

Insomnia in adults - treatment and management pathway for primary care (South Yorkshire)

1. SUMMARY & INTRODUCTION

This guideline has been developed to aid clinicians in primary care in the management of insomnia in adults. The guideline includes recognition, diagnosis, management, (pharmacological and non-pharmacological support), and when to consider referral to specialist care.

This guideline has been developed in collaboration with primary, secondary, and specialist care colleagues from South Yorkshire.

2. RECOGNITION AND DEFINITION

As defined by [ICD-11](#), insomnia is a sleep disorder that is defined by difficulty with initiating and maintaining sleep. Insomnia can be short term (less than 3 months) or chronic (more than 3 nights per week for 3 consecutive months). People with short term or chronic insomnia can experience daytime sleepiness, fatigue, and irritability which can lead to other issues such as anxiety.

[CKS](#) provides examples of insomnia symptoms:

- find it hard to go to sleep.
- wake up several times during the night.
- lie awake at night.
- wake up early and cannot go back to sleep.
- still feel tired after waking up.
- find it hard to nap during the day even though you're tired.
- feel tired and irritable during the day.
- find it difficult to concentrate during the day because you're tired.

Sleep plays a central role in regulating emotions and has a bidirectional relationship with mental disorders. Insomnia often starts with a specific problem or changes in life that should be explored:

- **Personal circumstances:** shift work, family issues, bereavement, major illness or injuries, life changes, and low socioeconomic status.
- **Long-term conditions:** anxiety, depression, neurodivergence, pain, menopause, sleep apnoea, and other physical and neurological conditions that can worsen insomnia or be worsened by.
- **External factors:** poor sleep hygiene, medication, alcohol, coffee, substance misuse.

3. GENERAL ADVICE AND SELF-CARE

Different manifestations of insomnia can occur at different times of sleep period e.g., initiation of sleep, prolonged waking, or early morning awakening with inability to fall asleep. Symptoms of difficulty falling asleep or maintaining it can be quantified by self-report or sleep diaries. Tools such as [Sleep Condition Indicator](#), [Insomnia Severity Index](#), or [Sleep Diary](#), to aid decision making can be used. This allows assessment of the problem over time and the patient to express the details of the problem. This can be useful to neurodiverse patients, who might prefer different methods of communication.

It is important to determine if another sleep disorder, physical, neurological, or psychiatric condition impacts patients' sleep prior to diagnosis. Any possible impacting factors such as [depression](#) or [anxiety](#) should be addressed. Consider if patients are at risk of [self-harm](#). Neurodivergence should not be presumed as a cause for insomnia and should be addressed with appropriate methods mentioned.

Consider using assistive tools such as [GAD-7](#) for anxiety or [PHQ-9](#) for depression to explore any underlying issues contributing to insomnia.

Patients might have a different understanding of good sleep hygiene, habits, and aspects that might impact their sleep rhythm e.g., using the phone in bed or drinking coffee near bedtime. See [NICE CKS](#) for sleep hygiene advice.

Some useful resources could be shared with patients to improve sleep hygiene and habits:

- [NHS and Better Health](#) provides a guide on how to fall asleep faster and have a better sleep routine.
- [Mind UK](#) offers advice on establishing a routine, keeping a diary, and thinking about your surroundings that impact bedtime.
- [SHSC Choice and Medication](#) provides information on anything from insomnia management to self-help.
- [The Sleep Charity](#) advises on sleep hygiene throughout the day.
- [NICE Guidelines](#) provide advice to practitioners and patients on the use of dependence-forming and withdrawal potential drugs such as hypnotics.
- Visit NHS [advice page on insomnia](#) where many useful tips are available.
- While not clinically proven, some patients might find it useful to listen to relaxing podcasts. The Sleep Foundation provides a [list of podcasts](#) from personal experience sharing to a host reading a book before you drift into sleep.

4. COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA (CBT-I)

Digital CBT-i is the [first line treatment](#) for chronic insomnia that helps patients to work through their thoughts, feelings and actions that could contribute to their symptoms. Patients with the diagnosis are eligible for digital CBT-i course, but this is not readily available in South Yorkshire. Some PCNs have either [Sleepstation](#) or [Sleepio](#) commissioned for their registered patients. Some patients might not find CBT-i useful or could be reluctant to engage such might be the case in neurodivergent, autistic, or patients with learning disability. In that instance, individual needs should be explored.

5. INSOMNIA ASSESSMENT AND TREATMENT PATHWAY

Patient assessment and treatment for insomnia

- Take [sleep history](#) and establish the understanding of [normal sleep](#).
- Review functional impairment according to [diagnostic criteria](#) and impact on quality of life.
- Consider using [Sleep Diary](#) and [Sleep Condition Indicator](#).
- Establish patterns (Onset, difficulty sleeping, early morning waking, daytime sleepiness).
- Explore and address pre-existing, chronic and newly diagnosed conditions and / or differential diagnosis e.g., [Depression](#), [anxiety](#), pain.
- Review possible [alcohol and substance misuse](#) and medication [affecting sleep](#) e.g., beta blockers, clonidine, stimulants, antidepressants. Advise on reducing coffee consumption.
- Explore if personal circumstances are contributing factors such as financial or life changes.
- Explore [other possibilities](#) e.g., on screen time, pregnancy, shift working, jet lag.
- See below for insomnia treatment and [NICE CKS](#) for more information.
- Patients already receiving sleep medication consider [NICE safe prescribing and withdrawal guidance](#).

