Insomnia in Primary Care: Assessment, CBTi and Safe Prescribing

PANELISTS
Dr. Shayna Watson • Dr. Colleen Carney • Dr. Purti Papneja

WITH
Dr. Carrie Bernard • Dr. Stephanie Zhou

Mental Health
and Addictions

Please introduce yourself in the chat!

Your name,
Your community,
Your X (Twitter) handle

Interested in becoming a speaker at our CoPs?

Send us an email with your name & topic(s) of interest to **practisingwell@ocfp.on.ca**

@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Shayna Watson

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- CIHR funded Sleep Consortium

Dr. Colleen Carney

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker

Dr. Purti Papneja

Relationships with financial sponsors (including honoraria):

- OCFP Practising Well CoP speaker
- Richmond Hill Sleep and Lung Institute

Disclosures

Dr. Carrie Bernard

Relationships with financial sponsors (including honoraria):

- University of Toronto – Stipend for role in the Division of Mental Health and Addictions
- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- FPME – Medical Editor

Membership on Advisory boards or speakers' bureaus:

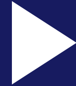
- College of Family Physicians of Canada – Past President of the Board of Directors

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Canadian Medical Association – Honoraria for practice management lectures
- Department of Family and Community Medicine (University of Toronto)
- Toronto Public Health – Board of Directors member

Mitigating Bias

Disclosure of financial support 

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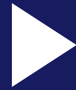
Potential conflicts 

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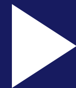
Mitigating potential bias 

The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.

Content has been developed according to the standards and expectations of the Mainpro+ certification program.

The program content was reviewed by the SPC.

Practising Well Self-Learning Program

The Practising Well CoP is certified for self-learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self-learning program is certified for up to 63 Mainpro+ credits.

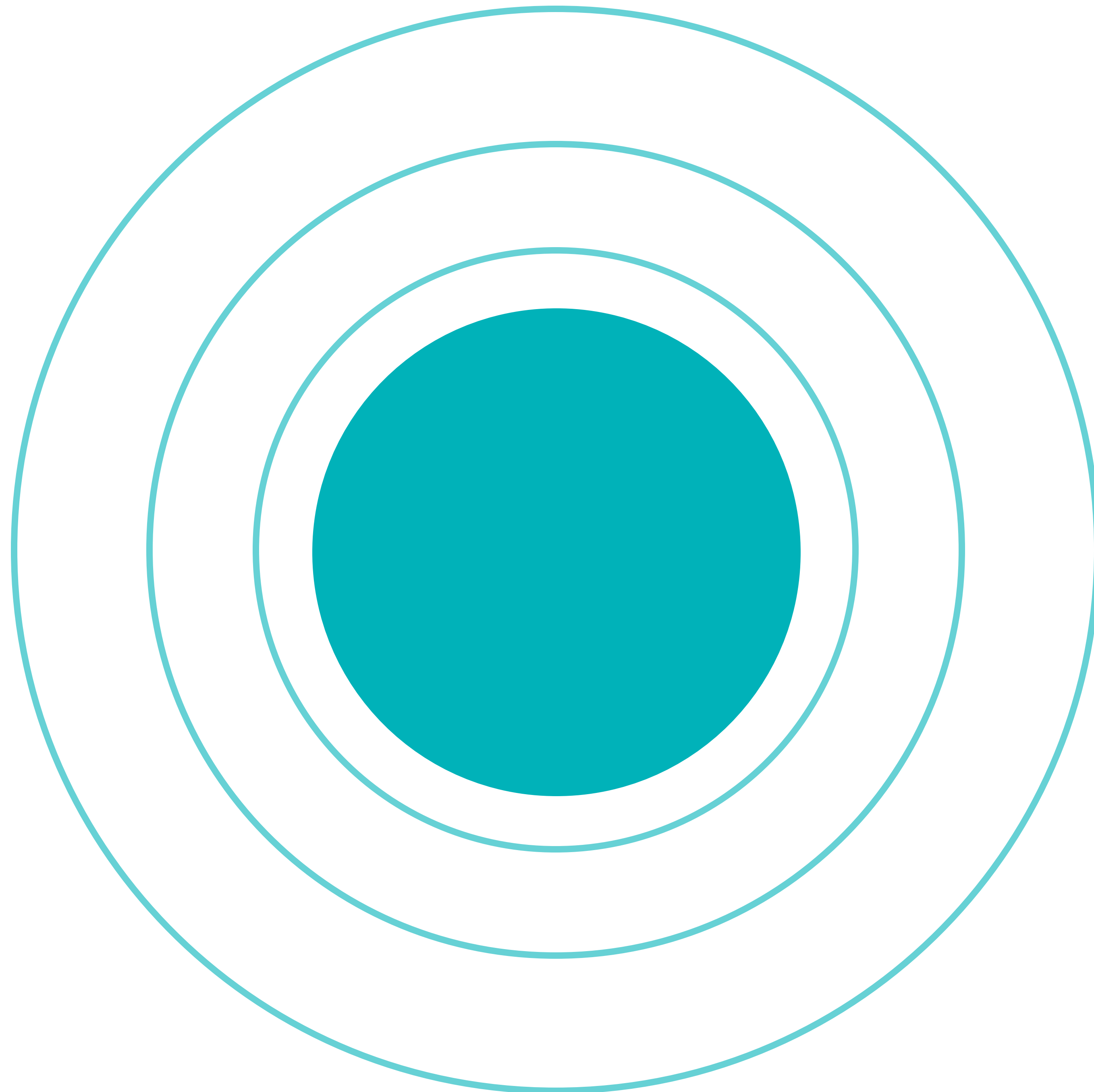
Learn More and Participate

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Your Panelists

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Dr. Purti Papneja

Insomnia in Primary Care: Assessment, CBTi and Safe Prescribing

Insomnia care without medication – a pragmatic approach

Shayna Watson MD MEd FCFP

Dream Team:

Stephanie Lynch PharmD

Erin Desmarais MSW

Judith Davidson PhD

Katherine Fretz PhD

David Gardner PharmD

OCFP 2026

Sleep is a part of what we do as family docs

- Stress / Anxiety
- Depression
- Pain
- Substance use
- Fatigue
- Non-specific presentations
- Well person care
- Chronic disease management
- Well child care

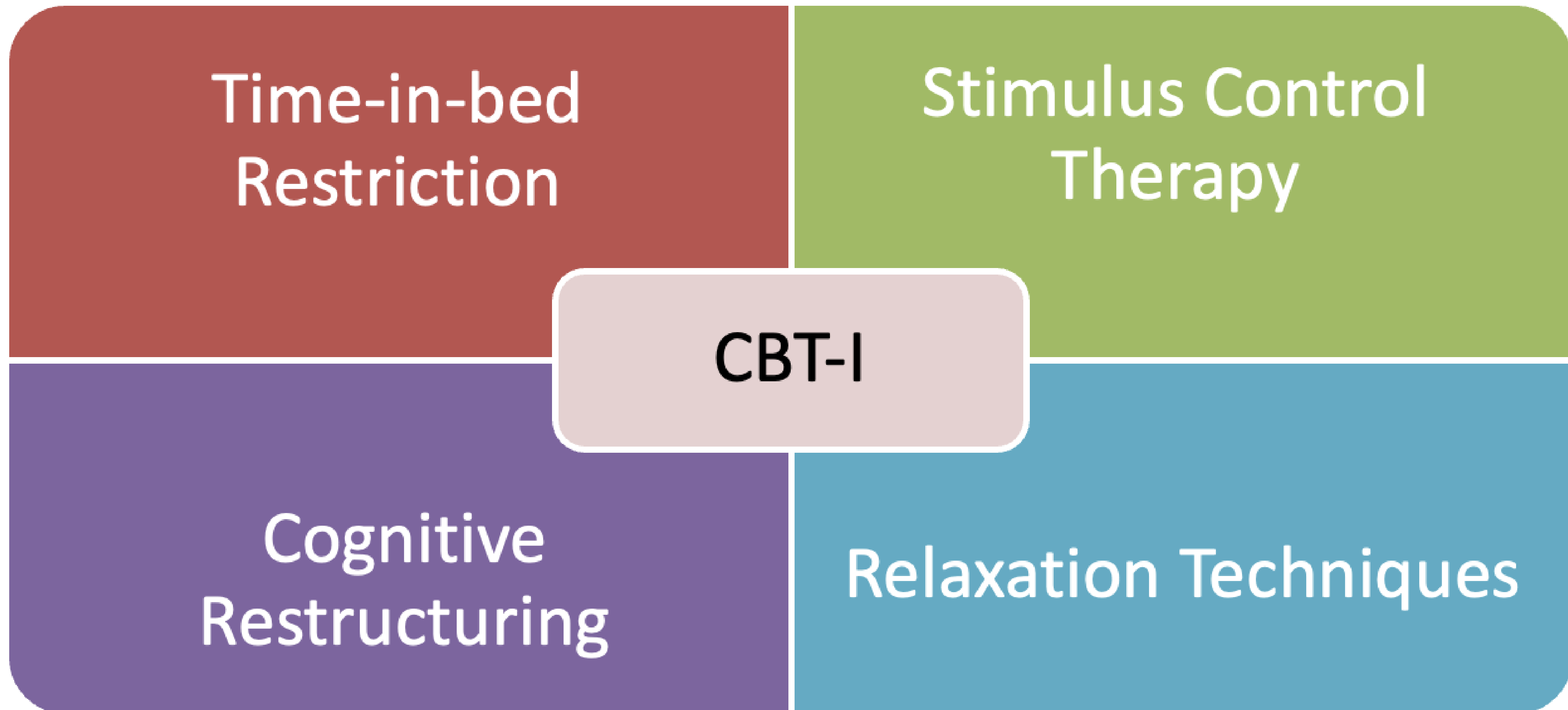
- Often linked to, or behind other presentations
- **We know our people** – co-morbidities, substance use, work and life circumstances
- We can address chronic insomnia in context of **existing appointments** without extra resources, supports
- We can develop skills and approaches that are, **evidence-based and non-pharmacologic**

