Sleepstation

Referring to Sleepstation

A clinically validated digital sleep service delivering cognitive behavioural therapy for insomnia (CBTi) via a digitally enabled multi-disciplinary team. Our digital care pathway and person- centred approach incorporates dedicated, proactive human support.

sleepstation.org.uk

What you need to know

This document is designed to give you the necessary information to refer appropriate patients to Sleepstation. The choice of cognitive and behavioural intervention should be guided by clinical judgement, individual preference and availability.

Topics covered include:

- **What is Sleepstation?**
- **How does it work?**
- **What is CBTi?**
- **Evidence base**
- **NICE guidance for insomnia**
- **Why should I consider referring?**
- **What steps are involved?**
- **Treating insomnia without medication**
- **Who is Sleepstation suitable for?**
- **How do I refer?**
- **How do patients get access?**
- **Screening for insomnia**
- **Sleep medicine training**
- **How is Sleepstation funded?**
- **References**

What is Sleepstation?

Sleepstation is a digital health service delivering an online CBTi programme. **NICE recommends CBTi as the first-line approach for chronic insomnia.**

Sleepstation resolves insomnia symptoms and improves quality of life for more than 80% of patients who engage with the programme.

- **Clinically validated**
- **Highly engaging**
- **Proven efficacy**
- **Few contraindications**
- **Benign side-effect profile**
- **Evidence based**
- **Delivered entirely online**
- **Gold-standard approach**
- **Fully supported**
- **Personalised care**

How does it work?

Delivered entirely online and carefully tailored to each individual, Sleepstation helps people identify the underlying causes of their sleep problem and provides the support and guidance needed to improve sleep.

Sleepstation has impressive engagement rates.
76% of patients referred engage with the programme.

The personalised support is what makes Sleepstation so effective. A team of coaches and sleep experts will support and guide your patients through a personalised programme designed to improve their sleep.

There is no need to download an app to use Sleepstation. The service is web-based.

Support is delivered asynchronously. Patients can complete therapy sessions in their own time and access human support and guidance when they need it most.

Sleepstation helps people sleep better without medication.

Akal
48, from Bristol

"The programme is well structured and the support provided is fantastic. The tools this programme has given me will lead to a means to go back and use them when needed in the future. Excellent interactive website and brilliant support."

Akal had been sleeping badly for four years before he found Sleepstation.

What is CBTi?

Cognitive behavioural therapy for insomnia (CBTi) aims to improve sleep habits and behaviours by identifying and challenging thoughts and behaviours that affect a person's ability to sleep or sleep well.

Cognitive and behavioural interventions are effective in the treatment of long-term insomnia (1) and are widely recommended (2-8).

The cognitive therapy in a CBTi programme is **centred around sleep education, using this as a tool to target dysfunctional beliefs/attitudes about sleep.**

The type of cognitive therapy delivered within a CBTi programme is not synonymous with other forms of cognitive behavioural therapy, for example those designed to address anxiety or depression. **Patients who have not responded to CBT for depression may respond well to CBTi.**

Jane

62, from Leeds

"Sleepstation has changed my life. I now look forward to getting into bed because I know I will sleep. Having sleep tools has taken away my anxiety. I enjoy living now because the confusing 'lack of sleep' fog has been lifted."

Jane had been struggling with insomnia for more than six years before she was referred to Sleepstation.

What evidence is there for this approach?

CBTi is well validated and underpinned by more than 30 years of evidence. It is a safe and effective means of managing insomnia symptoms (9).

While CBTi is acknowledged to work, the lack of trained therapists and sleep experts has prevented widespread availability of this treatment in face-to-face settings.

Sleepstation's online CBTi programme has been shown to be **as effective as clinic based psychological therapy** and can effectively resolve even the most chronic insomnia, with long-lasting benefits for the patient and fewer side effects than pharmacological interventions.

Sleepstation can resolve insomnia symptoms and improve quality of life for more than 80% of patients who complete the programme.

Further information can be found on our evidence page.

Sarah

26, from Ilford

"Having the sleep coaches' support and encouragement for different techniques to apply really helped. The support has been great and my sleep has improved greatly."

