



Dr. Bill Moorcroft



Sleep Problems Update

Number 23

Case Study: Insomnia Due to Excessive use of Sleeping Pills

Patient: GK, a 44 y/o male auto auctioneer.

Problem: GK presented with great difficulty falling asleep and with being awake during much of the night. He reported that he slept worse before important work days. His sleep log showed highly irregular bed times and wake times.

He reported that he had been depending on Ambien for over 10 years and was currently using the CR version, frequently taking 3 times the recommended dose. During the course of treatment he switched to Lunesta, but again frequently taking 2 to 3 times the recommended dose. He expressed the desire to eliminate his need for sleeping pills. He was also taking Paxil 25mg (PCP advised to taper off slowly and start Cymbalta gradually up to 50mg day) for anxiety attacks (non-specific) and depression. He regularly drank 2-5 cups of coffee in the morning.

Early in the course of treatment, his wife informed me that GK also overindulged in alcohol by bingeing.

Did You Know?

The eminent sleep researcher Tom Roth, PhD and colleagues reported in the *American Journal of Managed Care* (2007;13, S117-20) that there has been a change in the recommendations for the treatment of insomnia because of research into its pathophysiology. Insomnia was found to be typically comorbid with other conditions. Simply treating the primary disorder frequently does not eliminate the chronic insomnia that may also be present. This reflects the growing conversion from considering insomnia a symptom to treating insomnia as a disorder. The concluding recommendation is away from continuous dosing with hypnotics toward more flexible, intermittent usage.

Diagnosis: Psychophysiological Insomnia (307.42-0) and Hypnotic-Dependent Sleep Disorder (780.52-0)

Treatment: Beginning with sleep hygiene as a foundation, I gradually taught him the cognitive-behavioral skills he needed to sleep well on his own. These included a special version of guided imagery, how to process worries and concerns during his waking time so they did not haunt him at night, how to convince himself that the day was done rather than carry its concerns into the sleep period. I also showed him how to re-structure his negative thoughts and attitudes about his sleep to be more realistic and positive, taught him a method to relax his body, and had him follow a strict sleep schedule with less time in bed. He eliminated coffee, and after some frank confrontation, he also eliminated his alcohol binges.

As these cognitive-behavioral components and other changes began to be effective, he was able to successfully taper off sleeping pills by following a special taper schedule designed for this purpose.

Outcome: Because of the excessive dependence on sleeping pills and his alcohol binges and the fact that he had to pause treatment for several weeks to care for his ailing mother, his treatment spanned 8 months. However, GK reports he is now sleeping well without sleeping pills.

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment of insomnia, children's sleep problems, and sleep problems from shift-work. Offices in Fort Collins, Loveland, Greeley, and Denver. Call (970) 308-4495, email Bill@sleeplessincolorado.com, or visit the web site www.sleeplessincolorado.com