A Canadian Stepped Care Model for Insomnia

Davidson et al Trans Beh Med 2025

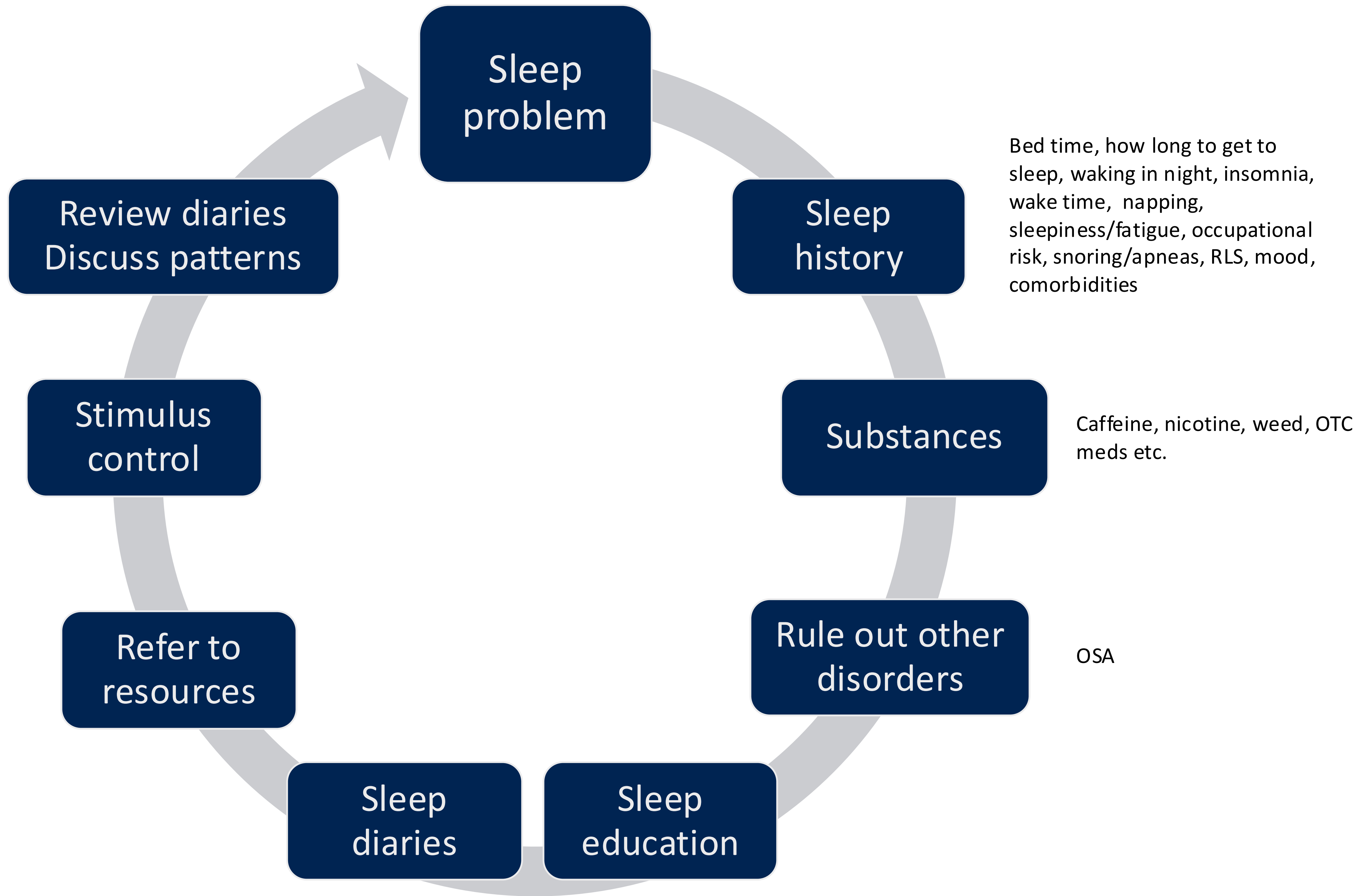
What is CBT-I?

- **Not sleep hygiene**



What do I do in a busy clinic – CBTi on the fly

- **Ask about sleep** and bring these simple evidence-based approaches to work I already do
- **Avoid** new med starts, if symptoms persist despite meds – stop
- **Educate** – provide information and resources
- **Brief behavioural tools** – sleep diaries, stimulus control, sleep schedule (compression, consistency), sharing of resources


Sleep problem
Sleep history
Bed time, how long to get to sleep, waking in night, insomnia, wake time, napping, sleepiness/fatigue, occupational risk, snoring/apneas, RLS, mood, comorbidities
Substances
Caffeine, nicotine, weed, OTC meds etc.
Rule out other disorders
OSA
Sleep education
Sleep diaries
Refer to resources
Stimulus control
Review diaries
Discuss patterns

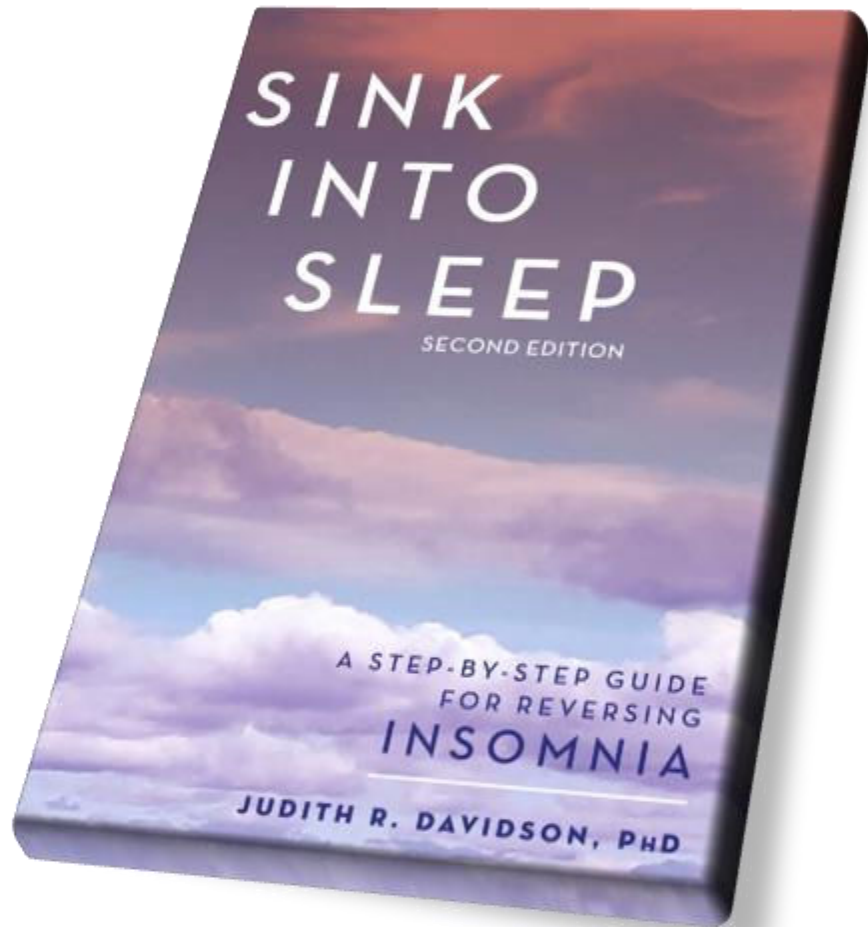
BASELINE

Sleep Diary for the week of: Sept 7/15 Louise

~~Bedtime:~~ ~~Rise Time:~~

DAY of the WEEK *Which night is being reported on?*	MON	TUES	WED	THURS	FRI	SAT	SUN
Sleep timing							
1. I went to bed at *(clock time):*	945 PM	1100 PM	1030 PM	900 PM	1100 PM	100 AM	1030 PM
2. I turned out the lights after *(minutes):*	40	5	25	20	40	10	10
3. I fell asleep in *(minutes):*	60	30	120	didn't	30	20	120
4. I woke up ___ time(s) during the night. *(number of awakenings):*	5	2	4	sleep	0	2	1
5. The total duration of these awakenings was *(minutes):*	60	20	80	at all!	—	40	30
6. After awakening for the last time, I was in bed for *(minutes):*	2	10	5		2	30	10
7. I got up at *(clock time):*	600 AM	710 AM	600 AM	530 AM	600 AM	900 AM	610 AM
Sleep quality							
The quality of my sleep was: *1=very poor; 10=excellent*	3	4	2	1	4	3	3
Naps *Number, time and duration*	—	—	—	2 PM 30 min	—	10 AM 40 min	—
Alcohol *Time, amount, type*	—	—	—	—	—	—	—
Sleep Medication *Time, amount, type*	—	1100 PM zopiclone 7.5 mg	—	—	1100 PM zopiclone 7.5 mg	—	—
Notes:				Mind won't turn off!			