Sarah had been experiencing insomnia symptoms for more than three years before her GP referred her to Sleepstation.

NICE guidance for insomnia treatment

A systematic review and meta-analysis found that cognitive behavioural therapy alone can improve sleep in patients with chronic insomnia, without the need for medication (9).

CBTi is recommended as the first-line treatment for chronic insomnia in the NICE guidelines.

GPs are encouraged to refer to psychological services for a cognitive or behavioural intervention. However, the clinical need remains unmet because there is a shortage of practicing insomnia specialists. The focus of many IAPT services within the NHS is on anxiety and depression with relatively few practitioners experienced in CBTi.

Referring to Sleepstation's online CBTi programme allows you to refer in line with guidance.

"Offer cognitive behavioural therapy for insomnia (CBT-I) as the first-line treatment for chronic insomnia in adults of any age"

NICE National Institute for Health and Care Excellence

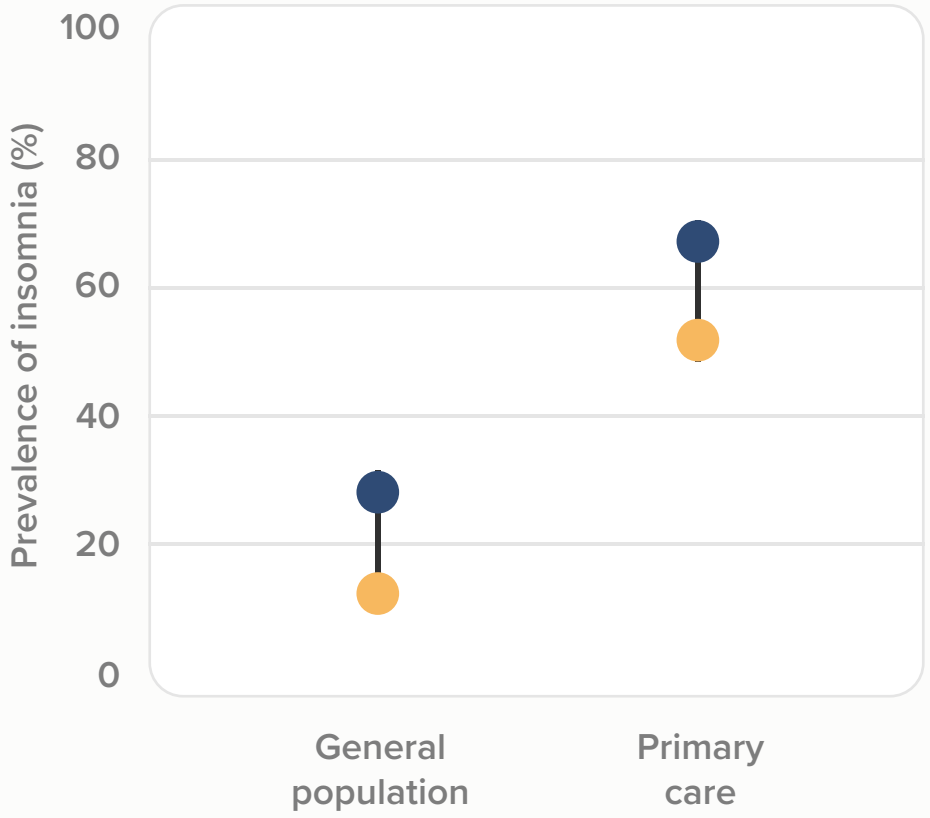
Why should I consider referring to Sleepstation?

Sleeping well is essential to physical health and emotional wellbeing. To feel well, we must sleep well.

Insomnia disorder remains the most commonly reported sleep disorder. Estimates of the prevalence depend on the criteria used to define insomnia and the population studied and range from 10-30% (10, 11).

The prevalence of insomnia in primary care patients has been reported to be as high as 69%, with 50% reporting occasional insomnia and 19% reporting chronic insomnia (12).

10% of the UK population visit their GP each year with sleep related issues (13), making sleep a major clinical problem and contributing significantly to the strain on GP resources.



What steps are involved?

