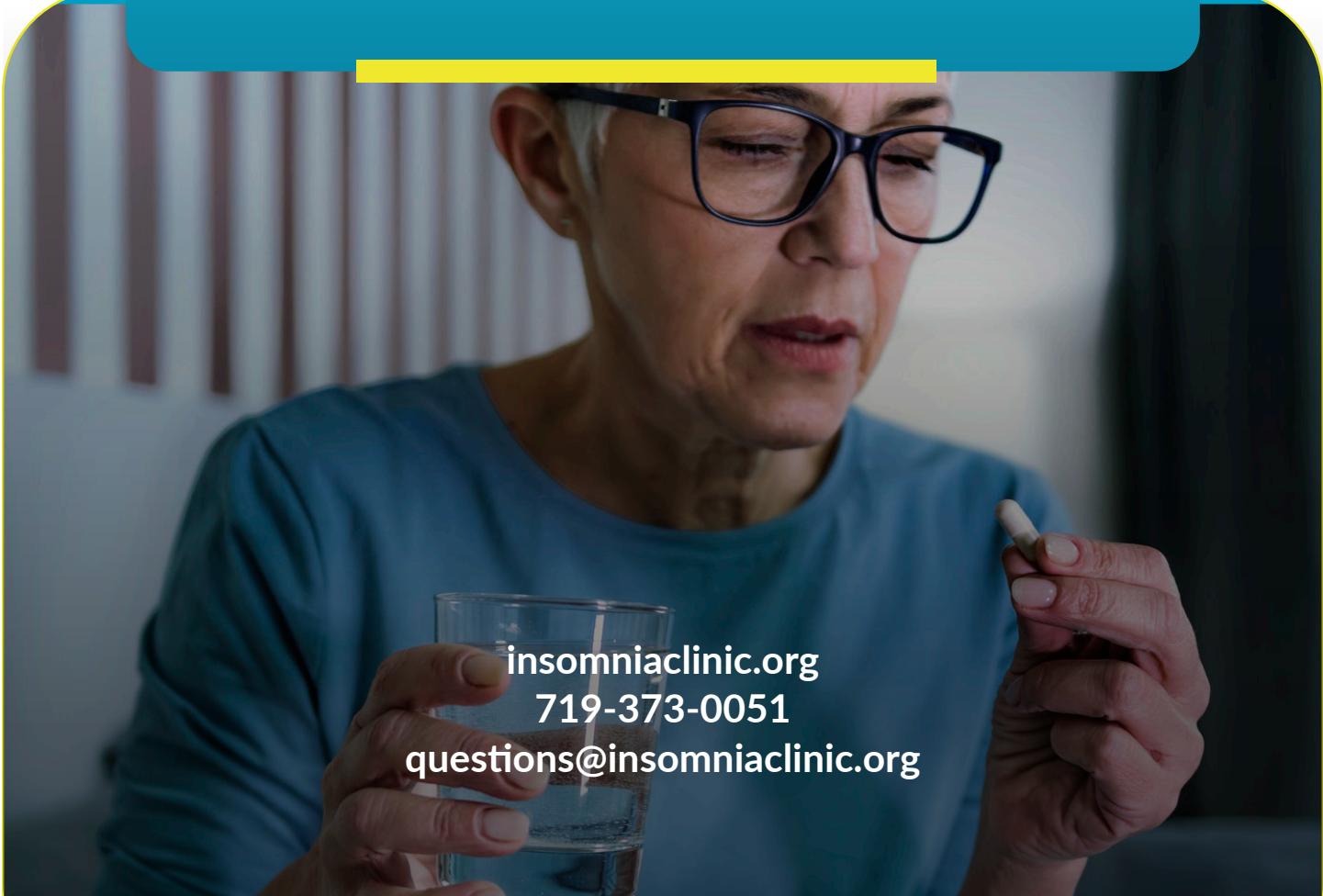




THE TRUTH ABOUT SLEEP MEDICATION



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I've spent the last 15 years helping people sleep without medications. Some have the impression that I have a fanatical dislike for sleep medications. Let me take a moment to make my opinions about sleep medications clear. Sleep medications like Ambien, Lunesta, and others have a critical role in our healthcare system. They help millions of Americans sleep better and, through better sleep, live healthier happier lives. The most obvious appropriate use of sleep medications is for insomnia that occurs as a result of short-term stress or illness. Another is chronic illness that directly interferes with sleep and the insomnia caused by the illness cannot be eliminated in any other way. Regardless of the situation, if the choice is between not sleeping and using a sleep medication, then I will almost always encourage use of the medication. The consequences of insomnia are too significant to go on unmanaged.

With that said, in my opinion, long term use of sleep medication (more than a few weeks) is risky and unnecessary in most cases. In the remainder of this paper I will share with you the information and experience that led me to hold this opinion. The short version can be summarized in three points:

- All sleep medications carry a risk for addiction and other potentially dangerous effects.
- Cognitive-Behavioral Therapy for Insomnia or CBT-I is as effective as any sleep medication.
- Most people can achieve a satisfactory sleep pattern without medication.

WHAT MEDICATIONS AM I TALKING ABOUT?

I'm not going to get into the details of all of the medications used for sleep. There's just not enough space here to do that. Just understand that although there are many similarities, each medication used for insomnia is a little bit different in terms of how it affects sleep, potential side effects, and risk for physical or psychological dependence. Here is a list of common medications used for treating insomnia:

Ambien (zolpidem)	Prosom (estazolam)	Desyrel (trazodone)
Ambien CR (zolpidem)	Dalmane (flurazepam)	Elavil (amitriptyline)
