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Patient Perspective: Living With Insomnia

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Trice:

Hi, everyone, and welcome back. I'm so excited to have a patient, Susan, with us today. And I've got a little history behind her. She has insomnia. And I would love for her to tell a little bit about her story. Susan, welcome. So tell me how long have you had insomnia?

Susan B:

Since I have known Dr. Cole, who is the most amazing physician I've ever met in my life, and that is quite a number of years.

Dr. Trice:

And what has been the most difficult thing with your insomnia? Do you have trouble falling asleep? Trouble staying asleep? Or do you wake up really early in the morning and can't go back to sleep?

Susan B:

I don't wake up real early in the morning. In fact, I wake up too late in the morning, because I go to sleep very late, or I had been going to sleep very late. And after the 11 o'clock news, and sometimes after that.

Dr. Trice:

Okay.

Susan B:

So by the time I fall asleep, it's at least midnight, or maybe later. And then waking up is very difficult. And I was waking up with headaches. I was feeling like I was getting dementia because I would forget things, I would have –

Dr. Trice:

Absolutely.

Susan B:

-difficulty playing bridge, Mahjong, counting the cards, remembering the lines. And in fact, I saw a neurologist who thought perhaps I didn't have dementia.

Dr. Trice:

Sure. And I think unfortunately, that can be common, the fear of dementia, or sometimes even depression or other psychiatric or neurological disorders. So you mentioned these other diagnoses that you had and some of the symptoms you had, the headaches, difficulty functioning during the day, how did it affect your social life?

Susan B:

It impacted it in a way that was not very desirable, because I began to avoid my friends, unless I knew there was a scripted meeting

and like going to a show, perhaps going out to dinner with several people so that there would be enough people to distract attention away from me.

Dr. Trice:

Sure.

Susan B:

And it was, it was a negative kind of feeling. I had great anxiety, not just about the way the world was going, but of course the way I was going.

Dr. Trice:

Sure, sure, absolutely. And what kind of things did you do while you were home? Were you taking naps during the day? Did that seem to help?

Susan B:

I tried to take naps. I thought, okay, it says you're allowed to take a 20-minute nap. That never happened. I would lay down like around 3 o'clock. And then it would be 4:30 before I would get up, which of course exacerbated the situation because I absolutely could not go to sleep.

Dr. Trice:

At nighttime. Absolutely. What about exercise? Did you try increasing exercise at all? Did that help? Or not help?

Susan B:

Actually, yes. I did start to exercise. What I didn't recognize was that I was trying to exercise at 8 o'clock at night. So I would go out for my very rapid walk, jogging. Then I would come home. And I felt you know, like exhausted, but in a good way. And I suppose that did help me get to sleep a little earlier, along with some medication. I have to say, I'm still taking medication. But it's not the kind of medication that is very potent.

Dr. Trice:

Sure, sure. And I think it's important. Some people really want that potent feeling so they can fall asleep quickly, although they've had insomnia for many decades. When you saw your sleep specialist, what do you think was the one thing or the two things that helped the most in terms of improving your insomnia?

Susan B:

Well, first, Dr. Cole did identify that I had sleep apnea, and I thought that would solve all my problems. I was very grateful. She found a way for me to get off the CPAP and use a dental appliance. And I thought that was the end; no, it was not. I probably - I know I had very much reduced sleep apnea, but I was still waking up several times during the night. I was not able to get to sleep at a reasonable hour. And I was waking up too late. So it was a very disturbing sequence because I feel it here I had it all solved, and I did not at all. Now, Dr. Cole also recommended many sleep strategies.

Dr. Trice:

Good. Good.

Susan B:

I'm one of her worst patients.

Dr. Trice:

I doubt that. I doubt that.

Susan B:

It was I doubted all of the mindfulness. Turning off the TV, that was torture.

Dr. Trice:

Very common. Very common.

Susan B:

I have read - however, I have learned recently that one at a time I have begun to take her advice. Reluctantly, begrudgingly, I turn off the TV at 11 o'clock. I do not let it go any further than that.

Dr. Trice:

Good.

Susan B:

At first it was hard to fall asleep, even with the little medication. But now it is not. Within 10 minutes I say I can fall asleep.

Dr. Trice:

And I think what you describe is fantastic. I mean, like you said, you thought it'd be better with sleep apnea, you stuck with your doctor, you got the appropriate questions. You were doubtful which a lot of patients are, but you stuck with the program and now you see benefit. Susan, we see so many patients like you. And I just thank you so much for your time. You just put a face with the disorder and it just makes it easier for all of us. Thank you so much for being here today.

Susan B:

Thank you for having me.

Dr. Trice:

I hope you guys learned something today, and we will see you soon.

Susan B:

Thank you. Bye.

Announcer:

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