Resources



sinkintosleep.com

mySleepwell.ca

Insomnia | Sleeping Pills | CBTi | Sleepwell Recommends

Sleepwell

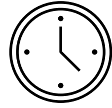
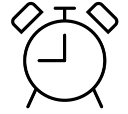
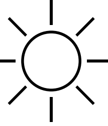
It's no dream.
Sleep well without sleeping pills.

Get your sleep back with CBTi.

Control | Sleep Drive | Relax | Thoughts | Hygiene

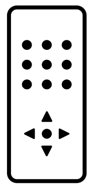
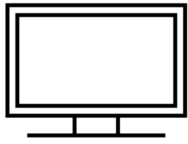
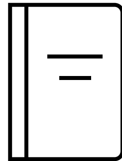
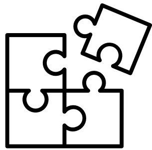
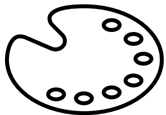
mysleepwell.ca

Stimulus Control Suggestions

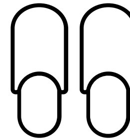




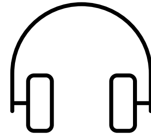
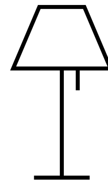
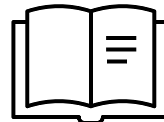
Set Bedtime

Set Wake Time

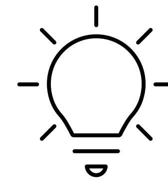
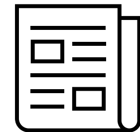
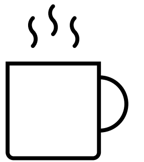
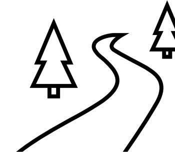
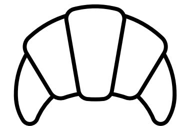






Stay up until bedtime + sleepy:
Avoid screens 60 minutes before bedtime, read, jigsaw puzzles, crosswords, crafts, household tasks or projects



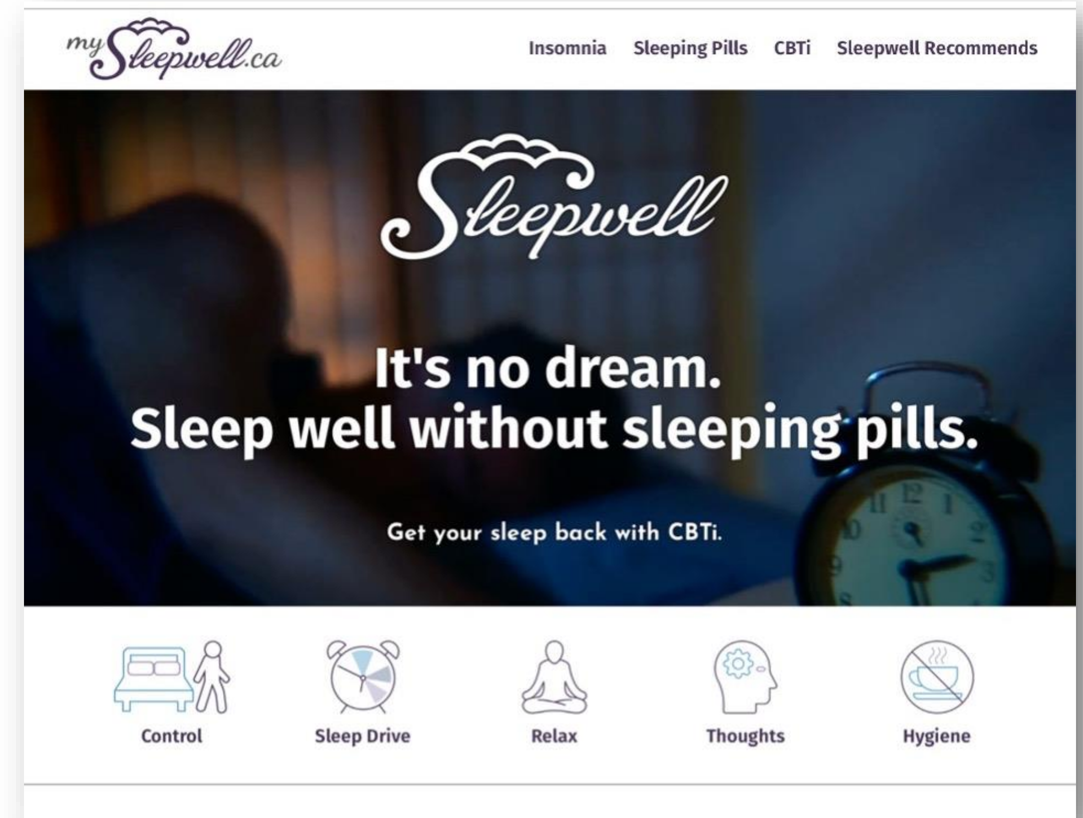




Get out of bed if not sleeping:
Have warm clothing and materials easily accessible, read, puzzles, relaxation exercises, audiobooks
Return when sleepy

Get out of bed at rise time:
Turn on lights, get outside, do something enjoyable, prep breakfast

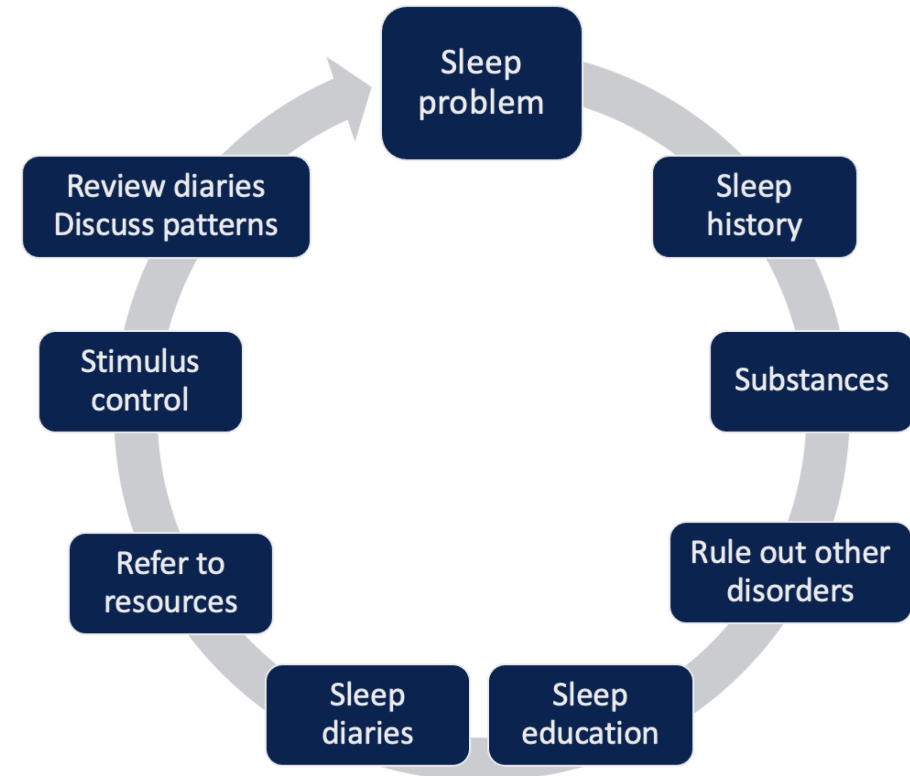
Medications



- Lots of people still have sleep issues DESPITE medication
- The Dream Team approach is to offer non- pharm first line approaches to chronic insomnia
- Working to get people off long term benzos? resources on 'my sleepwell' are really helpful – big message is: go slowly and stay the course – on for 20 years won't reverse that in 3 weeks,

non-pharm tools for family docs

- Knowing about CBT-I shapes our approach to sleep
- Make sleep a part of inquiry in common presentations
  - **Strategies** – stepwise approach
  - **Patient education** – sleep, refer to resources
  - **Tools** to address sleep issues:
    - Sleep diaries – paper or online
    - Stimulus control
    - +/- Cognitive restructuring, relaxation, mindfulness
  - **Patient empowerment** – self-efficacy, self-mgmt
  - **Deprescribing, Gradual Dose Reduction**
  - Groups and full CBT-i



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Insomnia in Primary Care: Assessment, CBTi and Safe Prescribing

Practical Insomnia Tools for the Ontario Health Quality Standard

Dr. Colleen E. Carney

Chair, Ontario Health Quality Standard for Insomnia

Professor, Toronto Metropolitan University

Director, Sleep and Depression (SADLab)

