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Insomnia

In the BEACH (Bettering the Evaluation and Care of Health) program between April 2006 and March 2008, sleep disorders were managed 2987 times at a rate of 1.6 contacts per 100 encounters, which extrapolates to about 1.7 million times annually across Australia. By far the most common sleep disorder was insomnia, which represented eight out of 10 sleep disorders managed.





Table 1. Medications prescribed for insomnia

Medications prescribed	Rate per 100 insomnia problems
Medications (all)	95.2
Temazepam	48.1
Zolpidem	13.4
Oxazepam	11.3
Nitrazepam	11.0
Diazepam	3.3

■ Management of insomnia rose significantly by age, from 0.2% of encounters with patients aged <25 years to 2.7% with patients aged 75 years and over. Insomnia was significantly more likely to be managed for female patients (1.4%) than for males (1.1%). Female patients were therefore significantly over represented at insomnia encounters (66.0%) compared with total BEACH encounters (57.1%), as were patients with Commonwealth concession or Repatriation health cards. Patients new to the practice and patients from non-English speaking backgrounds were under represented at insomnia encounters (*Figure 1*).

There were significantly fewer standard consultations and more long consultations claimable where insomnia was managed. Management included higher levels of prescribed medications (95.2 per 100 insomnia problems compared with 54.5 per 100 total problems) and low rates of advised over-the-counter medications. For new cases of insomnia the prescribing rate was 81.7 per 100. Lower than average rates of advice/counselling were found, and referral rates per 100 insomnia problems were considerably lower than the BEACH average (0.8 vs. 8.3). Pathology test ordering rates were low (*Figure 2*).

Almost 80% of the medications prescribed for insomnia were benzodiazepine derivatives and another 15% were benzodiazepine related drugs. Most of the remaining 5% of prescribed medications were antidepressants. Medications prescribed for new cases of insomnia were the same as for old cases (*Table 1*). These results suggest high use of pharmacological management, even in new cases of insomnia.

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