

EXPERT PANEL SUPPLEMENT

NEW PERSPECTIVES IN THE DIAGNOSIS AND MANAGEMENT OF INSOMNIA

AUTHORS

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CME 2

Abstract

Insomnia is an extremely prevalent condition that affects large segments of the population. Although insomnia is common among men and women across all age groups, older adults and women experience markedly increased risk for this disorder. Insomnia may also be associated with comorbid medical, psychiatric, or sleep conditions.

Because a multitude of factors contribute to insomnia, the context of treatment can greatly impact treatment efficacy. Clinicians must therefore take a versatile, multifaceted approach when treating insomnia. Effective treatment must be based on appropriate diagnosis, understanding of how factors such as age, medical conditions, and gender may influence the presentation and progression of these disorders, and utilization of the most appropriate and current therapeutic techniques. Clinicians must also recognize that insomnia may be generated or exacerbated by poor sleep hygiene, use of over-the-counter drugs, alcohol and drugs of abuse, or inadequate treatment of comorbid conditions.

In this Expert Panel Supplement, Milton K. Erman, MD, discusses the relationship of insomnia and comorbid conditions. Phyllis Zee, MD, PhD, explores gender, age, and the risk of insomnia. David Neubauer, MD, discusses new directions in the pharmacologic treatment of insomnia.

NEW PERSPECTIVES IN THE DIAGNOSIS AND MANAGEMENT OF INSOMNIA

Accreditation Statement/Credit Designation

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Mount Sinai School of Medicine and MBL Communications, Inc. The Mount Sinai School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.



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This activity has been peer reviewed and approved by James C.-Y. Chou, MD, associate professor of psychiatry at the Mount Sinai School of Medicine. Review Date: Nov. 25, 2008.

Statement of Need

There are numerous barriers to insomnia management, despite its high prevalence and adverse consequences. Insomnia is recurrent, unpredictable, and remains largely underrecognized and inadequately treated in the primary care and psychiatric settings. Current treatments do not address the needs of difficult-to-treat patients, including women, the elderly, and those with comorbid medical and psychiatric conditions. Updated therapeutic knowledge on insomnia must be communicated to primary care physicians and psychiatrists to optimize the care of patients. Assessment of the efficacy of treatments for chronic insomnia is complicated by a lack of consistency in the criteria used to diagnose chronic insomnia, gaps in understanding the natural history of insomnia, and lack of clarity or consensus about the crucial outcomes of treatment.

Target Audience

This activity is designed to meet the educational needs of psychiatrists.

Learning Objectives

At the completion of this activity, participants should be better able to:

- Prioritize patients at risk for insomnia, including those with comorbid mood disorders, women, and the elderly
- Summarize recent data related to the impact of sleep

on medical and psychiatric health and use this knowledge in the assessment and treatment of patients with insomnia

- Apply treatment strategies to improve patient outcomes in insomnia and limit chronicity

Faculty Affiliations and Disclosures



David Neubauer, MD, is assistant professor in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins Medical School, and is associate director of the Johns Hopkins Sleep Disorders Center. Dr. Neubauer serves as a consultant or advisor to sanofi-aventis and Takeda, and receives honoraria from sanofi-aventis and Takeda. He discusses the unapproved use of antidepressants for the treatment of insomnia.

Milton K. Erman, MD, is a voluntary clinical professor in the Department of Psychiatry at the School of Medicine of the University of California, San Diego, and is chief medical officer at Avastra, USA. He is also staff scientist in the Department of Neuropharmacology at the Scripps Research Institute, La Jolla, California. Dr. Erman serves on the advisory board of sanofi-aventis and Takeda; serves as a consultant for Actelion, sanofi-aventis, and Takeda; receives research support from Actelion, Arena, Cephalon, Eli Lilly, GlaxoSmithKline, Medicinova, Merck, Organon, Pfizer, sanofi-aventis, Schwarz Pharma, Takeda, Transcept, Vanda, and Wyeth; serves on the speakers bureaus at Cephalon, sanofi-aventis, and Takeda; and owns stock in Cephalon, Forest, Neurocrine, Pfizer, Sepracor, sanofi-aventis, and Somaxon.



Phyllis Zee, MD, PhD, is professor of Neurology and Neurobiology and Physiology, and is director of the Sleep Disorders Center at Northwestern University. Dr. Zee serves as a consultant or advisor to GlaxoSmithKline, sanofi-aventis and Takeda, receives research support from Takeda, receives compensation for service on an advisory board from Jazz and sanofi-aventis, and receives royalty payments from Lippincott and Wilkins.



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Peer Review

James C.-Y. Chou, MD, has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Janssen, and Pfizer.

To Receive Credit for this Activity

Read this supplement and complete the CME post-test and evaluation on pages 15 and 16. A score of 70% or higher on the post-test awards physicians with 2 *AMA PRA Category 1 Credit(s)*[™]. Please allow 4 weeks for certificate processing.

Release Date: Dec. 1, 2008; Termination Date: Dec. 31, 2010

The estimated time to complete this activity is 2 hours.