Intermezzo (zolpidem)	Doral (quazepam)	Seroquel (quetiapine)
Lunesta (eszopiclone)	Restoril (temazepam)	Remeron (mirtazapine)
Sonata (zaleplon)	Halcion (triazolam)	Surmontil (trimipramine)
Rozerem (ramelteon)	Ativan (lorazepam)	Zyprexa (olanzapine)
Silenor (doxepin)	Xanax (alprazolam)	
Belsomra (suvorexant)	Klonopin (clonazepam)	

TRADITIONAL HEALTHCARE APPROACH TO INSOMNIA

To talk about the first point - risk of addiction and other dangerous effects - I'll describe the most common "pathways" or experiences you might have when trying to address your insomnia within our healthcare system. The way the traditional healthcare system deals with insomnia is fairly predictable. The almost universal approach is to prescribe a medication and provide a handout of healthy sleep tips. Because of this, people with insomnia often wait years before talking to their healthcare provider about insomnia because they don't really want a medication to help them sleep.

When the conversation about insomnia is started, whether by the insomnia sufferer or by the healthcare provider, the evaluation of the sleep problem may range anywhere from a few questions about sleep patterns to a deeper conversation about sleep, health, and factors influencing insomnia. The process may also involve additional diagnostic tests. However, the research tells us that most sleep problems in primary care go undiagnosed and untreated. One reason for this is that providers have extremely limited time to speak with patients about many health concerns.

As I've said before, sleep medications play an important and essential role in the care for insomnia. However, almost all of these medications were intended to be used for normal and short episodes of insomnia that happen in the face of normal life stressors and go away after a few weeks. In fact, the FDA recommendation for most sleep drugs is that they should be taken for no more than 14 days. Unfortunately, this rarely happens. Once started on a sleep medication, the average person ends up taking them for at least a year; sometimes for decades. There are five main "pathways" you are likely to experience if you decide to use sleep medication.

