Management of sleep disturbance: A survey of current practice in the United Kingdom (UK)

J. Freeman1, P. Cowan2, S. Hourihan3, E. Johansson-Charles4, K. McDowall5, A. Nock6, H. Rowlands7
1Plymouth University School of Health Professions, Peninsula Allied Health Centre, Plymouth, PL68BU, Great Britain
2NHS Lanarkshire Kenilworth Medical Centre, Kenilworth Court, Cumbernauld, G671BP, Great Britain
3University College London Hospital Therapy and Rehabilitation, Queen Square, London, WC1N3BG, Great Britain
4Northwick Park Hospital Physical Disability Support Team, Watford Road, Harrow, HA13UJ, Great Britain
5South London Healthcare Trust Elmstead Unit, Frognal Avenue, Sidcup, DA146LT, Great Britain
6Poole Hospital NHS Foundation Trust MS Service, Longfleet Rd, Poole, BH152JB, Great Britain
7Stockport NHS Foundation Trust Devonshire Centre for Rehabilitation, Cherry TRee Lane, Stockport, SK27PZ, Great Britain

Objective: Sleep disturbance affects quality of life & is related to increased morbidity in MS. It may be a primary problem or secondary to symptoms. Management requires input from multi-disciplinary team members (mdt). While recommended that sleep disturbance should be addressed within daily management, there is a lack of literature describing what comprises routine practice. This ethically approved study was undertaken by the Research Group of Therapists in MS (TiMS), a national network of MS therapists. It aimed to gain an overview of sleep disturbance management by UK nurses & therapists.

Methods: In this cross-sectional survey all 256 delegates at the 2011 MS Trust Conference were provided with a questionnaire & were encouraged to complete it during the 3 day period. Survey instrument: A literature search failed to unearth a relevant questionnaire & thus one was developed, through an iterative process, via TiMS web-based discussions, published literature & a 1 day Research Group meeting. A draft questionnaire was piloted on 20 people reflecting those intended for inclusion in the survey. The final questionnaire comprised 16 questions with categorical response options (7 socio-demographic, 4 assessment/evaluation; 3 management; 2 knowledge/training), & 1 open ended question. Feedback demonstrated the instrument had good face & content validity.

Results: 180 delegates completed the questionnaire; 70% response rate. Respondents worked across a range of clinical settings, typically as part of an mdt (73%) & within an MS (56%) or neurology specialist (28%) setting. 43% had worked in the MS field for > 10 years, highlighting the considerable MS experience of this group. A range of interventions was used (e.g. advice 50%; fatigue management 16%; relaxation 24%; exercise 29%); typically on an individual basis (65%). While most (84%) considered sleep management to be part of their role, only 10% felt confident in their knowledge about it. Relatively few used specific sleep disturbance instruments, either for assessment (33%) or to evaluate outcome (39%); 37% were not aware specific instruments were available. Perhaps unsurprisingly 49 % would value further training on this topic.

Conclusion: This survey provides an initial understanding of current practice by experienced MS nurses & therapists in the UK. It suggests knowledge about sleep disturbance, particularly related to assessment instruments, may be limited. Further exploration is needed to verify these findings across different samples.