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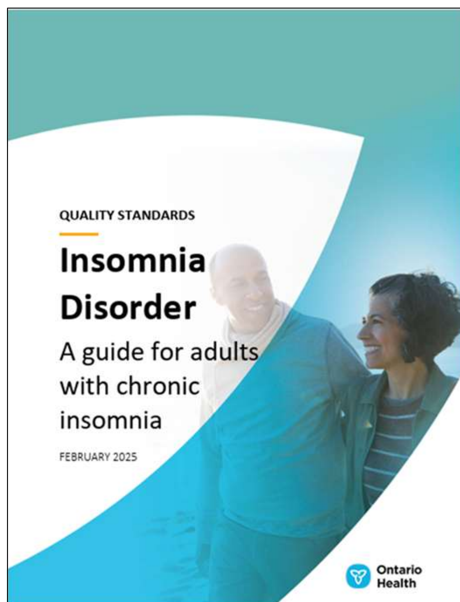

Ontario Health Quality Standard

There are over 3.8 million people suffering from insomnia disorder in Ontario

There are identified gaps in practice

- Only 60% of health care providers say they are equipped to address insomnia (Zhou et al., 2021)
- Most (98%) Canadian Primary Care Providers (Lessard et al., 2024) consistently use sleep hygiene with their patients
  - Sleep Hygiene is:
    - NOT supported (Morin et al., 1999; 2006)
    - NOT recommended by the American Academy of Sleep Medicine Guidelines for Insomnia (Edinger et al., 2021)

www.hqontario.ca To learn about Guidelines for CME credit and patient resources

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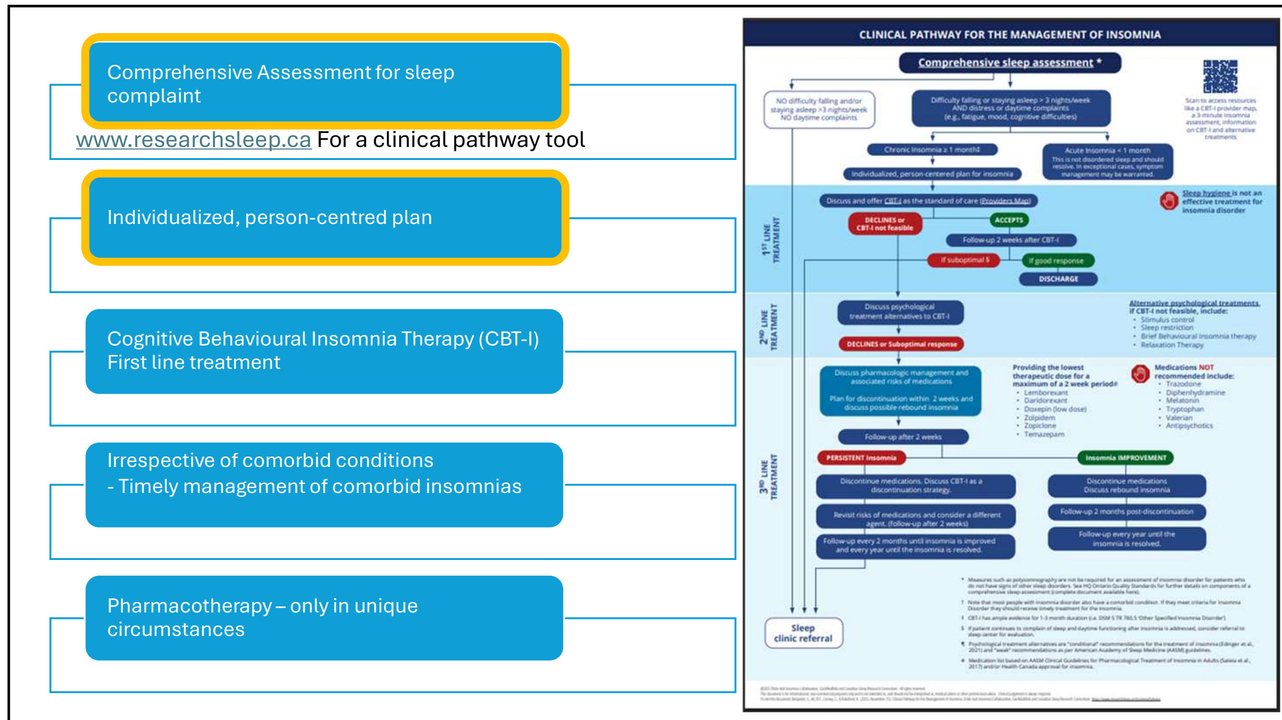

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Comprehensive Assessment for sleep complaint

www.researchsleep.ca For a 3-minute assessment tool

Individualized, person-centred plan

Cognitive Behavioural Insomnia Therapy (CBT-I)
First line treatment

Irrespective of comorbid conditions
- Timely management of comorbid insomnias

Pharmacotherapy – only in unique circumstances

Ontario Health Quality Standard

3-Minute Assessment for Insomnia Disorder (ID)

Name:
Date:

Interactive electronic form: Insomnia is a disorder of complaint, so diagnosis is based on simple questioning.

A) Establish if criteria for ID are met

1. Do you have difficulty falling asleep and/or staying asleep throughout the night and early morning?
   - ☐ Yes ☐ No
2. Do these sleep difficulties cause distress or problems during the day; such as low mood, fatigue, or concentration problems?
   - ☐ Yes ☐ No
3. How many times per week do you have these sleep difficulties with daytime impacts?
   - ■ ≥ 3 times
   - ☐ < 3 times
4. For how long have you had these sleep difficulties?
   - ☐ ≥ 1 month
   - ☐ < 1 month
5. Do you have this sleep difficulty even if you give yourself enough time to sleep? Is your sleep environment comfortable and safe?
   - ☐ Yes ☐ No
6. Query for co-occurring medical and mental disorders, medications/substance use, and supplements that may fully explain the insomnia.
   - ☐ Not fully explained by another condition or medication/substance use
   - ☐ Fully explained by another condition or medication/substance use

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Comprehensive Assessment for sleep complaint

Individualized, person-centred plan

Cognitive Behavioural Insomnia Therapy (CBT-I) First line treatment

www.researchsleep.ca For a 1-minute CBT-I explanation

Irrespective of comorbid conditions
- Timely management of comorbid insomnias

Pharmacotherapy – only in unique circumstances

Ontario Health Quality Standard

Gap in practice in Ontario

Lessard et al. (2024) report:
- Only 56% of Canadian Primary Care Providers consistently talk about CBT-I with patients
- Alarmingly, 21% of Canadian Primary Care Providers specifically do NOT recommend CBT-I

Standard: Patients should receive CBT-I as a frontline treatment

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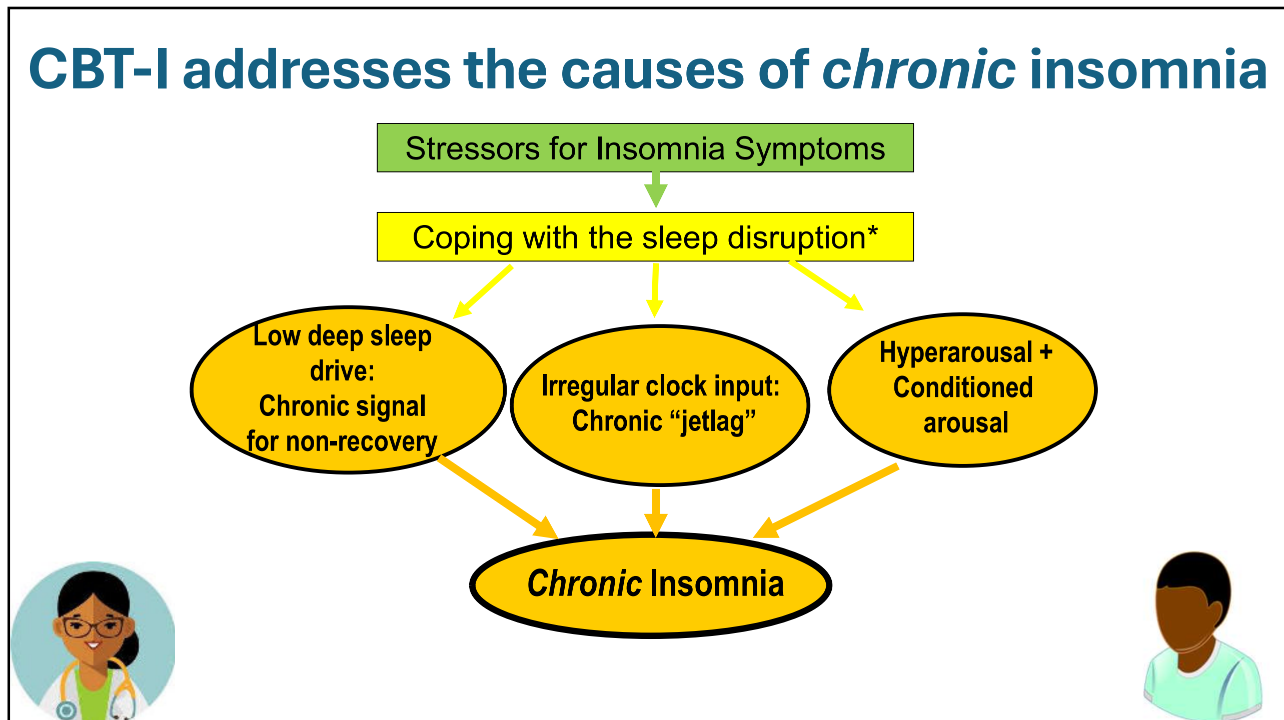