PATHWAY #1: UNHAPPY REFUSER

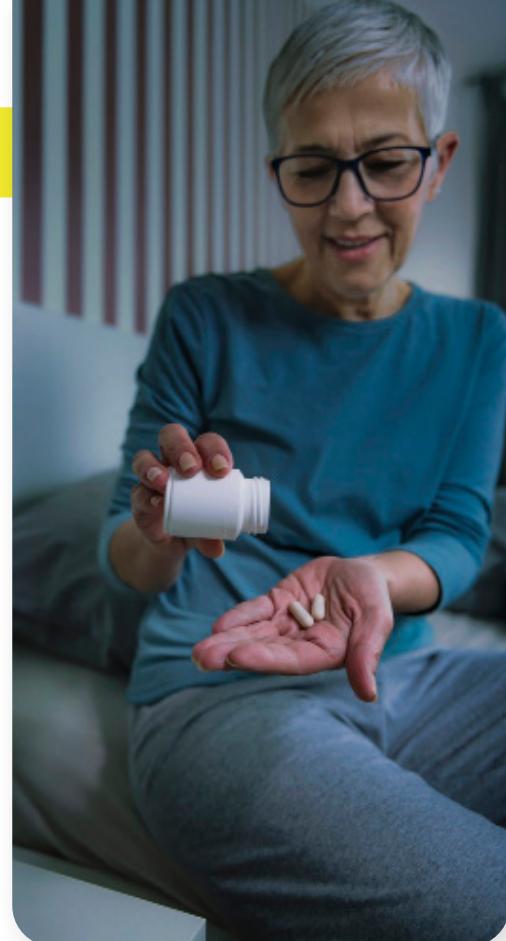
You might try a sleep medication but find yourself unhappy for some reason and ultimately decide to stop using it. This may be because you are simply uncomfortable with the possible short and long-term effects and risks of the medication. Or because you experienced intolerable or dangerous effects such as excessive daytime sleepiness or dangerous behaviors during sleep (e.g. eating, driving, or sexual activity) while using sleep medication. Whatever the reason, you decide that any benefit of the medication doesn't warrant the risks.

PATHWAY #2: HAPPY OCCASIONAL USER

Most prescriptions for sleep medication start with a recommendation to use them as needed a few nights per week or a few nights per month. You may be satisfied using a sleep medication in this way. You take a sleeping pill when you're feeling a bit worn down from a couple of bad nights' sleep. Or maybe you take one when you need to be sure of good night's sleep before a big day. Use of a sleep medication in this way prevents you from experiencing any significant consequences of insomnia. You might go on using sleep medication in this fashion for many years with no problems at all. However, as many people do, you may over time find yourself using sleep medication more and more often. This can lead to dependence on the medication and entry into pathways three, four, or five.

PATHWAY #3: HAPPY AND DEPENDENT

For the most part, if you are in this pathway you experience elimination of your insomnia symptoms, get satisfying restful sleep most nights, and feel rested and energetic during the daytime. You have no significant side effects associated with use of sleep medication and you're comfortable taking the medication on a long-term basis. This sounds okay, right? There are two problems you might experience. First, you may become trapped. What do I mean by trapped? You're trapped when you become dependent on the medication to sleep and any attempt to reduce or eliminate the medication causes a return of insomnia symptoms and sometimes a worsening of insomnia symptoms called "rebound insomnia." Rebound Insomnia is a situation in which the insomnia experienced when trying to stop a sleep medication is more severe than the insomnia the medication was used to treat. Second, over time your sleep medication may become less effective or fail to work altogether. Due to this second problem, you may ultimately find yourself in pathway number four, unhappy and dependent.



PATHWAY #4: UNHAPPY AND DEPENDENT

If you're in this pathway, your sleep medication is helping, but only partially. You're definitely sleeping better with medication than without it. However, you continue to have significant problems with nighttime sleep or daytime dissatisfaction despite using sleep medication. After a matter of time your body develops a dependence on the medication and you will probably experience rebound insomnia if you try to reduce or stop using the medication.

You may also find yourself in this pathway after spending some time in pathway number three, happy and dependent. Whether it was a period of months or maybe even years, you experienced great satisfaction with use of sleep medication. However, for some reason your sleep medication no longer works as well as it once did or has stopped working altogether. You're no longer satisfied with your sleep or daytime experience. Attempts to reduce or stop the medication result in a return of insomnia symptoms. You're no longer satisfied with the benefits of the medication but are unable to stop taking it. There is also a possibility that you are experiencing some kind of unwanted effects from the medication, and continuing to pay for it month after month despite the fact that it's not working.

