

REPORT OF VMC PPG EVENT

Topic: SLEEP DISORDERS and INSOMNIA

Time and place: 6.00 Thursday 7 December 2017, Group Room VMC

Speakers:

Dr Hugh Selsick, Consultant in Sleep Medicine, Sleep Disorders Centre, Guys and St Thomas's Hospitals

and from Central and NW London NHS Foundation Trust Talking Therapies Service, Westminster:

Georgina Wallington, Psychological Wellbeing Practitioner, Cognitive Behavioural Therapy (CBT) for Insomnia

Ruby Taylor (trainee CBT therapist)

Dr Selsick began by describing how sleep works. He explained the difference between rapid eye movement (REM) sleep and non-REM sleep stages. Normally we fall into dreamless non-REM sleep. This is composed of both light and deep sleep stages. Non-REM sleep is followed by a short period of light REM sleep in which the brain is very active and we dream. During REM our body stops controlling our body temperature drops and our muscles become paralysed. This is one sleep cycle and it lasts around 90 minutes.

With each cycle the proportion of deep Non-REM sleep is reduced and the proportions of light Non-REM and REM sleep are increased. Deep Non-REM sleep accounts for about 20% of the night, light Non-REM about 50% and REM around 25%. Deep REM sleep is important because it is when the body repairs itself, builds muscles and bones and strengthens its immune system.

He then described the six main categories of sleep disorders:

1. Insomnia
2. Sleep related breathing disorders – eg. sleep apnea
3. Central disorders of hypersomnolence – severe daytime sleepiness
4. Circadian rhythm sleep-wake disorders
5. Parasomnias – unusual or unwanted events in the night.
6. Sleep-related movement disorders including restless leg syndrome

One of the most common sleep related breathing disorders is obstructive sleep apnea caused by repeated narrowing or collapse of the

throat leading to choking. It is usually accompanied by heavy snoring. Treatments include weight loss, position therapy and CPAP – a most effective treatment using a ventilator that applies mild air pressure to keep the airways open.

Delayed sleep-wake phase disorder, common in young people, occurs when the internal body clock is delayed. People with this disorder struggle to fall asleep until well after their desired sleep-onset time and would sleep into late morning or into the afternoon if allowed to do so. The sufferer is most alert at night but drowsy in the morning. Many adolescents grow out of it, and it can be treated with relatively benign interventions: melatonin at night, and light in the morning are particularly useful in the treatment of this disorder.

Parasomnias are abnormal events that happen while a person is asleep, including nightmares, night terrors, sleep-walking and acting out a dream. Some occur during periods of REM sleep, others during non-REM sleep.

Restless legs syndrome is an uncomfortable sensation that is worse at night and can make it hard to sleep. It is easy to localise but hard to describe, and as a result GP diagnosis is poor.

Dr Selsick said that most sleep disorders are treatable and urged patients to speak to their GP about their condition rather than suffer in silence for years. VMP patients can also be referred to the Sleep Disorders Centre at Guys and St Thomas's for treatment.

Georgina Wallington and **Ruby Taylor** from the Westminster Talking Therapies Service discussed the psychological causes of insomnia including stress, shift work, young children, illness and chronic pain, and the effects of poor sleep: tiredness, general health problems, irritability, loss of memory, anxiety and depression. Treatments are based on Cognitive Behavioural Therapy (CBT). They offer a 6-week group therapy course called CBT-I for treating insomnia without the use of sleeping pills.

For example, the first one and a half hour evening session covers Sleep Hygiene: no caffeine, alcohol or heavy meals 4 hours before bedtime, no exercise 2 hours before bedtime, avoid smoking, watching TV, listening to music on the radio, working on a laptop or eating close to bedtime, managing your bedroom – keeping it calm, quiet and dark and at a comfortable temperature.

Subsequent sessions cover scheduling sleep restriction – avoiding naps and trying to keep a regular time for getting up, stimulus control, worry management, the role of thoughts, and accepting your own sleep. There is homework to do and each week there is a group feedback.

The service, based at 192–198 Vauxhall Bridge Road, across from

VMC, can accept referrals from GPs or you can refer yourself by filling in a form available from reception, or by telephoning 030 3333 0000, or emailing westminster.iapt@nhs.net.

42 people attended the meeting, which closed at 7.40 pm.