Sleepstation is a personalised programme tailored to address individual needs and unique circumstances. **The first step is a detailed assessment and sleep review.** Each patient is provided with a personalised report containing advice and guidance about next steps.

The Sleepstation therapy programme is not appropriate for all patients. Patients screened out at this stage are provided with a full explanation and signposted to other services.

The next step is therapy. A personalised sleep plan is created for each patient based on information collated during their review.

Patients complete therapy sessions independently and can discuss their progress and access support from our sleep team via a secure online messaging system available throughout the course.

A typical course lasts 6-8 weeks, depending on the needs and circumstances of the patient.

There are no waiting lists, patients can start the Sleepstation programme as soon as they're ready.

Treating insomnia without medication

To treat insomnia, medications (especially sedative hypnotics) have been used because of their quick effects in a short time period (14). However, medication for insomnia can present several adverse effects (15) and addiction during long-term use (16). Moreover, medication has a limited effect on the long-term relief of insomnia (17).

Pharmacological therapy is generally not recommended for the long-term management of insomnia (9).

With a shortage of practicing insomnia specialists within the UK (fewer than 10 specialist centres), patients can wait many months, or even years, to see someone. This has left GPs and other healthcare providers little option but to recommend alternative, less effective treatments, and revert to hypnotic prescribing.

Sleepstation can effectively address all forms of insomnia without medication.

Richard

45, from Maidstone

"This course has been fantastic. The results, have been life changing. I look forward to going to bed. This course has given me the confidence and tactics to further improve my sleep in the future. Without sleeping pills! Thank you."

Richard had been taking sleeping pills for more than three years before he tried Sleepstation.

Risks associated with hypnotic prescribing

Hypnotic drugs are not recommended for long-term use as there are concerns regarding their safety (2, 18-20). Potential adverse effects include daytime sedation, poor coordination, cognitive impairment and related concerns about the increased risk of driving accidents and falls.

In older people, in particular, the magnitude of the beneficial effect of hypnotics may not justify the increased risk of adverse effects (such as cognitive impairment and increased risk of falls).

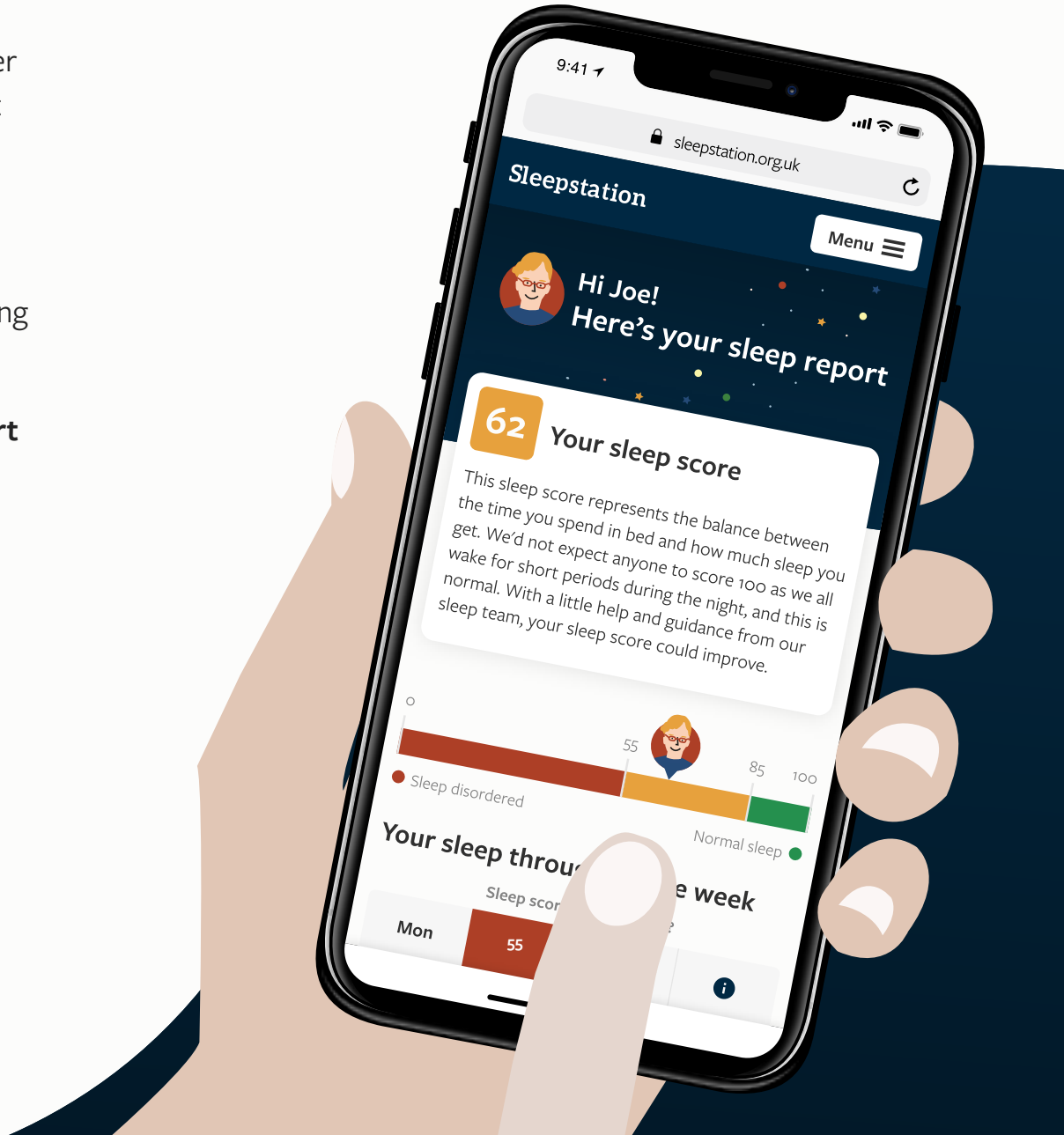
Long-term use of hypnotics can lead to the development of tolerance, physical or behavioural dependence, adverse effects on withdrawal, rebound insomnia and increased mortality.

