



VA/DoD
Management of
Chronic Insomnia
Disorder and
Obstructive Sleep
Apnea: Clinical
Practice Guideline
Patient Summary





What is Chronic Insomnia Disorder?

Insomnia is a common complaint of not being able to sleep. But when insomnia is ongoing and symptoms include trouble falling asleep, staying asleep, or waking up too early, you may want to see a health care professional for an assessment for chronic insomnia.

For a diagnosis of chronic insomnia disorder, these sleep challenges must:

- Occur at least three nights per week
- Have begun at least three months ago
- Cause you to feel poorly during the day
- Occur even though you are allowing enough time for sleep

Chronic insomnia disorder is connected to medical conditions such as cardiovascular disease, obesity, diabetes, and mental health disorders such as mood disorders, anxiety disorders, and posttraumatic stress disorder (PTSD).

Insomnia symptoms can surface if you experience stressful life events. In service members, it is common for insomnia to begin during military training or deployment.



Diagnosis and Treatment of Chronic Insomnia Disorder

If you have trouble falling asleep or staying asleep, you should speak to your health care provider. They may ask you to fill out a questionnaire of your symptoms. They may also ask you to keep a "sleep diary," which is a record of when you fall asleep and what time you wake up. A health care provider may also refer you to a sleep specialist for further testing.

Two effective treatments for chronic insomnia disorder are cognitive behavioral therapy for insomnia (CBT-I) and brief behavioral therapy for insomnia (BBT-I). These treatments help you change your sleep patterns and reduce unhelpful thoughts and behaviors without the use of medication.

Your health care provider may also suggest prescription medication. Keep in mind that medications should generally only be taken for a short time.

Avoid over-the-counter medications and supplements. Supplements are not regulated by the U.S. Food and Drug Administration and could therefore be unsafe.

Questions to Ask Your Care Team

- I feel like I get enough sleep but I wake feeling tired and get sleepy during the day. Is there something wrong with my sleep?
- I cannot sleep. Do I have insomnia?
- What additional interventions might help me sleep other than medication?
- I haven't been sleeping well and I am interested in medication. What are my options?
- What is the best way to treat insomnia?





What is Obstructive Sleep Apnea?

Obstructive sleep apnea (OSA) is a common and serious problem in the U.S. and may affect military personnel and veterans. For people who have OSA, breathing actually stops or is reduced for short periods of time. These episodes may occur a few times per night or hundreds of times per night.

If OSA is not treated, it may decrease your sleep quality or make you sleepy during the day, which might make it harder to do your job.

It can also lead to weight gain, high blood pressure, high blood sugar, and motor vehicle crashes due to sleepiness while driving.

Many people with OSA snore (however, just because you snore, it doesn't mean you have OSA). Other common symptoms include sleepiness, headaches in the morning, using the bathroom frequently during the night, waking up from sleep choking or gasping for air, or waking up with a sore throat.

You are more likely to have OSA if any of these apply to you:

- You are a male or a post-menopausal woman
- You are obese or have a large neck size, high blood pressure, a family history of sleep apnea, or had a stroke
- You use opioid medications, certain sleep medications or alcohol
- You sleep on your back



Diagnosis and Treatment of OSA

If you have problems sleeping, you should speak to your health care provider. They may ask you to fill out a questionnaire or they may refer you for a sleep study.

A sleep study can take place at home or at a lab. Your health care provider may start with a home study and if they are not able to diagnose the problem, they may then refer you to a lab study.

Treatment may involve the use of positive airway pressure (PAP) therapy. This treatment has proven to be safe and effective, so it is often recommended. It uses a mask that fits around your nose or face and pushes air into your lungs to help open the upper airway passages.

Another treatment option may be the use of a mandibular advancement device (MAD), a dental device that you wear to move your jaw forward and open your airway.

A few lifestyle changes may also help with OSA such as:



Regular bedtime



Weight loss



Avoid alcohol and opioids



Sleep on your side



Strive for 7–8 hours of sleep per night

Resources



**Sleep Education,
A resource provided by the
American Academy of Sleep
Medicine:**
sleepeducation.org/



National Sleep Foundation:
sleepfoundation.org/



**American Thoracic Society,
Fact Sheets A – Z:**
thoracic.org/patients/patient-resources/fact-sheets-az.php

**American Thoracic Society,
Patient Educational Materials:**
thoracic.org/members/assemblies/assemblies/srn/patient-educational-materials/



**Society of Behavioral Sleep
Medicine:**
behavioralsleep.org/



**Psychological Health Center
of Excellence:**
pdhealth.mil



Department of Veterans Affairs and Department of Defense health care providers who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

References:

The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea Work Group, Department of Veterans Affairs & Department of Defense. (2019). VA/DoD Clinical Practice Guideline for the Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea. Version 1.0. Retrieved from <https://www.healthquality.va.gov/guidelines/CD/insomnia/VADoDSleepCPGFinal508.pdf>

Photos courtesy of the Department of Defense.

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