

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

# 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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