How can Sleepstation help?

Technology is rewriting the relationship between patients, professionals and care providers. Patients are taking greater control of their health and tools for patient empowerment and self-management provide opportunities for patients' active participation in their care.

Digital healthcare services like Sleepstation can deliver customisable, quality care at a fraction of the cost of existing treatments.

Sleepstation can provide your patients with the support and guidance needed to help them sleep well.



Who is Sleepstation suitable for?

There are few contraindications but Sleepstation is not appropriate for everyone. Please use your clinical judgement to determine whether Sleepstation is right for your patient.

Sleepstation uses sleep restriction therapy. This technique limits the time a patient spends in bed to match the amount of time they sleep and can increase risks to some patients. Patients with the following conditions or disorders should not use Sleepstation:

- Epilepsy, bipolar disorder, mania, schizoaffective disorder, schizophrenia or a personality disorder.
- Very severe untreated generalised anxiety (this should be addressed first).
- History of psychosis/psychotic episodes, seizures or acute PTSD.
- Parasomnias.

We cannot accept referrals for patients who are:

- under 18 years of age.
- currently undergoing CBT with another provider.
- currently under the active care of a psychiatrist.
- unable to use a computer/smart phone and access the internet daily.

Please be advised, Sleepstation may be unsuitable for ladies experiencing sleep issues related specifically to pregnancy. Variable shift workers are also unlikely to gain much benefit.

How do I refer?

The choice of cognitive and behavioural intervention should be guided by clinical judgement, individual preference, and availability.

Consider referring to Sleepstation:

- When a patient complains of sleep problems lasting longer than four weeks with impact on next day function.
- When a patient presents with low mood and associated sleep disturbance.
- When it is desirable to taper a patient off hypnotic medications.

Sleepstation is available via electronic referral only. Referrals can submitted via GP systems or made by emailing a completed copy of our referral form to tnu-tr.sleepstation@nhs.net from nhs.net email accounts only.

If you do not have a copy of our referral form, a blank copy can also be requested by email.

Insomnia and its effects

Insomnia disorder is defined as difficulty initiating sleep, difficulty maintaining sleep or early morning awakening with subsequent impact upon daytime function.