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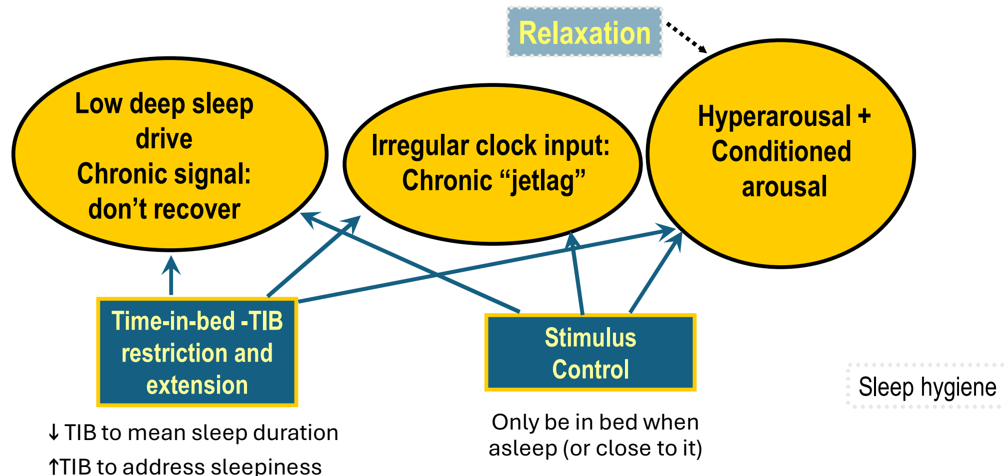
Treating other disorders doesn't address homeostatic, circadian and conditioned arousal problems



↓TIB to mean sleep duration
↑TIB to address sleepiness

Only be in bed when asleep (or close to it)

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"I don't know how to access CBT-I…"

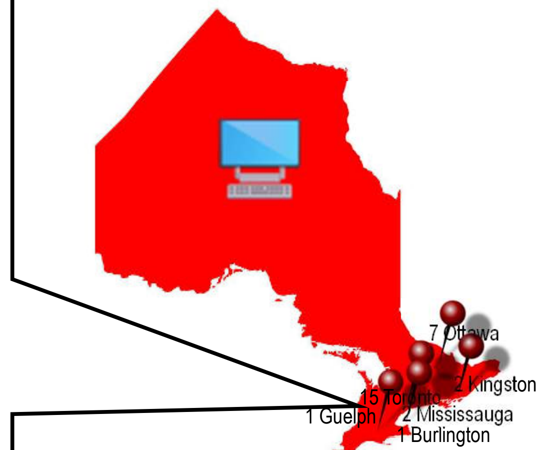
Free CBT-I in clinical trials
Self-refer sadlab@torontomu.ca

Provider list researchsleep.ca
- 30 providers in Southern Ontario (10 telehealth/virtual providers) 🖥️
- lbfmed.ca OHIP-covered groups
- lunatherapy.ca OHIP-covered groups

Free Sleep EZ: veterantraining.va.gov
Free digital CBT-I for teens: dozeapp.ca
Paid Sleepio

Bibliotherapy (Goodnight Mind; Quiet Your Mind and Get to Sleep)

CBT-I Training for Family Health teams
drcolleencarney.com



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Myth: CBT-I doesn't work for comorbid insomnias

CBT-I effective in:
Cancer (Johnson et al., 2016)
Coronary artery disease/Pulmonary disease (Kappella et al., 2011; Rybarcyk et al., 2005)
Congestive heart failure (Redeker et al., 2022)
Chronic pain (Currie et al., 2000; Jungquist et al., 2010; Rybarczyk et al., 2002; Vitiello et al., 2009; 2014)
Fibromyalgia (Edinger et al., 2005; 2013)
Generalized Anxety Disorder (Belleville et al., 2016)
Major Depression (Kuo et al., 2001: Carney et al., 2017; Manber et al., 2008; 2016)
Menopause (Carmona et al., 2022; Drake et al. 2019; McCurry et al., 2016)
Multiple Sclerosis (Siengsukon et al., 2020)
Obstructive Sleep Apnea (Ong et al., 2020)
Osteoarthritis (Rybarcyk et al., 2005; Vitiello et al., 2009)
Panic Disorder (Craske et al., 2005)
Post-Traumatic Stress Disorder (Buysse et al., 2011; Edinger, Wohlgemuth, Radtke, Coffman, & Carney, 2007; Edinger et al., 2007; 2009; Germain et al., 2014; Germain, Shear, Hall, & Buysse, 2007; Kyle, Morgan, Spiegelhalder, & Espie, 2011; Lichstein et al., 2000; Swift et al., 2012)
Psychotic Disorders (Freeman et al., 2015)
.....

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CBT for comorbid insomnias

- Comprehensive Assessment for sleep complaint
- Individualized, person-centred plan
- Cognitive Behavioural Insomnia Therapy (CBT-I) First line treatment
- Irrespective of comorbid conditions - Timely management of comorbid insomnias
- Pharmacotherapy – only in unique circumstances

% remitted after 8 weeks
60%
50%
40%
30%
20%
10%
0%
TIB Restriction
CBT-I
Sleep Hygiene

Women with peri-or post-menopausal onset of insomnia disorder (N=117)

Everyone EXCEPT those given hygiene will improve - fatigue, impairment at work, activity impairment, overall work (Kalmbach et al., 2019)

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Ontario Health Quality Standard

- Comprehensive Assessment for sleep complaint
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- Pharmacotherapy – only in unique circumstances

www.researchsleep.ca For clinical pathway tool
www.gerimedrisk.com Geriatric medication consultation

Gap in practice in Ontario

Drugs without evidence being used in lieu of effective ones, when both have safety concerns

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Take-away from the Quality Standard

Patients in Ontario should expect:

- An assessment of their insomnia with or without a comorbid condition
- To be told about the frontline treatment for insomnia (CBT-I), and the risks associated with medication
- Timely, effective treatment with CBT-I
- (Effective) medication only under certain circumstances

Providers in Ontario should:

- Update their knowledge about insomnia disorder hqontario.ca
- Take advantage of free tools researchsleep.ca
- Seek out training/resources for themselves or members of their practice drcolleencarney.com

Free tools/resources

Clinical pathway tool
CBT-I Provider map tool
5-minute assessment tool
researchsleep.ca

Geriatric meds consultation
gerimedrisk.com

Consensus Sleep Diary app
consensussleepdiary.com

Patient and provider resources
hqontario.ca

Free CBT-I via clinical trials:
sadlab@torontomu.ca

Thank you

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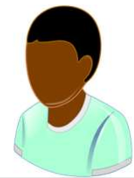
1 minute CBT-I explanation

You're describing something called chronic insomnia and the best treatment for this is called cognitive behaviour therapy for insomnia. It teaches you how to get your sleep system to do what it needs to do and if you are someone who feels wide awake in bed, it teaches you strategies to get rid of that. If you are interested, I can give you [information about our CBT-I service, a list of providers in the community, books, internet programs]. If you have insurance it may cover it. There is a place at TMU that offers free CBT-I as part of their research, and I can give you that information. If you pay out of pocket, it is usually 4-6 sessions which may be cheaper in the long-run than taking medications. Internet based programs are an option but you are not getting one on one help. Books written by CBT providers are cheaper still if you think you can do it by following the exercises in the book.



