

Screening and Assessment - Sleep Disturbance in Adults with Cancer*

Screen for sleep-wake disturbances¹ at start of treatment, periodically during treatment and periodically during post-treatment survivor follow-up care.²

- Review all ESAS or ESAS-r scores and problem checklist in conversation³ with patient/family and discuss expectations and beliefs about support needs (e.g., Canadian Problem Checklist¹).
- Sleep problems are identified by patient endorsement of a sleep problem on the Canadian Problem Checklist (checked yes for sleep problem) or as an "other" item on the ESAS scale with any score >"0" (sleep severity is an imprecise measure of sleep problems). Indicates occurrence of a sleep problem.
- Occurrence of a sleep problem should prompt two additional screening questions to identify sleep-wake disturbance:
 - 1) Do you have problems with sleep for three or more nights/week? 2) If yes, does this sleep problem interfere with daytime functioning? If answer is yes to one or both: focused assessment needed.

Step 1: Identify need for **immediate** referral to a sleep specialist.

Assess for symptoms of sleep apnea: loud chronic snoring, choking or gasping during sleep, witnessed periods of apnea during sleep, excessive daytime sleepiness (can use Epworth Sleepiness Scale to assess), morning headaches, poor concentration and/or memory problems.

Referral is also required if patient complains of restless leg/movement disorders.

Immediate referral to a sleep clinic or sleep specialist for sleep study work-up and a polysomnogram.

Step 2: Focused Assessment (clarify nature/extent of sleep-wake disturbance)

- O** - When did it start? How many nights is sleep disturbed? Number and duration of night waking? Early morning waking? Non-restorative sleep?
- P - Pre-sleep activities (before bed and in bed); bedroom environment; precipitating factors (stress, pain); sleep-wake schedule and regularity of following this? Medications used for sleep (which can aggravate sleep problems)?
- Q - Assess sleep quality. Non-restorative sleep. Consider daily sleep logs over a two-week period (i.e., Consensus Sleep Diary).
- R - In what ways does it affect you day-to-day (e.g., daily tasks, daytime somnolence, emotional distress, attention and memory impairment, slow response time, adverse effects on work, social life and family)?
- S - How bothered are you by your sleep problem?
- T - What do you do to manage your sleep problem? How effective are your efforts? Assess use of sleep hygiene strategies.
- U - What do you believe is causing your sleep problems? What about it concerns you the most?
 - I - What is the effect on daily function and other aspects of life?
- V - What is your goal for this symptom? What is your comfort goal or acceptable level for this symptom (able to work, attend leisure activities, etc.)?

PROMIS-short form sleep or Insomnia Severity Index can be used for systematic assessment.

Insomnia Symptoms: Non-restorative; difficulty falling asleep (>30 minutes); early waking; night waking (30 minutes) more than 3 nights/week; significant distress or negative mood due to sleep disturbance; diminished concentration or attention; slow response time; impairment of ADLs; rumination about sleep problems.⁹

Identify Pertinent History: Specific Risk Factors for Sleep-Wake Disturbances

- History of sleep-related problems, depression, other pre-existing mental health problems
- Stressors (e.g., life events; disease status: diagnosis, recurrence, advanced or progressive disease [i.e., vulnerable points])
- Current or recent change in medications associated with depression (can cause insomnia) or sedating medications
- Cancer treatment modalities (e.g., treatment with chemotherapy, other agents such as steroids that can impact sleep)
- Assess for specific contributing factors that should be treated based on other guidelines (e.g., pain, fatigue, depression). Sleep problems often occur as part of symptom cluster of sleep, pain and fatigue.

Mild Sleep Disturbance

Transient Insomnia Symptoms

Insomnia Syndrome

* Refer to the full technical guideline document for the disclaimer statement on the Canadian Association of Psychosocial Oncology website (www.capo.ca).