It is associated with daytime fatigue, reduced quality of life and increased ill health across a range of studies (21, 22) and represents a critical public health problem worldwide (23).

Insomnia commonly accompanies conditions such as depression and chronic pain but often persists even after successful resolution of these 'primary' conditions (1). Presence of insomnia has been found to predict subsequent depression or anxiety in those with a first episode of mood disorder (6, 16 -17).

It is also a risk factor for the development of hypertension, diabetes and heart disease (24-27) and is associated with increased healthcare costs (28).

Screening for insomnia

If your patient has one of more of the following symptoms, then they could have insomnia.

- Difficulty falling asleep
- Difficulty staying asleep (waking up during the night and having trouble returning to sleep)
- Waking up too early in the morning
- Un-refreshing sleep (also called “non-restorative sleep”)

To be indicative of insomnia, these symptoms need to lead to daytime consequences including:

- Fatigue or low energy
- Cognitive impairment, such as difficulty concentrating
- Mood disturbance, such as irritability
- Behaviour problems, such as feeling impulsive or aggression
- Difficulty at work
- Difficulty in personal relationships, including family, friends and caregivers

How do patients access Sleepstation's NHS service?

Patients gain most benefit from CBT when it is delivered in a timely manner. Readiness to change drives effective outcomes. Long waiting lists can therefore reduce adherence.

There are no waiting lists to access Sleepstation and patients can self-refer to the service.

Patients are contacted within two working days of a referral. The setup process takes around 10 minutes and provides patients with immediate access to the service and support team.

Patients are provided with personalised support and encouragement to tackle their sleep problem from the outset. Leading to adherence in the range of 74-78%.

Sleep medicine training

Sleep medicine is infrequently part of medical school curricula. Sleepstation can provide free CPD accredited sleep medicine training. These short courses are designed to arm participants with the skills and knowledge to recognise, assess and manage common sleep problems.

This training is delivered at no charge to the practice/organisation providing a minimum of five people attend. There are specific programmes for GPs, nurses, physios, pharmacists and link workers.

Training is currently being delivered via webinar. An outline of the training programme is provided below. To register, email nhs@sleepstation.org.uk

How to recognise and treat the patients with sleep problems

- What is sleep?
- Why it is important
- Taking a quick sleep history
- Common sleep problems and what to do about them
- Pharmacological treatments for insomnia
- Non-pharmacological treatments for insomnia

How is Sleepstation funded?

Sleepstation's NHS service is fully funded in your area and is provided free of charge to NHS patients in this area.

Non-NHS patients can choose to purchase Sleepstation privately.

References

1. Morin,C.M., Bootzin,D.J., Edinger,J.D., et al. (2006) Psychological and behavioral treatment of insomnia: update of the recent evidence (1998-2004). Sleep. 29(11), 1398-1414.

2. National Institutes of Health (2005) NIH State-of-the-Science conference statement on manifestations and management of chronic insomnia in adults. National Institutes of Health. www.consensus.nih.gov.

3. Morgenthaler,T., Kramer,M., Alessi,C., et al. (2006) Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep. 29(11), 1415-1419.

4. Budur,K., Rodriguez,C. and Foldvary-Schaefer,N. (2007) Advances in treating insomnia. Cleveland Clinic Journal of Medicine.74(4), 251-266.1.6.5.7.8.9.10.2.3.4.

5. Schutte-Rodin,S., Broch,L., Buysse,D., et al. (2008) Clinical guideline for the evaluation and management of chronic insomnia in adults. Journal of Clinical Sleep Medicine. 4(5), 487-504.

6. Falloon,K., Arroll,B., Elley,C.R. and Fernando 3rd,A. (2011) The assessment and management of insomnia in primary care.BMJ. 342, d2899.

7. Buysse,D.J. (2013) Insomnia. JAMA. 309(7), 706-716.

8. https://cks.nice.org.uk/insomnia#!scenario:1

9. Wise J. Cognitive behavioural therapy can help chronic insomnia, review finds. BMJ. 2015; 350: h3076 doi: 10.1136/bmj.h3076

10. Simon,G.E. and VonKorff,M. (1997) Prevalence, burden, and treatment of insomnia in primary care. American Journal of Psychiatry. 154(10), 1417-1423.