If you're in this pathway you've most likely experienced a cycle of repeated recommendations from your healthcare provider to increase the dose of your sleep medication, switch to another medication, or add an additional medication. If sleep medications are not working well for you, sooner or later your provider will probably develop a suspicion that they are not working because your insomnia is caused by anxiety or depression. Most commonly, this will lead him or her to recommend some kind of antidepressant medication. In some unfortunate situations, this unhappy and dependent pathway turns into the final pathway - unhappy, dependent and hung out to dry.

PATHWAY #5: UNHAPPY, DEPENDENT, AND HUNG OUT TO DRY

If you are in this pathway, you are working with a healthcare provider who is uncomfortable prescribing your sleep medication. This can happen for many (usually very good) reasons. Your prescriber may feel that continued use of sleep medication is unsafe or inappropriate because of a change in your health status, changes in other medications, new information about the sleep medication, or development of dangerous side effects. You may also come across healthcare providers who believe that sleep medications are generally unsafe or inappropriate and refuse to prescribe them. You may experience this when changing to a new healthcare provider. Obviously, it is problematic when you have become dependent on sleep medication and your prescriber has determined (usually for good reasons) that it is unsafe or inappropriate for you to continue to use it.

There is usually an effort to taper off of the medication. However, these efforts are often unsuccessful, leaving individuals with intolerable insomnia symptoms and no treatment options. Individuals in this situation frequently come to The Insomnia Clinic feeling desperate in the face of stubborn insomnia symptoms and feeling they have nowhere to turn. In the best cases, healthcare providers will refer folks to The Insomnia Clinic to initiate non-medication treatment and slow reductions of sleep medication over time.

FINAL THOUGHTS ON THE TRADITIONAL INSOMNIA PATHWAYS

If you look at these five pathways, you will see that the traditional strategy for managing insomnia within our healthcare system isn't working. Four of the five pathways lead to one of two outcomes.

- Refuse medication and continue to suffer with insomnia
- Become dependent on sleep medication and hope for the best

Sadly, many providers and insomnia sufferers feel these are the only two options. Fortunately this is untrue. The remainder of this chapter will show you why.



COGNITIVE-BEHAVIORAL THERAPY FOR INSOMNIA (CBT-I) VERSUS SLEEP MEDICATION

Sleep medication is the most frequently recommended therapy for managing insomnia.¹ This is despite the fact that there is no research evidence to support a preference for sleep medication over cognitive-behavioral treatment.² In fact, there is more research on Cognitive-Behavioral Therapy for Insomnia (CBT-I) than on any single sleep medication available. The research says that CBT-I is effective if you have simple insomnia.³ It is also effective if you have more complicated insomnia that is present along with other health problems.⁴⁻¹³ See Chapter 6 (LAW #3: Insomnia Has a Life of Its Own) for a discussion of what scientific research says about CBT-I for various types of insomnia. **Basically, this research clearly shows that CBT-I is an effective option for managing insomnia all by itself.**

There have been some great research studies published that directly compare the effects of medication to those of CBT-I. I'll tell you about two of them here. The Journal of the American Medical Association (JAMA) published one of the most rigorous clinical trials comparing CBT-I to the sleep drug Ambien in 2009.³ In this study, 90% of insomnia patients experienced clinically significant improvement and 40% experienced complete remission of insomnia symptoms. CBT-I was as effective as medication, and whereas long-term medication use led to an increase in insomnia symptoms, participants who used CBT-I continued to experience growing improvements in their sleep up to a year after they stopped the treatment. Why is this? While sleep medications mask or cover up insomnia symptoms, CBT-I changes many of the actual causes responsible for chronic insomnia.