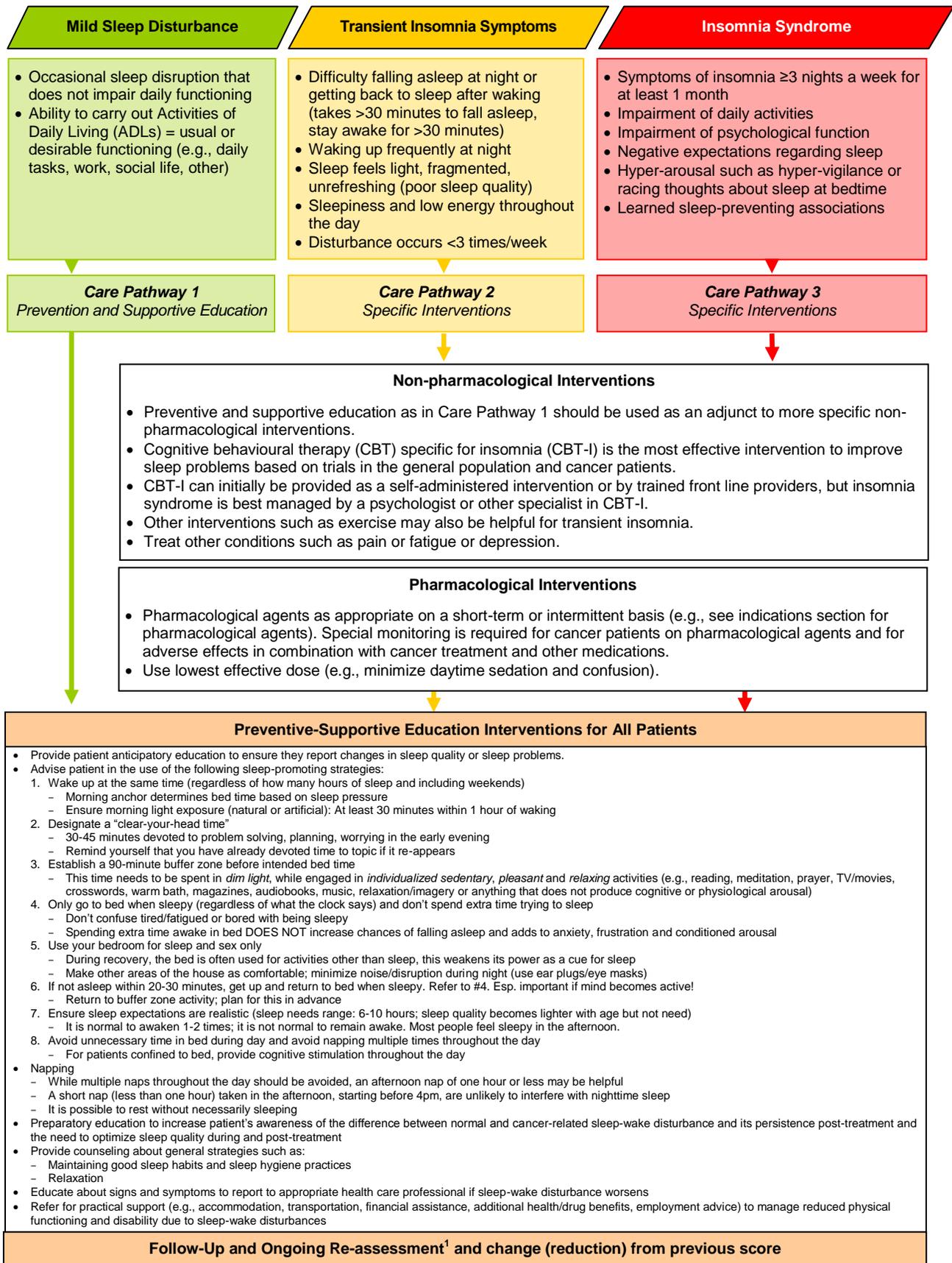
1 Use Screening for Distress Tool (SDT), which includes Edmonton Symptom Assessment System (ESAS-r) and Canadian Problem Checklist (CPC).

2 At initial diagnosis, start of treatment, regular intervals during treatment, end of treatment, post-treatment or at transition to survivorship, at recurrence or progression, advanced disease, when dying, and during times of personal transition or re-appraisal such as family crisis, during survivorship, when approaching death (CAPO/CPAC guideline: "Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient" by Howell et al., 2009).

3 The health care team for cancer patients may include surgeons, oncologists, family physicians, nurses, social workers, psychologists, radiation therapists, patient navigators and other health care professionals (HCPs).

** Fraser Health Symptom Assessment Acronym OPQRSTU(I)V: O = Onset; P = Provoking/Palliating; Q = Quality; R = Region or Radiating; S = Severity and Duration; T = Treatment; U = Understanding/I=Impact; V = Values

Care Map: Sleep-Wake Disturbances in Adults with Cancer*



* Refer to the full technical guideline document for the disclaimer statement on the Canadian Association of Psychosocial Oncology website (www.capo.ca)
 Authors: Howell D, Oliver T, Keller-Olaman S, Davidson J, Garland S, Samuels C, Savard J, Harris CA, Aubin M, Olson K, Sussman J, Taylor C