11. Roth T. Insomnia: definition, prevalence, etiology, and consequences. J Clin Sleep Med JCSM Off Publ Am Acad Sleep Med. 2007;3(5 Suppl):S7–S10.

12. Shochat, T., Umphress, J., Israel, A.G. and Ancoli-Israel, S., 1999. Insomnia in primary care patients. Sleep: Journal of Sleep Research & Sleep Medicine.

13. Wilson, S., Anderson, K., Baldwin, D., Dijk, D.J., Espie, A., Espie, C., Gringras, P., Krystal, A., Nutt, D., Selsick, H. and Sharpley, A., 2019. British Association for Psychopharmacology consensus statement on evidence-based treatment of insomnia, parasomnias and circadian rhythm disorders: An update. Journal of Psychopharmacology, 33(8), pp.923-947.

14. Becker PM. Hypnosis in the Management of Sleep Disorders. Sleep Med Clin. 2015; 10: 85–92.

15. Vermeeren A. Residual effects of hypnotics: epidemiology and clinical implications. CNS Drugs. 2004;18: 297–328.

16. Takaesu Y, Komada Y, Asaoka S, Kagimura T, Inoue Y. Factors associated with long-term use of hypnotics among patients with chronic insomnia. PLoS One. 2014; 9: e113753 doi:10.1371/journal.pone.0113753 eCollection 2014.22.21.20.26.27.28.23.24.25.

17. Chen PL, Lee WJ, Sun WZ, Oyang YJ, Fuh JL. Risk of dementia in patients with insomnia and long-term use of hypnotics: a population-based retrospective cohort study. PLoS One. 2012; 7: e49113 doi:10.1371/journal.pone.0049113 Epub 2012 Nov 7.

18. Holbrook,A.M., Crowther,R., Lotter,A., et al. (2000) Meta-analysis of benzodiazepine use in the treatment of insomnia.Canadian Medical Association Journal. 162(2), 225-233.

19. Sateia,M. and Nowell,P.D. (2004) Insomnia. Lancet. 364(9449), 1959-1973.

20. Ramakrishnan,K. and Scheid,D.C. (2007) Treatment options for insomnia. American Family Physician. 76(4), 517-526.

21. Espie CA, Kyle SD, Hames P, Cyhlarova E, Benzeval M. The daytime impact of DSM-5 insomnia disorder: comparative analysis of insomnia subtypes from the Great British Sleep Survey. J Clin Psychiatry. 2012;73(12):1478–1484.

22. Roth T, Ancoli-Israel S. Daytime consequences and correlates of insomnia in the United States: results of the 1991 National Sleep Foundation Survey. II. Sleep. 1991;22(Suppl 2):S354–S358.

23. Institute of Medicine (US) Committee on Sleep Medicine and Research; Colten HR, Altevogt BM (2006). Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. https://www.ncbi.nlm.nih.gov/books/NBK19958/

24. Neckelmann D, Mykletun A, Dahl AA. Chronic insomnia as a risk factor for developing anxiety and depression. Sleep. 2007;30:873–880. doi: 10.1093/sleep/30.7.873.12.11.18.17.16.19.13.14.15.

25. Ellis JG, Perlis ML, Bastien CH, et al. The natural history of insomnia: acute insomnia and first-onset depression. Sleep 2014;37:97–106. 10.5665/sleep.3316.

26. Phillips B, Mannino DM. Do insomnia complaints cause hypertension or cardiovascular disease? J Clin Sleep Med. 2007 Aug 15;3(5):489–94.

27. Knutson KL, Ryden AM, Mander BA, Van Cauter E. Role of sleep duration and quality in the risk and severity of type 2 diabetes mellitus. Arch. Intern. Med. 2006 Sep 18;166(16):1768–74.

28. Wilson SJ, Nutt DJ, Alford C, Argyropoulos SV, Baldwin DS, Bateson AN, et al. British Association for Psychopharmacology consensus statement on evidence-based treatment of insomnia, parasomnias and circadian rhythm disorders. J. Psychopharmacol. (Oxford). 2010 Nov;24(11):1577–601.