[Symptoms](#) < 3 months: **short term insomnia (acute)**

[Symptoms](#) > 3 months: **chronic insomnia**

- Offer [good sleep hygiene](#) advice.
- Offer 6-week CBTi training programme (if available)
- Continue with [Sleep Diary](#) and [Sleep Condition Indicator](#)

Patient requires short-term pharmacological treatment due to identified stressor e.g., bereavement. **And** does not want CBT-i.

Patient experiences significant distress and daytime symptoms and requires short-term pharmacological treatment.

- If the patient shows sleep onset insomnia **or** requires operating machinery in the morning use: [Zolpidem](#) 5mg at night for up to 3-7 days.
- If the patient shows night-time waking insomnia use [Zopiclone](#) 3.75 mg at night for up to 3-7 days.
- Over 55 years offer [Melatonin MR](#) 2 mg once daily for up to 13 weeks, dose to be taken 1–2 hours before bedtime. Review treatment every 3 weeks.

No

No response to CBTi and/or [Symptoms](#) persist over 3 months.

No

- Review [Sleep Diary](#) and [Sleep Condition Indicator](#)
- Consider other factors such as change in life events, mental or physical health.
- Do not offer hypnotics long-term and avoid prescribing multiple sleep medication.
- Consider [Daridorexant](#).
- Review [interactions](#) and monitor if patients are exhibiting signs of [suicidal ideation](#).
- Use with caution in patients with history of suicidal ideation, or history of substance misuse.
- **Do not use if a patient is having a mental health crisis or has untreated psychiatric illness.**
- Continue assessment every 3 months and document progress via [Sleep Diary](#) and [Sleep Condition Indicator](#) and stop in people whose long-term insomnia has not responded.
- Prescribe for no longer **than 12 months**.

If no response, see [referral section](#) for specialist services.

6. REFERRAL TO SPECIALIST SERVICES

Chronic insomnia is with no underlying conditions is managed in primary care and before considering referral to other services the [psychological and pharmacological](#) treatments must be attempted.

[Sheffield Adult Neurological Sleep Service](#) (Services all of SY) will only accept complex patients who did not respond to previous treatments and have the following:

1. Comorbid sleep disorder in addition to chronic insomnia such as:
 - Restless leg syndrome
 - Parasomnias
 - Epilepsy
 - Excessive day time somnolence
 - Narcolepsy
 - Cataplexy
 - Idiopathic hypersomnia
 - Cyclical hypersomnia
2. Patient has been investigated for mental health, general medical issues, chronic pain, or polypharmacy that can be contributing to sleep disorder and referred to respective specialist teams.
3. Comprehensive sleep history and referral letter from primary care is completed by physician involved in patient care.

Additional local services:

Place	Provider	About	Website
Barnsley	Barnsley Metropolitan Borough Council	Barnsley Sleep Toolkit	https://www.barnsley.gov.uk/media/15844/sleep-resource-toolkit-for-better-family-health.pdf
Doncaster	The Sleep Charity	Advice, support and information on sleep	https://thesleepcharity.org.uk/about-us/what-we-do/
Rotherham	Sleepful	Self-help sleep programme	https://sleepful.org.uk/login?referer=%2Fdashboard
	RotherHive	Well-being, addiction and mental health support	https://rotherhive.co.uk/about-us/
Sheffield	Short-Term Educational Programme (STEP)	City-wide service providing free educational courses on mental health conditions.	https://www.shsc.nhs.uk/services/short-term-educational-programme-step

