

# QUALITY STANDARDS

## Placemat for Insomnia Disorder

This document is a resource for clinicians and summarizes content from the [Insomnia Disorder](#) quality standard.

### Assessment

#### Quality Statement (QS) 1: Comprehensive Assessment

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

If you suspect that a patient has insomnia disorder, complete a thorough sleep history, use standardized insomnia assessment tools, and take physical and mental health histories as part of a comprehensive assessment to inform diagnosis. In most cases, objective measures such as sleep studies are not necessary for the assessment of insomnia disorder unless they are used to rule out other sleep disorders.

### Treatment and Management

#### QS 2: Individualized, Person-Centred, Comprehensive Care Plan

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.

Work with patients to determine their goals and wishes, and collaborate with them to develop and implement a comprehensive care plan. Review the care plan at least every 2 months until their insomnia disorder has improved, and then at least annually until it has resolved.

#### QS 3: Management of Insomnia Disorder in People With Comorbidities

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.

Treat insomnia disorder as an independent condition, not as a symptom of another health condition. Do not wait for comorbidities to be resolved before starting treatment for insomnia disorder. For example, if someone with insomnia disorder has pain, treat their insomnia disorder in addition to their pain, even if the pain is unresolved.

#### QS 4: Cognitive Behavioural Therapy for Insomnia

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.

Offer cognitive behavioural therapy for insomnia (CBT-I) as first-line treatment for people with insomnia disorder, as soon as possible after diagnosis. People should receive CBT-I from a clinician who has training in this type of therapy, and treatment should be delivered in a way that that best fits their needs and preferences.

## QS 5: Pharmacotherapy

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.

Discuss the benefits and risks of pharmacotherapy with patients who cannot engage in CBT-I or who do not see improvement of their symptoms after trying it. Ensure that choices of pharmacological treatment for people with insomnia disorder are evidence-based, and that medications are prescribed at the lowest possible dose for the shortest possible duration. Regularly assess patients for medication efficacy, adverse effects, and opportunities for dose reduction and deprescribing.

## Resources

- [Insomnia Disorder](#) quality standard and guide for patients and families
- US Department of Veterans Affairs: free [CBT-i Coach](#) mobile app
- [Common medications](#) to manage insomnia disorder (infographic)
- Deprescribing.org:
  - [Benzodiazepine & Z-Drug \(BZRA\)](#) deprescribing algorithm
  - [Antipsychotic \(AP\)](#) deprescribing algorithm

Additional tools and resources are on [Quorum](#).

Need this information in an accessible format?

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