Sleep disorders in practice
Case study

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Patient safety Protocol session
Mr X, aged 77 years consults to renew his antihypertensive medication (hydrochlorothiazide 12.5mg).

He weighs 72kg (1.76m, BMI 23 kg/m²) his BP is 130/80 and the rest of the examination is normal.

At the end of the consultation he asks if you could renew his prescription for Bromazepam.

He has taken Bromazepam 1.5 mg intermittently for bouts of insomnia for the last thirty years, but has recently increased his consumption and now takes 6mg every evening because he finds it difficult to fall asleep, despite feeling tired in the daytime.

**How would you deal with this request?**

**Health system**

*Who would see the patient? What are the options for the health professional?*

**Clinical practice**

*How has the patient’s sleep changed? Does he have insomnia? How has he responded to the change in his sleep?*
You choose to review the sleep problem at a later date and continue the prescription of bromazepam until the patient is reviewed.

The patient accepts a further consultation in two weeks

**How would you prepare the dedicated appointment?**

**Health system**

How acceptable would asking the patient to come back be in your health care system? What training is available in managing sleep disorders? What indicators could be used to measure this step of the patient care pathway?

**Clinical practices**

What tools could be helpful for a practitioner?
The patient returns with a health questionnaire and a sleep diary completed. The questionnaire does not show any symptom indicative of organic sleep disorders or depression.

The patient is retired but remains active, playing bridge and chess regularly. He is the president of the local stamp collecting society.

He is much less physically active now as his wife suffers from osteoarthritis and her lack of mobility worries him.

Clinical practice

How able and willing are elderly patients to complete questionnaires and sleep diaries? What information have we about Mr X’s sleep problem and possible precipitating and maintaining factors?
The sleep diary shows that the patient dozes in front of the television, often waking up at the end of the evening film.

He then goes to bed around 10.30 pm but can only sleep if he takes his 3mg of bromazepam; otherwise he cannot ‘switch off’ and feels anxious.

If he does not fall asleep he takes a second tablet of bromazepam.

He wakes once in the night, but finishes his night at 5 am. He often has a short nap in his armchair after lunch at around 2 pm.

What are you going to do?
How do you treat this situation?

Health system

How can health professionals be helped to manage this patient? How can their performance be measured?

Clinical practices

Could Mr X’s current sleep hygiene be improved? What are the risks of his current treatment?