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Selected Ontario CBT-I Referral Resources

OHIP-covered group CBT-I

Luna Therapy MD or NP referral needed for OHIP-covered group therapy lunatherapy.ca

Institute for Behavioural And Functional Medicine OHIP-covered group therapy Ibfmed.ca

Private Therapists/Clinics with Over 5 years of Graduate training with Dr. Carney

Dr. Andrea Linett (235 St. Clair Avenue West, Unit 108 Toronto ON M4R 1V4; https://www.drandrealinett.com/)

Dr. Taryn Atlin (Also completed a predoctoral internship at Harvard's McLean Hospital) 306-2409 Yonge Street, Unit 306 Toronto, ON. M4P 2E7; https://www.drtarynatlin.com/)

Dr. Angela Lachowski - Monarch Psychology dr.alachowski@monarchpsychology.ca 115-1063 King St. W. Hamilton, ON

Dr. Andrea Harris 306-2409 Yonge St. Toronto, ON dr.andreaharris@gmail.com

Dr. Kristin Maich - Connect and Thrive 1400-18 King Street East, Toronto, ON connect@connectandthrive.com

Dr. Onkar Marway – Oakville Centre for CBT 405-1235 Trafalgar Road, Oakville, ON www.oakvillecbt.ca/contact/

Dr. Parky Lau (Also completed a predoctoral internship at Stanford's sleep Program) - Downtown Psychology Clinic 150-65 Queen Street West, Toronto, ON info@downtownpsychologyclinic.com

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Selected Ontario CBT-I Referral Resources

Private Therapists/ Clinics

Toronto **Dr. Jaan Reitav** 500-164 Eglinton Ave. East , Toronto, ON drjreitav.com

CBT Associates 1101-181 University Ave, Toronto, ON cbtassociates.com Virtual, telehealth

La Rose Counselling 717 Bloor St W Toronto, ON larosecounselling.com

Evolution Sleep email: aarona@evolutionsleep.com Telehealth: Yes

MedSleep https://medsleep.com/ Clinic locations in GTA; Telehealth: Yes, patients living anywhere in Ontario

Luna Therapy individual CBT-I (group therapy is OHIP-covered) https://lunatherapy.ca/

Nuvista Mental Health programsintake@nuvistamentalhealth.ca Toronto Location; Telehealth: Yes

Elena Darmos, Ph.D, MSc, MA **Email:** elena@torontomhc.com Toronto office; Telehealth**:** Yes

Cognitive & Interpersonal Therapy Centre 1007-20 Eglinton Ave. W. Toronto, ON citcassociates.com

Dr. Neil Levitsky 303-343 Wilson Ave, Toronto, ON www.cognitivetoronto.com

Requires referral from MD; only accepting patients for group therapy programs

Vaughan **York Region CBT** 105-9461 Jane St. Vaughan, ON yorkregioncbt.com

North York **CBT Associates** 1810-4950 Yonge St, North York, ON cbtassociates.com Virtual, telehealth

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Selected Ontario CBT-I Referral Resources

Oakville **Peak Sleep** 2-420 North Service Road East, Oakville, ON www.peaksleep.ca

Oakville Centre for CBT 405-1235 Trafalgar Road, Oakville, ON oakvillecbt.ca

Kingston **Judith Davidson,** PhD admin@sinkintosleep.com Kingston, ON Telehealth: Yes, virtual for all of Ontario

MedSleep https://medsleep.com/ Clinic locations in Kingston Telehealth: Yes, patients living anywhere in Ontario

Ottawa **MedSleep** https://medsleep.com/ Clinic locations in Ottawa, Pembroke Telehealth: Yes, patients living anywhere in Ontario

Nuvista Mental Health programsintake@nuvistamentalhealth.ca Ottawa, ON Location Telehealth: Yes

Dr. Jean Grenier 211-150 Montreal Road, Ottawa, ON drjeangrenier@protonmail.com

CBT Wellness Clinic of Ottawa 220-117 Centrepointe Rd Nepean, ON cbtforwellness.com

Renew Neurotherapy Locations in Ottawa and Pembroke renewneurotherapy.com

Trenton **Nuvista Mental Health** programsintake@nuvistamentalhealth.ca Trenton, ON Telehealth: Yes, virtual services across Canada

London **Nuvista Mental Health** programsintake@nuvistamentalhealth.ca London, ON Telehealth: Yes, virtual services across Canada

Guelph **Guelph CBT** 3-7 Edinburgh Road South, Guelph, ON guelphcbt.com

North Bay **Renew Neurotherapy** Location in North Bay renewneurotherapy.com

Simcoe **Rethink CBT** 129 Young Street, Simcoe ON rethinkcbt.com

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Your Panelists

Dr. Shayna Watson

Dr. Colleen Carney

Dr. Purti Papneja

Insomnia in Primary Care: Assessment, CBTi and Safe Prescribing

Pharmacotherapy in Chronic Insomnia

Purti Papneja, MD, CCFP, FCFP
Assistant Professor, Faculty of Medicine, University of Toronto
Post-graduate program co-director, Department of Family and Community Medicine, Sunnybrook Health Sciences

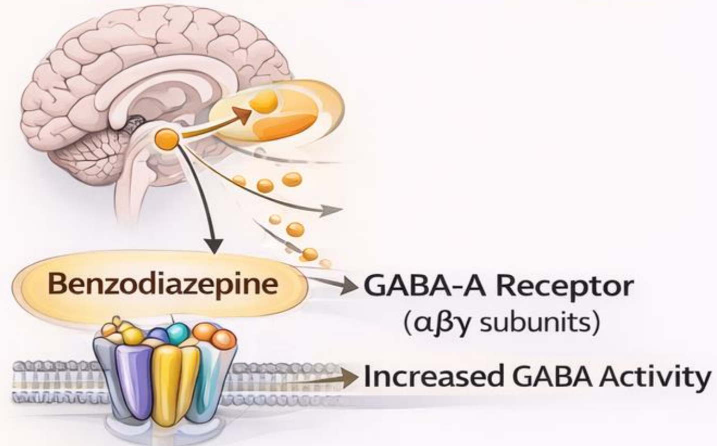
Principles of Pharmacological Treatment for Insomnia

- Considered an adjunct to cognitive and behavioral therapies in the comprehensive management of chronic insomnia
- Generally recommended at the lowest effective dose for short term
- Long-term use of hypnotic agents is discouraged due to the potential for tolerance and dependence
- Offered only after a discussion about its benefits and risks
- Specific situations and circumstances under which long term use of hypnotics may be appropriate

CMA Clinical Practice Guidelines Adult Insomnia, 2010
Health Quality Ontario, Insomnia Disorder

Mechanism of Action for Benzodiazepines and Z-Drugs on Sleep

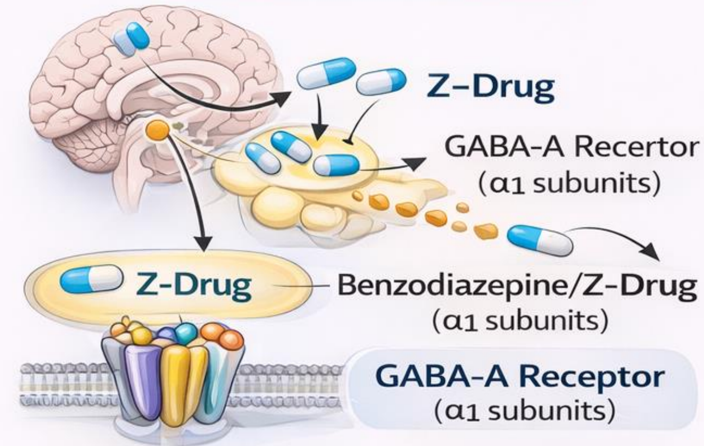
Benzodiazepine Mechanism



- Bind to **GABA-A** receptor, enhance GABA activity (global CNS depression)
- ↓ Arousal centers
- ↑ Sleep promotion (NREM & REM)
- ↑ Sedation, muscle relaxation, anxiety reduction

Benzodiazepines: Broad CNS depression
↑ sedation, muscle relaxant activity)

