Sleep in the inpatient psych unit: Guide to Diagnosis and Management

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Introduction: For patients in hospital psychiatric units, sleep disturbances are not uncommon. They may arise due to underlying psychiatric conditions such as acute mania or psychosis, or from external factors within the hospital setting like an unfamiliar environment, uncomfortable beds, noisy peers, or frequent checks throughout the night. Proper diagnosis and management are critical to enhance the well-being and recovery of these patients.

Differential Diagnosis:

- Psychiatric: Acute mania, psychosis, anxiety, depression, PTSD.
- Medical: Obstructive sleep apnea; restless leg syndrome; menopausal hot flashes/night sweats.
- Medication side effects, e.g., from stimulants, antidepressants, or diuretics; antipsychotic-induced extrapyramidal symptoms like akathisia.
- Environmental factors: Adjusting to a new environment, uncomfortable hospital beds, disturbances from other patients, or being awakened by 15-minute checks.
- Frequent daytime napping

General approach to managing insomnia:

Manage the underlying cause if you identify one:

- Medication adjustments, behavioral interventions, environmental adjustments, or referrals to the medical team.
- For patients who nap a lot during the day, encourage them to remain active and participate in unit activities.
- Addressing the underlying cause can significantly improve sleep quality.

Encourage Sleep Hygiene Enhancements

- Consistent sleep schedule with calming bedtime rituals
- No caffeine in the afternoon or evening.
- No large meals 2-3 hours before bedtime.
- Physical activity during the day -- just not immediately before bedtime.
- Minimal blue light exposure from devices 1-2 hours before bedtime.
- Work with unit staff to create as comfortable and quiet a sleeping environment as possible given the constraints.

CBT for Insomnia (CBT-I):

- CBT-I is an effective strategy even within the context of a psychiatric hospital.
- If a trained CBT-I practitioner is available, consider a referral. Otherwise, introduce the following basic techniques:
    - Restrict bedtime to match actual sleep duration.
    - Challenge and redirect negative sleep beliefs (e.g., “This is terrible! If I can’t sleep, I’ll be completely nonfunctional tomorrow and my day will be totally wasted!“)
    - Encourage using the bed only for sleep; discourage activities like reading or watching TV in bed.
    - Introduce relaxation techniques, such as deep breathing and progressive muscle relaxation.

Medications

- Consider when CBT-I is either ineffective or inaccessible.
- Use short-term due to risks of daytime drowsiness and dependency, especially considering the already complex medication regimens of many psychiatric patients
- Watch for risk of drug interactions or exacerbation of psychiatric symptoms, e.g., sedative-hypnotic induced depression or confusion.

- Refer to: Insomnia: Medication Management of Insomnia for detailed guidance.