

# WHY TAKE A SLEEP HISTORY?

## I. WHY TAKE A SLEEP HISTORY?

Recent estimates suggest that as many as **40 million people** may suffer from chronic or intermittent disorders of sleep. Many remain undiagnosed and untreated, the consequences of which include **reduced productivity, lowered cognitive performance, increased likelihood of occupational and motor vehicle accidents, higher risk of morbidity and mortality and decreased quality of life.** It is now apparent that sleep disorders, disturbances of sleep, and sleep deprivation are major public health concerns. Sleep problems occur in both genders, in all races and socioeconomic groups, and increase with age.

National attention has been directed to this problem. The recommendations of The National Commission on Sleep Disorders Research's report entitled "Wake Up American: A National Sleep Alert", submitted to the United States Congress in January 1993, include **encouraging broader awareness of sleep and training in sleep and sleep disorders,** for health care professionals, particularly at the primary care level. Several surveys have documented that physician training and knowledge about sleep and sleep disorders is minimal. A recent (1990) survey found that less than two hours were allocated to teaching about sleep at one third of the medical schools and one third reported no formal teaching about sleep

Given the limited medical school training about sleep and sleep disorders, it is not surprising that several surveys have reported that **health practitioners rarely diagnose sleep disorders.** In fact, primary care physicians scored less than 50% correctly on factual items for diagnosis and management of sleep disorders. A 1991 Gallop survey showed that **primary care physicians failed to correctly diagnose one in three adults with insomnia. Most narcoleptics contact as many as five physicians** before a proper diagnosis is made. Clearly, physicians are not well trained or knowledgeable about sleep and sleep disorders.

**Sleep disorders cut across several medical specialties** (e.g., neurology, psychiatry, internal medicine, pulmonary medicine, pediatrics and otolaryngology, etc.), which creates both a challenge and an opportunity for the primary care physician in recognition, diagnosis and treatment. However, once recognized, most sleep disorders can be controlled with medical treatment. Despite this, many patients are not being diagnosed or receiving state-of-the-art medical care because of a combination of lack of patient education and physicians' failure to screen for sleep problems.

## II. THE BEARS SLEEP SCREEN

The following brief sleep history, THE BEARS, is designed to be easily administered as part of the routine lifestyle screening assessment. After beginning with a general, open-ended question, such as "How is your sleep?", the 5 BEARS questions are the **minimum, basic sleep questions** that should be included during

the medical interview of every adult patient. Each of the 5 BEARS questions explores a key sleep domain, which will enable the interviewer to screen for the most common sleep disorders in adults. The second column lists the broad objective of each screening question and the third column lists appropriate follow-up questions to ask should the patient's response to initial screening question be in the affirmative.

### 1) BASIC SLEEP HISTORY

Do you have any difficulty falling asleep?

#### FOLLOW UP QUESTIONS (IF YES)

- What time do you usually go to bed? Fall asleep?
- What prevents you from falling asleep?
- Review intake alcohol, nicotine, caffeine, medications

#### SLEEP DISORDERS

- Shift work/sleep schedule disorders
- psychophysiologic insomnia
- restless legs syndrome
- psychiatric disorders
- substance/medication related disorders

### 2) BASIC SLEEP HISTORY

Are you having any difficulty sleeping until the morning?

#### FOLLOW UP QUESTIONS (IF YES)

- Review depressive symptoms

#### SLEEP DISORDERS

- Depression

### 3) BASIC SLEEP HISTORY

Are you having difficulty sleeping throughout the night?

#### FOLLOW UP QUESTIONS (IF YES)

- How often do you awaken?
- How long are you awake?
- Do you have any pain, discomfort, or shortness of breath during the night?
- What prevents you from falling back to sleep?

#### SLEEP DISORDERS

- Insomnia
- Medical causes of sleep disturbance
- Obstructive sleep apnea

### 4) BASIC SLEEP HISTORY

Have you or anyone else ever noticed that you snore loudly or stop breathing in your sleep?

#### FOLLOW UP QUESTIONS (IF YES)

- Are you sleepy or tired during the day?
- Review risk factors such as obesity

## **SLEEP DISORDERS**

- Obstructive sleep apnea

### **5). BASIC SLEEP HISTORY**

Do you find yourself falling asleep during the day when you don't want to? like at the wheel?

### **FOLLOW UP QUESTIONS (IF YES)**

- Review answers to questions 1-4
- If you laugh or get angry, do you feel weak (as if you might fall down or drop what you are holding?)
- Do your legs kick or jump around while you sleep?

## **SLEEP DISORDERS**

- Functional impairment resulting from sleep disorder
- Narcolepsy
- Periodic leg movement disorders