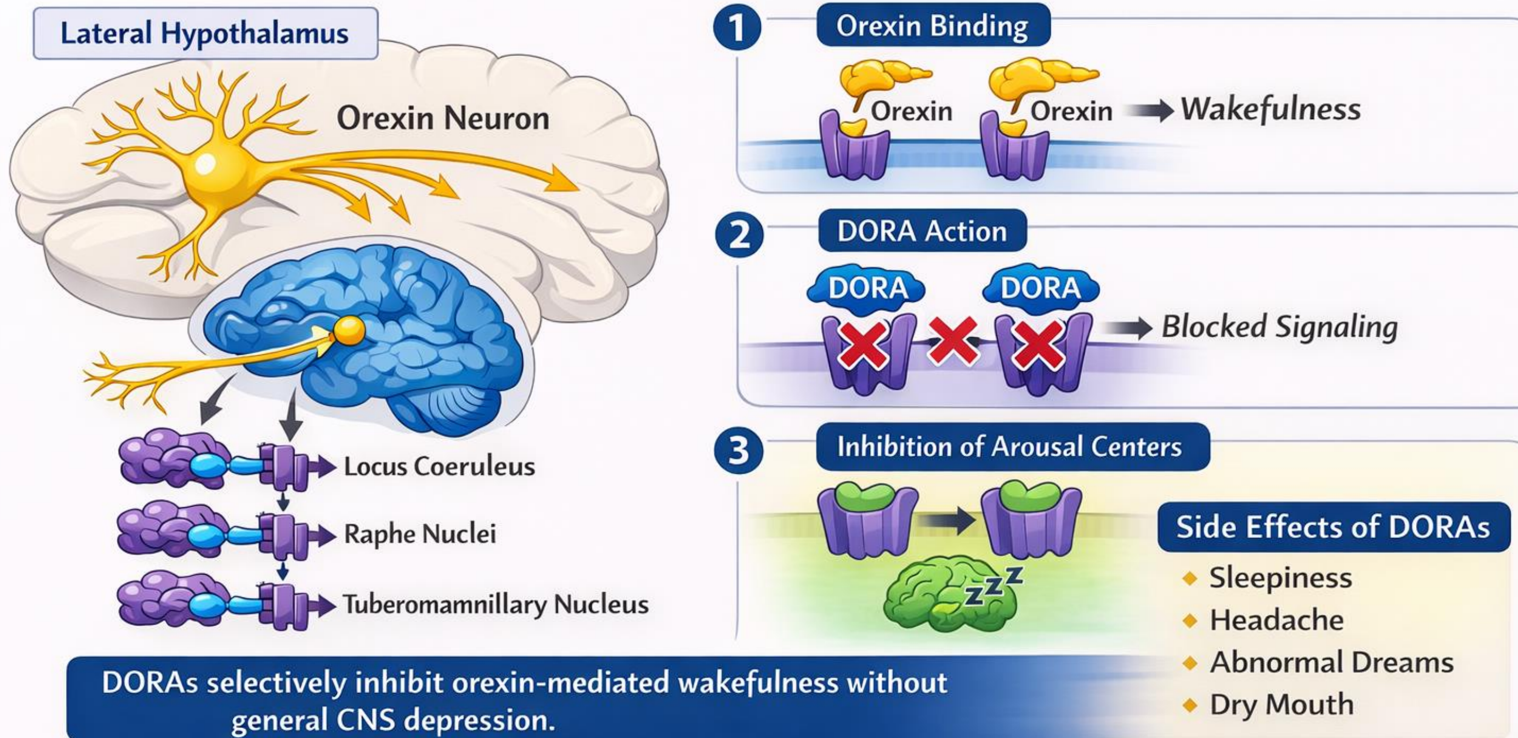
Z-Drug Mechanism



- → **Z-Drugs:** Bind selectively to GABA-A receptors to enhance sleep-specific GABA activity (minimal CNS depression)
- → ↓ Arousal centers
- → ↑ Sleep promotion (mainly NREM)

Z-Drugs: Sleep-specific action
↓ CNS side effects

→ **Both enhance GABA activity** to promote sleep



Mechanism of Action of DORAs
Orexin neurons promote wakefulness via OX1R and OX2R receptors.
Overactivity of orexin signaling can prevent sleep.
Lateral Hypothalamus
Orexin Neuron
Locus Coeruleus
Raphe Nuclei
Tuberomamnillary Nucleus
1
Orexin Binding
Orexin
Orexin
Wakefulness
2
DORA Action
DORA
DORA
Blocked Signaling
3
Inhibition of Arousal Centers
Side Effects of DORAs
Sleepiness
Headache
Abnormal Dreams
Dry Mouth
DORAs selectively inhibit orexin-mediated wakefulness without general CNS depression.

Medications Indicated for Chronic Insomnia in Canada: Benzodiazepines

Drug Name	Doses	Half-life	Primary Indication	Additional Consideration

Flurazepam (Dalmane)	15, 30 mg	40-250 (75 mean)	Sleep onset and Maintenance Insomnia	• Caution with Alcohol
				• Potential for Abuse
				• Common side effects:
				  • Dizziness
				  • Falls
				  • Headaches
				  • Fatigue
				  • Memory Impairment

Nitrazepam	5, 10 mg	16-38 (28.8 mean)		
Temazepam (Restoril)	15, 30 mg	4-18 (8.8 mean)		
Triazolam (Halcion)	0.125, 0.25 mg	1.5-5.5 (2 mean)	Sleep onset	

Medications Indicated for Insomnia in Canada: Benzodiazepine Receptor Agonist

Drug Name	Doses	Half-life	Primary Indication	Additional Consideration
Zolpidem (Sublinox)	SL 5, 10 mg	2-3	Sleep onset Insomnia	Health Canada 2014: lower dose for women Warn re: driving 7 hours post medication
Zopiclone (Imovane)	5, 7.5 mg	5	Sleep onset & maintenance Insomnia	SE: Headache Unpleasant taste Health Canada 2014: lower initiation dose Warn re: driving 12 hours post medication
Eszopiclone (Lunesta)	1, 2, 3 mg	6		Take just prior to bed & only if full night's sleep planned (7-8 hours) Warn re: driving 12 hours post medication

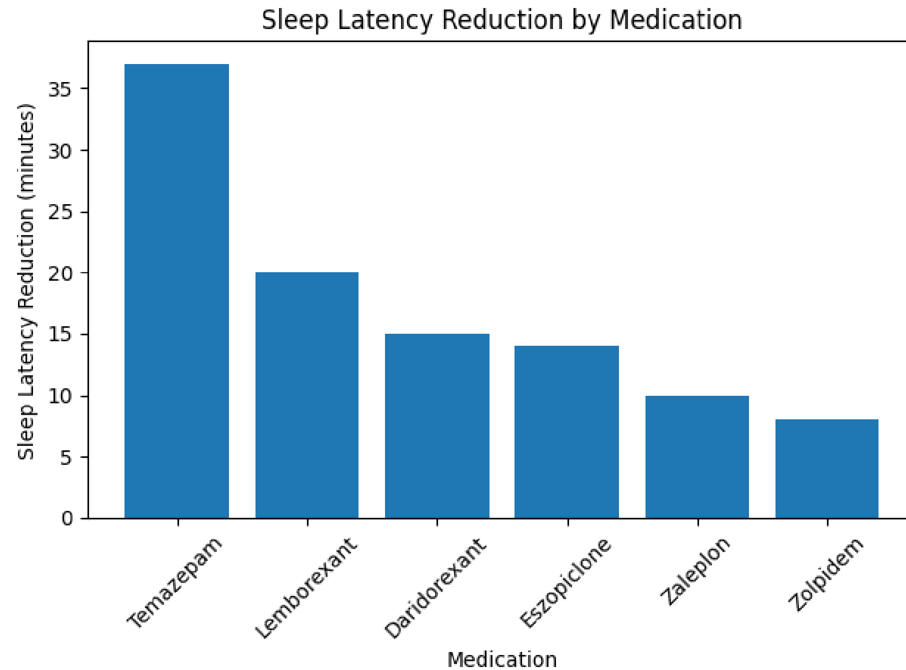
Medications Indicated for Insomnia in Canada: Low dose Antidepressant

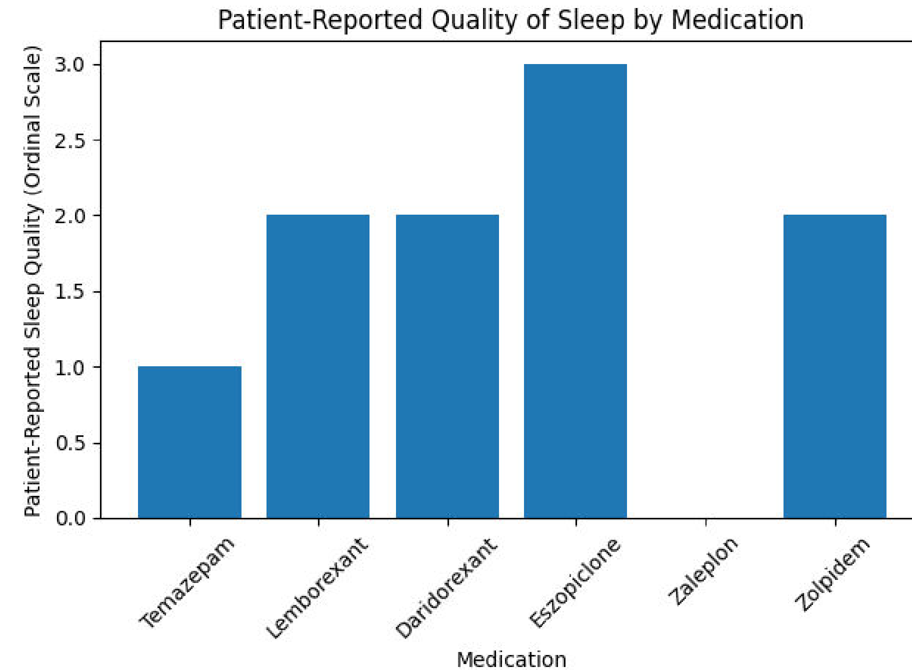
Drug Name	Doses	Half-life	Primary Indication	Additional Consideration
Doxepin (Silenor)	3, 6 mg	15.3	Sleep Maintenance Insomnia	• SE: Nausea, URTI • Take within 30 minutes before bedtime • Should not be taken within 3 hours of meal • Cost $$
Trazodone (off Label)	50-150mg	3-8	Sleep onset & maintenance Insomnia	Limited-evidence for Insomnia Lower risk of hang over SE: orthostatic hypotension, priapism in men(rare)

Medications Indicated for Insomnia in Canada: Dual orexin receptor antagonists

Drug Name	Doses	Half-life	Primary Indication & Effect	Additional Consideration
Lemborexant (Davigo)	5, 10 mg	17-19 hrs	Sleep Onset and Maintenance Insomnia	• SE: somnolence, parasomnias, impaired driving (within 9 hours) • Administer within a few minutes before bed & only if 7 hours planned before awakening • Cost $$$
Daridorexant (Quviviq)	25, 50 mg	8 hrs		• Take within ~30 min before bed only if ≥7 hrs planned sleep; food may delay onset. • Contraindicated in narcolepsy; • caution in depression/suicidal ideation, complex sleep behaviors. • Cost $$$