7. REFERENCES

1. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders (DSM-5). Available at: https://drive.google.com/file/d/10r_oUv_fZXQ4jUVXQC-4UnMdaneR3TD5/view. (Accessed: 14 November 2023).
2. Better Health (2022) How to fall asleep faster and sleep better. Available at: <https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/how-to-fall-asleep-faster-and-sleep-better/>. (Accessed: 14 November 2023).
3. BMJ (2014) The Sleep Condition Indicator. Available at: https://bmjopen.bmj.com/content/bmjopen/suppl/2014/03/19/bmjopen-2013-004183.DC1/bmjopen-2013-004183supp_appendix.pdf. (Accessed: 14 November 2023).
4. BNF NICE (2023) Zolpidem. Available at: <https://bnf.nice.org.uk/drugs/zolpidem-tartrate/#indications-and-dose>. (Accessed: 14 November 2023).
5. BNF NICE (2023) Zopiclone. Available at: <https://bnf.nice.org.uk/drugs/zopiclone/#indications-and-dose>. (Accessed: 14 November 2023).
6. Camden and Islington NHS Foundation Trust (2022) GUIDELINES FOR THE MANAGEMENT OF INSOMNIA. Available at: <https://www.candi.nhs.uk/sites/default/files/Guidelines%20for%20the%20Mangement%20of%20Insomnia%20PHA08.pdf>. (Accessed: 14 November 2023).
7. Chawla, J. (2022). Insomnia Treatment & Management. Available at: <https://emedicine.medscape.com/article/1187829-treatment#d1>. (Accessed: 14 November 2023).
8. NHS England (2021) Insomnia. Available at: <https://www.nhs.uk/conditions/insomnia/>. (Accessed: 14 November 2023).
9. ICD-11 (2023) Insomnia disorders. Available at: <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fid%2fentify%2f1038292737>. (Accessed: 14 November 2023).
10. European Medicines Agency (2023) Quviviq. Available at: <https://www.ema.europa.eu/en/medicines/human/EPAR/quviviq>. (Accessed: 14 November 2023).
11. Espie, C., Kyle, S, et al., (2014). The Sleep Condition Indicator: a clinical screening tool to evaluate insomnia disorder. Available at: <https://bmjopen.bmj.com/content/bmjopen/4/3/e004183.full.pdf>. (Accessed: 14 November 2023).
12. GOV UK (2014) Drugs and driving: blood concentration limits to be set for certain controlled drugs in a new legal offence. Available at: <https://www.gov.uk/drug-safety-update/drugs-and-driving-blood-concentration-limits-to-be-set-for-certain-controlled-drugs-in-a-new-legal-offence>. (Accessed: 14 November 2023).
13. Kroenke, K. (2022). PHQ-9. Available at: <https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9>. (Accessed: 14 November 2023).
14. Morgan, K., Beverley, D, Gascoigne, C (2007). Daily Sleep Diary. Available at: <https://www.nhs.uk/Livewell/insomnia/Documents/sleepdiary.pdf>. (Accessed: 14 November 2023).
15. NHS England (2021) Insomnia. Available at: <https://www.nhs.uk/conditions/insomnia/>. (Accessed: 14 November 2023).
16. NICE CKS (2022) Insomnia. Available at: <https://cks.nice.org.uk/topics/insomnia/>. (Accessed: 14 November 2023).
17. NICE Guidelines (2004) Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia. Available at: <https://www.nice.org.uk/guidance/ta77>. (Accessed: 14 November 2023).
18. NICE Guidelines (2022) Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults. Available at: <https://www.nice.org.uk/guidance/ng215/resources/medicines-associated-with-dependence-or-withdrawal-symptoms-safe-prescribing-and-withdrawal-management-for-adults-pdf-66143776880581>. (Accessed: 14 November 2023).
19. NICE MTG (2022) Sleepio to treat insomnia and insomnia symptoms. Available at: <https://www.nice.org.uk/guidance/mtg70/resources/sleepio-to-treat-insomnia-and-insomnia-symptoms-pdf-64372230458053>. (Accessed: 14 November 2023).
20. NICE TA (2023) Daridorexant for treating long-term insomnia. Available at: <https://www.nice.org.uk/guidance/ta922/resources/daridorexant-for-treating-longterm-insomnia-pdf-8261554424421>. (Accessed: 14 November 2023).
21. Mind UK (2023). How to cope with sleep problems. Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/sleep-problems/tips-to-improve-your-sleep/>. (Accessed: 14 November 2023).
22. Mulla, R. Stanley, N. (2021) Medicines that can affect sleep. Available at: <https://www.sleepstation.org.uk/articles/medicines/medicines-that-can-affect-sleep/>. (Accessed: 14 November 2023).
23. Sheffield Health and Social Care (2023). Insomnia Available at: <https://www.choicemandmedication.org/sheffieldhsc/condition/insomnia/>. (Accessed: 14 November 2023).
24. Sivertsen, B., Hysing, M, (2021). The Epidemiology of Insomnia and Sleep Duration Across Mental and Physical Health: The SHoT Study Available at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.662572/full>. (Accessed: 14 November 2023).
25. Sleep Charity (2020). Sleep Hygiene. Available at: <https://thesleepcharity.org.uk/information-support/adults/sleep-hygiene/>. (Accessed: 14 November 2023).
26. Spitzer, R. (2022). GAD-7. Available at: <https://www.mdcalc.com/calc/1727/gad7-general-anxiety-disorder7>. (Accessed: 14 November 2023).
27. Suni, E., Dimitriu, A, (2023). Stress and Insomnia. Available at: <https://www.sleepfoundation.org/insomnia/stress-and-insomnia>. (Accessed: 14 November 2023).
28. Suni, E., Dimitriu, A, (2023). What Causes Insomnia? Available at: <https://www.sleepfoundation.org/insomnia/what-causes-insomnia>. (Accessed: 14 November 2023).
29. Wilson, S., Anderson, K, (2019). British Association for Psychopharmacology consensus statement on evidence-based treatment of insomnia, parasomnias and circadian rhythm disorders: An update Available at: https://www.bap.org.uk/pdfs/BAP_Guidelines-Sleep.pdf. (Accessed: 14 November 2023).

8. DOCUMENTATION CONTROLS

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