Another study compared the effectiveness of sleep transformation and medication by analyzing the data from 21 different studies using a powerful mathematical process called meta-analysis.¹⁴ The researchers found that both medication and CBT-I each led to moderate to large improvements in the ability to fall asleep, the ability to stay asleep, and the amount of time spent awake during the night. In fact, the improvements in sleep achieved by each method were nearly identical, with one exception. CBT-I was significantly better than medication at helping people fall asleep faster. **These two studies tell us that CBT-I leads to improvements in sleep equal to or better than those from medications and the benefits from CBT-I last well after you're done with training.**

Not only are the improvements from CBT-I as good or better than those from medication, but there is some question as to whether the sleep inducing chemicals in newer medications are actually responsible for the improvements in sleep. Another meta-analysis published in 2012 analyzed 13 studies comparing sleep medications to placebo in more than 4000 people with insomnia.¹⁵ What they found was startling. Compared with placebo, newer sleep drugs (e.g. Ambien, Lunesta, and Sonata) produced only slight improvements in people's ability to fall asleep. These findings led the researchers to state, "...the drug effect and the placebo response were rather small and of questionable clinic importance...." **Essentially, this study should make us seriously consider the possibility that the risks of these drugs may greatly outweigh any benefit, especially when an equally effective and radically safer option like CBT-I exists.**



YOU CAN PROBABLY SLEEP WITHOUT PILLS

The information so far may be enough to lead you to avoid sleep medication. But what if you're already taking medication and are worried you won't be able to stop without a return of insomnia and its daytime consequences? If you approach the process of stopping sleep medication in the right way and with the appropriate support, there is a very high chance you can stop without any real negative consequences. More importantly, once you've stopped the medication there is a good chance you will actually sleep better than you are with the medication. There is a lot of research that supports the fact that people can successfully stop sleep medication. I'll talk about some of it here.

In 2002, a German sleep scientist named Goran Hajak and his associates completed a study on the effects of a single simple sleep transformation strategy on how people used sleep medication.¹⁶ They studied 2690 people from 550 primary care clinics in Germany. Half of them received a prescription for the sleep medication Ambien to take a few nights per week as needed. The other half received the same prescription for Ambien and were also taught some of the same techniques we teach in our CBT-I Sleep Training workshops.

Guess what they found? Almost 70% of the people who were taught to use the sleep transformation techniques chose to use less medication.¹⁶ What's more interesting is that they were just as satisfied with their treatment as people who did not receive the CBT-I, even though they used an average of 30% less medication. This is amazing to me (and to you too I hope)! **Simple changes in sleep behavior can help an overwhelming majority of people using Ambien take 30% less medication.**

Another study provided people with insomnia who were using sleep medication with a series of small booklets about how to change their sleep without medication.¹⁷ People in this study received the booklets along with supportive phone calls from a healthcare provider over a period of six weeks. Before they participated in the study patients were using sleep medication almost half the time. After following the recommendations in the booklets and having a few short conversations with a health provider, they were on average using medication only 7% of nights. **That means that after the study they were only using their sleep medication about twice per month.**

Now for the really impressive research. There have been several studies aimed at helping people get completely free of the most addictive sleep medications after years of using them every night. I'll talk about one of them here. Along with his colleagues, a Canadian sleep scientist named Charles Morin studied a group of adults with insomnia who had been using benzodiazepines (the most addictive type of sleep medication) for an average of more than 19 years.¹⁸ Their goal was to help these individuals reduce or eliminate use of these medications using a process of supervised tapering in which medication was slowly reduced over a period of 10 weeks under the supervision of a physician. At the end of the 10 weeks more than 60% of the people in the study were completely drug free. This is absolutely remarkable! **The people who participated in this study had been using the equivalent of almost 10mg of diazepam (Valium) an average of 6.7 nights per week for almost 20 years and after only 10 weeks the majority of them were free of the medication.** What about those who were not able to totally stop using the medication? The majority also significantly reduced the amount of medication they were using to sleep. A couple more important points:

- 12 months after the study they were still using less or no sleep medication.
 - When CBT-I was added to the supervised medication tapering process, 85% of participants were drug free at the end of the study.
- On average, participants were actually drug free in less than seven weeks,
- well before the 10 week study was completed.
- There was no increase in insomnia symptoms during or after reducing and
- eliminating the medication.
 - Participants experienced very few withdrawal symptoms.

