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JAA/570479 23 April 2017

CONFIDENTIAL
Dr K Holtom
Oldbury Health Centre
Albert Street Oldbury Warley B69 4DF * Sent to GP Electronically *

Dear Dr Holtom

Marie Brown, DOB 18/09/1975, NHS Number 6082765451, PID 570479
34 Groveland Road, Tipton, West Midlands DY4 7TN

Clinic attendance: 4 April 2017 Clinic: NWNEURO

Many thanks for asking us to take a look at this lady. She presents with a history of sleep-onset maintenance insomnia, clearly triggered in her view by a particular set of social circumstances. However, like many patients with insomnia, the original triggering problem has resolved, but the sleep difficulties have not. It sounds like she has tried quite hard to regulate her sleep habits. She has not found Zopiclone helpful in assisting her get to sleep, but did find that it was still working in the morning and left her feeling groggy. She is taking Circadian at 4 mg at night at 9 pm and does find this helpful, although with it often does not sleep beyond 3.30 she feels. She does not score terribly highly on the Epworth Score at 8.5 to 9/24, but this is pretty high for a patient with true insomnia. This does make one think there may be an alternative diagnosis and I note that her sister has obstructive sleep apnoea, she wakes herself snoring if she is unwell and she has recently had a limited channel polysomnogram performed at the City Hospital. I will write to Dr Hussain at Birmingham Treatment Centre to ascertain the results of this.

She does occasionally sleep for quite prolonged periods during the daytime and finds her sleep pretty refreshing. She did have a history of not sleeping until 2 or 3 in the morning as a child and this does raise the possibility of a persistent phase disorder.

If the limited sleep study is entirely normal, then we could probably proceed to actigraphy here, so that we can get a feel for her current sleep patterns and review her with the results of those. Ultimately if we feel the diagnosis really is insomnia, then cognitive behavioural therapy for insomnia (CBTi), delivered by a psychologist is likely to be the most effective long-term treatment.

Yours sincerely

Dr Simon Wharton BSc MBBS MRCP
Consultant in Sleep and Respiratory Medicine