



# **VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF CHRONIC INSOMNIA DISORDER AND OBSTRUCTIVE SLEEP APNEA**

**Department of Veterans Affairs**

**Department of Defense**

## **Patient Summary**

### **QUALIFYING STATEMENTS**

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent Department of Veterans Affairs or TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian-sector care. Additional information on current TRICARE benefits may be found at [www.tricare.mil](http://www.tricare.mil) or by contacting your regional TRICARE Managed Care Support Contractor.

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## **I. Chronic Insomnia Disorder**

### **A. What is chronic insomnia disorder?**

“Insomnia” is the common complaint of being unable to sleep. When insomnia symptoms begin to cause problems with your daytime functioning, it can become a diagnosable medical disorder. Insomnia disorder can be acute (short-term) or chronic (ongoing). Acute insomnia disorder lasts for days or weeks. Chronic insomnia disorder is when these short-term symptoms last even longer. A diagnosis of chronic insomnia disorder involves trouble falling asleep, staying asleep, or waking too early.

In addition, to meet the diagnosis of chronic insomnia disorder, these sleep difficulties must:

- Occur at least 3 nights per week
- Have begun at least 3 months ago
- Cause you to feel poorly during the day
- Occur even though you are allowing enough time for sleep

Chronic insomnia disorder frequently occurs in people who have other medical conditions (such as heart disease, obesity, diabetes), and mental health disorders (such as mood disorders, anxiety disorders, and posttraumatic stress disorder [PTSD]). Insomnia symptoms can be brought on by stressful life events, such as work pressure or family obligations. In Veterans, it is common for insomnia to begin during military training or deployment, after trauma or after military discharge/retirement. At times of great stress, people often change their behaviors and thoughts about sleep to make up for poor sleep quality. After the stressful period ends, behaviors aimed at correcting the problem, such as staying in bed longer, in fact make the problem worse. This can lead to chronic insomnia disorder.

### **B. Chronic insomnia disorder: diagnosis and treatment**

- It is important to discuss your treatment goals with your healthcare provider. For example, your goal could be to fall asleep faster, or to feel less tired during the day. Based on your goals, your provider might make different treatment recommendations.
- If you have trouble falling asleep or staying asleep, you should speak with your healthcare provider about this concern. Your provider will talk with you and might ask you to fill out a questionnaire describing your history of sleep problems.
- Your healthcare provider may also ask you to write down the times when you fall asleep and the times when you wake up. This is called a “sleep diary” and could help determine if you have insomnia.
- Your healthcare provider will work with you or refer you to a specialist who will help you create a personalized treatment plan to best suit your needs.
  - Cognitive behavioral therapy for insomnia (CBT-I) and brief behavioral therapy for insomnia (BBT-I) are effective treatments for chronic insomnia disorder. These treatments are effective in treating chronic insomnia without using medications. They work by

helping you to change your sleep patterns and reduce unhelpful thoughts and behaviors. As your sleep quality improves, other symptoms related to your insomnia are also likely to improve. You may also learn skills to help you relax and quiet your mind at bedtime. This approach takes work, but it is the most effective way to cure chronic insomnia. Because it has been shown that these treatments help people with insomnia, many healthcare providers understand that CBT-I and BBT-I are the best approaches to improve your sleep in the long-term.

- Your healthcare provider may also suggest prescription medication. However, sleep medications are generally recommended for only a short period of time because they often become less effective the longer, they are used and can have side effects. Some prescription medications used for insomnia treatment can have serious side effects, including increased risk of falling, sleepwalking, or dependence. Before taking any medication for sleep, please discuss the risks and benefits with your healthcare provider. Also, you should not take over-the-counter medications like diphenhydramine (Benadryl®) to treat insomnia because they are not effective over the long term and can have side effects. Similarly, you should avoid alcohol and supplements like melatonin, valerian, or kava to treat insomnia. These supplements are not regulated by the U.S. Food and Drug Administration and could be unsafe. In fact, kava has been shown to cause life-threatening liver problems for some people.

## **II. Obstructive sleep apnea**

### **A. What is obstructive sleep apnea?**

- Obstructive sleep apnea (OSA) is a common and serious medical problem in the U.S. It often affects military personnel and Veterans. In individuals with OSA, breathing stops or is reduced for short periods of time while a person is asleep. These episodes can lead to awakening from sleep and to a drop in the oxygen levels in your blood. Many people with OSA are not aware that they stop breathing when they are asleep but may notice that their sleep quality is poor.
- Common OSA symptoms include snoring, waking up choking or gasping for air from your sleep, unrefreshing sleep, quality of sleep, waking up with a dry mouth or a sore throat, using the bathroom frequently at night, sleepiness, low energy, or morning headaches. Sometimes it is a friend or family member who notices these symptoms as many OSA patients are unaware of what happens to them while they are asleep. If you have any of these symptoms, you may have OSA.
- People are more likely to have OSA if:
  - Age > 50
  - They are male;
  - Are a post-menopausal woman;
  - Other people in their family have sleep apnea;
  - They have obesity, a large neck size, high blood pressure, type 2 diabetes, or have had a stroke;
  - They drink alcohol;
  - They have a narrow upper airway, due to the size and shape of their jaw, nose, and/or throat

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- If OSA is not treated, it may decrease your sleep quality, make you sleepy during the day, and make it harder to do your job or fulfill other responsibilities. Untreated OSA could also lead to weight gain, high blood pressure (hypertension), heart failure, irregular heart rhythm, stroke, high blood sugar, and motor vehicle crashes.

