



A Case for Change

Chronic Insomnia

Chronic insomnia is common and has serious consequences

Almost 15% of Australians suffer from chronic insomnia¹ which, as defined by the International Classification of Sleep Disorders, includes difficulty in sleeping, occurring at least three times per week, lasting at least three months and with significant daytime impairments².

Strong evidence shows that chronic insomnia increases the likelihood of:



DEPRESSION
Participants with insomnia are twice as likely to develop depression³



SICK LEAVE
Insomnia is a significant predictor of sick leave⁴



ROAD ACCIDENTS
Road collisions are associated with insomnia, possibly due to fatigue and poor concentration⁵



HYPERTENSION
Chronic insomnia is associated with hypertension according to a recent review⁶.



- The cost of chronic insomnia in Australia is estimated at \$10 billion per annum in financial costs (productivity, health system and other) and loss of wellbeing (healthy life lost and premature death⁷).
- A 2019 Australian Government Parliamentary inquiry into sleep health recommended that it be made a national priority, alongside fitness and nutrition⁸.



Insomnia is usually treated with sedative-hypnotics that have adverse side effects

- 90% of people treated for chronic insomnia by GPs are prescribed sedative-hypnotic medications⁹, most commonly benzodiazepines¹⁰, which have significant side effects, including lethargy, drowsiness, fatigue, incoordination, dizziness and confusion¹¹.
- Benzodiazepines are addictive. People who are dependent experience a range of withdrawal symptoms if they stop taking them abruptly. These include anxiety, panic attacks, confusion, visual disturbances, feelings of unreality, and even seizures¹¹.
- Long-term use of benzodiazepines is associated with:
 - Up to a 75% greater risk of Alzheimer's disease, particularly in long-term users¹².
 - Higher risk of overdose and more than half of annual drug overdose deaths in Australia¹³.
 - Impaired functioning including adverse cognitive events (nearly five times more common than those taking a placebo), adverse psychomotor events (2.6 times more common), and daytime fatigue (3.8 times more common¹⁴).

Cognitive behavioural interventions are effective in treating chronic insomnia

- Cognitive behavioural therapy for insomnia (CBTi) has been shown to be effective as first-line treatment for chronic insomnia, compared with sedative-hypnotics or no treatment^{15, 16}.
- CBTi is designed to change dysfunctional thoughts and behaviours through sleep restriction, stimulus control, cognitive therapy, sleep hygiene, relaxation methods, and other methods of managing the state of hyper-arousal in chronic insomnia.
- Until recently its implementation has been constrained by the limited number of clinicians with expertise in CBTi.
- CBTi can now be delivered via the internet or smartphone apps. These can be as effective as face-to-face treatment, and can reach many more people suffering from chronic insomnia¹⁷.
- Rates of use of CBTi are low; about 20% of patients with insomnia in general practice are prescribed counselling, and only some of these will be referrals for CBTi

A Case for Change Statement

Increasing CBTi for chronic insomnia and reducing the use of sedative hypnotics will result in significant health and social benefits.

Developed by the Sax Institute for the NCSHSR All references for this document are available on the Sax Institute Website