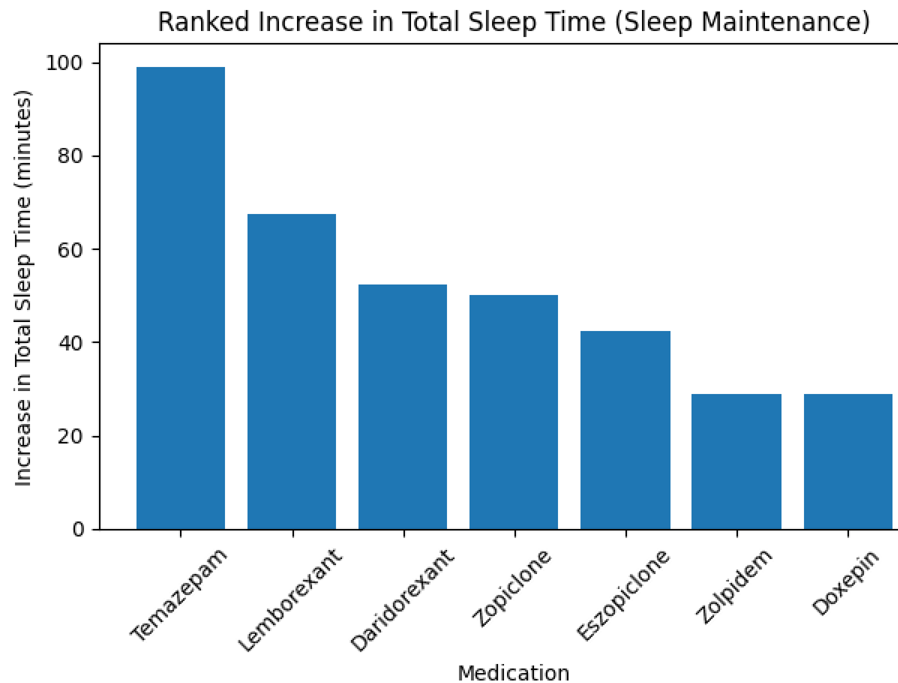
Recommended for Sleep Onset Insomnia

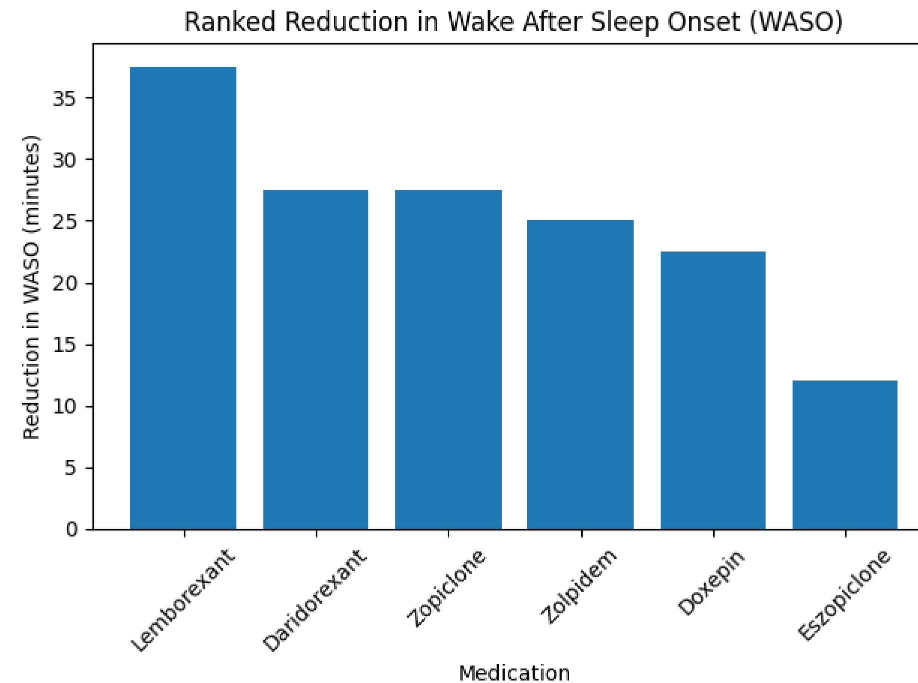




2017 AASM Clinical Practice Guideline for the Pharmacologic Treatment of Chronic Insomnia in Adults

Recommended for Sleep Onset & Maintenance Insomnia





2017 AASM Clinical Practice Guideline for the Pharmacologic Treatment of Chronic Insomnia in Adults

Effect of Hypnotics on Sleep Architecture

	Benzo	Zopiclone	Zolpidem	Silenor	DORA	Trazodone
S1	↓			↔↓	↓	
S2	↑↑	↔↑	↑↑	↑↑	↔↑	
SWS	↓↓	↔	↑↑	↔	↔	↔↑
REM	↓	↓	↔	↔↓	↔↑	

Not Recommended for Chronic Insomnia

Medication	Sleep Latency	Total Sleep Time	Wake after sleep onset	Quality of Sleep	Notes
Diphenhydramine	↓ 8 min	↑ 12 min	—	No improvement	50 mg
Melatonin	↓ 9 min	—	—	Small improvement	2 mg
Trazodone	↓ 10 min	—	↓ 8 min	No improvement	50 mg
L-tryptophan	Not reported	—	↓ 10 min	Small improvement	250 mg
Valerian	↓ 9 min	—	—	Not reported	Variable doses

2017 AASM Clinical Practice Guideline for the Pharmacologic Treatment of Chronic Insomnia in Adults

Not Recommended For Primary Insomnia

Agent	Comments
Antidepressants - mirtazapine, fluvoxamine	Relative lack of evidence
Amitriptyline	Relative lack of evidence and serious adverse events
Benzodiazepines (Intermediate and Long-Acting)- diazepam, clonazepam, lorazepam, alprazolam, oxazepam	Excessive risk of daytime sedation and psychomotor impairment. No longer recommended due to unacceptable risk of memory disturbances abnormal thinking and psychotic behaviours.
Antipsychotics (Conventional or 1st Generation) - chlorpromazine, methotrimeprazine, loxapine	Relative lack of evidence and unacceptable risk of anticholinergic and neurological toxicity
Antipsychotics (Atypical or 2nd-Generation) - risperidone, olanzapine, quetiapine	Relative lack of evidence and unacceptable cost and risk of metabolic toxicity
Cannabis	Relative lack of evidence, small sample sizes (<30–125 participants), short treatment durations (2–4 weeks). High risk of bias in many trials; limited objective polysomnography data.

CMA Clinical Practice Guidelines Adult Insomnia, 2010

Long-term Pharmacotherapy

- May be necessary
  - Severe or Refractory Insomnia
  - Co-morbid illness
- Requires consistent follow up, ongoing assessment of effectiveness and monitoring of side effects
- Should receive adequate trial of CBT-I when possible

Resources

Tools

Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Link
Sleepwell	https://mysleepwell.ca/
Sink Into Sleep	https://sinkintosleep.com/
CFP Podcast- Deprescribing Sedatives: A Discussion with Two Pharmacists	https://shows.acast.com/cfppodcast/episodes/deprescribing-sedatives-a-discussion-with-two-pharmacists
Cognitive Behavioral Therapy for Insomnia	https://shows.acast.com/cfppodcast/episodes/cognitive-behavioural-therapy-for-insomnia
Insomnia Interventions: First-Line Treatment for Insomnia in Primary Care	https://healthsci.queensu.ca/opdes/cpd/educational-programs-opportunities/insomnia
Clinical pathway tool CBT-I Provider map tool 5-minute assessment tool	https://www.researchsleep.ca/
Geriatric Medication Consultation	https://www.gerimedrisk.com/
Consensus Sleep Diary App	consensussleepdiary.com
Patient and Provider Resources	Hqontario.ca
Free CBT-I via clinical trials	sadlab@torontomu.ca
Benzodiazepine & Z-Drug (BZRA) Deprescribing Algorithm	https://deprescribing.org/wp-content/uploads/2019/03/deprescribing_algorithms2019_BZRA_vf-locked.pdf

Resources

Education

Links to resources shared today will be sent to participants following the session.

Upcoming Community of Practice Events

Navigating WSIB for Family Physicians: Improving Patient Access and Your Practice

with Dr. Aaron Thompson and Dr. Craig Winsor

March 25 , 2026
8:00am – 9:00am

Register Now

Return-to-Work Planning in Family Medicine: Practical WSIB Considerations

April 22, 2026
8:00am – 9:00am

Register Now

Ontario College of Family Physicians

The Children's Mental Health Workshop Series

Foundations of Children's Mental Health

NEW!

March 9, 2026 | 1:00PM - 4:00PM | Virtual Workshop | Claim up to 3 credits!

- Explore how to take a comprehensive psychosocial history specific to school-aged children and adolescents
- Identify common childhood presentations, including adjustment disorder, anxiety & depression, and review essential concepts related to ADHD
- Review early identification through use of evidence-based screening tools
- And More

Price: $250 +HST

Register now

Scan QR Code

Interested in joining the Changing The Way We Work planning committee?

We are seeking a new member who **practices outside of the GTA** for our Community of Practice Scientific Planning Committee*.

The OCFP strongly encourage applications from individuals who bring diverse perspectives, backgrounds, and experiences that reflect the communities served by family physicians across Ontario.

**SPC Members are renumerated.*

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