## **B. Obstructive sleep apnea: diagnosis and treatment**

- If you have sleep problems, you should bring it up with your healthcare provider and discuss a possible referral to a sleep specialist.
- To find out if you are at risk for OSA, your healthcare provider may ask you to fill out a questionnaire and ask about your sleep and what medications you take.
- To diagnose OSA, your healthcare provider may order an overnight sleep study. A sleep study measures the number of times your breathing stops while you are asleep.
- There are two places a sleep study could occur. It may take place in a sleep center (in-lab polysomnography) or at your home (a home sleep apnea test). Based on your healthcare provider's evaluation, he or she may recommend one of these kinds of sleep studies.
  - For an in-lab sleep study, you spend the night at a sleep center. Technicians will put sensors on your body. These sensors monitor your sleep (brain waves), breathing, heartbeat, oxygen levels, and leg movements.
  - Home sleep apnea tests allow you to sleep in your home. While this is convenient, home sleep studies do not provide as much information as in-lab tests. Therefore, if a home sleep apnea test cannot establish a diagnosis of sleep apnea, your healthcare provider or sleep specialist may then recommend a second home sleep apnea test or an in-lab sleep study.
- To treat your OSA, your healthcare provider may recommend one or more of the following:
  - Positive airway pressure (PAP) therapy: PAP is one of the effective treatments for OSA. PAP is gentle air pressure that is delivered by a small bedside machine connected to a mask, which fits your nose or face, that you wear while sleeping. The mask connects you to a machine that uses pressure to keep your upper airway passages open. You should use PAP whenever you sleep or take a nap. Longer use of PAP is better for your sleep and overall health. If you have challenges using PAP, there are many ways your healthcare provider or a sleep specialist can help you. Make sure you tell them about any challenges you have with using PAP. This support is especially useful if you also have PTSD, an anxiety disorder, or insomnia disorder. To make sure that you are continuing to receive optimal PAP therapy for OSA with your PAP machine, you should follow up with your sleep specialist or healthcare provider on a regular basis.
  - Mandibular advancement devices (MAD): Depending on your teeth and severity of sleep apnea, this may be a good treatment option for OSA. This device moves your jaw forward to open your airway. You wear this during sleep, and it keeps your jaw in position and prevents sleep apnea. In order to get a MAD, you should talk to your healthcare provider or a sleep specialist; you will need to see a dentist who specializes

in making and fitting these devices. Once fitted with this device, you should follow up with a sleep specialist to check if it is effectively treating your sleep apnea.

- Lifestyle changes: There are some life habits that can improve or worsen OSA. Adequate sleep is important because not getting enough sleep can worsen OSA.
- Referral: In some cases, your healthcare provider may refer you to see a dentist, a behavioral health provider, or a surgeon.

### **III. Questions to ask your care team**

Ask about anything that seems unclear to you. Some examples may include:

#### **A. Chronic insomnia disorder**

- It feels like I am getting enough sleep, but I wake up feeling tired and get sleepy during the day. Is it possible there is something wrong with my sleep?
- Should I be referred to a sleep specialist?
- I cannot sleep even when I try. Do I have insomnia?
- What treatments other than medication may help me sleep better?
- I haven't been sleeping well and I am interested in medication. What are my options?
- What is the most effective treatment for insomnia?

#### **B. Obstructive sleep apnea**

- My bed partner says that I snore a lot. I wake up choking at night. Is it possible that I have OSA?
- How can I know if I have sleep apnea?
- What are the treatments for sleep apnea? Are they appropriate for me? What are the risks and side effects?
- My sleep apnea is treated, but I still don't sleep well and/or still feel sleepy during the day. What should I do?
- I cannot tolerate my sleep apnea treatment device. Is there anything that can help me use it?
- For how long do I need to use CPAP/APAP?
- Are there any negative health effects of not treating sleep apnea? What are these?
- I have difficulty falling asleep, staying asleep, or waking up too early. Could I have another sleep disorder in addition to OSA?

#### **IV. You can find more information on chronic insomnia disorder and obstructive sleep apnea here:**

- Sleep Education, a resource provided by the American Academy of Sleep Medicine: <http://sleepeducation.org/>
- National Sleep Foundation: <http://sleepfoundation.org/>
- American Thoracic Society, Fact Sheets A – Z: <https://www.thoracic.org/patients/patient-resources/fact-sheets-az.php>
- American Thoracic Society, Patient Educational Materials: <https://www.thoracic.org/members/assemblies/assemblies/srn/patient-educational-materials/>
- Society of Behavioral Sleep Medicine: <https://www.behavioralsleep.org/>