If these individuals, who were taking the most addictive type of sleep medication almost every night for more than a decade, can reduce or eliminate their sleep medication with no negative effects on their sleep, what is possible for you? Although there are many reasons why attempting to stop sleep medication may not be a good idea, it is always worth having a conversation with your medication prescriber.

YOU HAVE TO BE YOUR OWN ADVOCATE

Your medication prescriber will likely be overjoyed by your interest in learning how to stop using sleep medication. This is especially true if you come to him or her with a plan about how to do it and an alternative insomnia solution like CBT-I. Most primary care providers have a generally negative attitude toward prescribing sleep medication.¹⁹ Additionally, they often have positive attitudes about reducing the use of sleep medication.¹⁹ However, you will need to be your own advocate if you want help avoiding or stopping sleep medication use. I say this for several reasons.

First, the pharmaceutical industry has a powerful influence on prescribing patterns and habits in medical practice. The marketing guru Seth Godin gives us some insight into the reason for this influence, "In 2003 pharmaceutical companies spent more on marketing and sales than they did on research and development. When it comes time to invest, it's pretty clear that spreading the ideas behind the medicine is more important than inventing the medicine itself."²⁰ This seems true with reports from 2012 that the pharmaceutical company Purdue planned to spend \$100 million over 12 months to promote the sleep drug Intermezzo, a special version of Ambien.²¹ That's \$100 million in marketing for one drug in a single year. Ultimately, this means that doctors (and we as consumers) are under a multi-billion dollar influence that teaches that drugs are safe and easy and the right and best thing to do.

Second, due to the marketing influence and many other reasons, medications hold a preferred status in our healthcare system. This means that it takes focused intentional effort on the part of you and your healthcare provider to successfully engage and follow through with non-medication alternatives like CBT-I. With that said, I'll finish this chapter by giving you an idea of how we approach the issue of helping you get free of sleep medication at The Insomnia Clinic.

THE INSOMNIA CLINIC PATHWAY: SLEEP MEDICATION ESCAPE PLAN

Earlier in the chapter I said that if you go about it the right way and you have the right support, you can probably get free of sleep medication. At The Insomnia Clinic, we approach the process of helping you get free of sleep medication in a specific way. There are three main steps:

1. Complete Guided Sleep Discovery – During this process we will determine all causes of your insomnia and create a plan for addressing them.
2. Sleep Recovery Training – With your plan in hand, we work with you to strengthen your natural sleep systems, break down barriers, and overcome obstacles to natural sleep.
3. Sleep Medication Escape Plan – In collaboration with your medication prescriber we come up with a plan to slowly reduce and then eliminate your need for sleep medication using scientifically proven processes and techniques.

Each person's escape plan is tailored to their specific sleep medication and insomnia history. However these are some basic things to avoid when attempting to get free of sleep medication:

- Don't stop your medication suddenly unless directed to do so by your prescriber. You will almost certainly experience a return of significant insomnia symptoms unless you reduce the medication slowly.
- Don't try to stop your medication unless you have a plan for dealing with short-term insomnia symptoms that are likely to come up as you go through the process.
- Don't try to stop your sleep medication on your own. In some cases, stopping sleep medication can be dangerous and should always be supervised by a healthcare provider.

SUMMARY

Sleep medications have an appropriate and necessary role within our healthcare system. However, they come with significant risks and in many cases are unnecessary. They are unnecessary for many individuals with insomnia because alternative solutions, like Cognitive-Behavioral Therapy for Insomnia, exist that are just as effective and less risky compared to medication. Despite the fact that excellent non-medication solutions are available, sleep medications remain the almost exclusive treatment for insomnia used by healthcare providers. Unfortunately, anytime someone starts sleep medication there is a high likelihood of becoming dependent. Fortunately, getting free from sleep medication is possible and there are clearly researched methods for doing so. We help motivated folks like you do it all the time at The Insomnia Clinic.

ABOUT THE AUTHOR

Dr. Glidewell is founder of The Insomnia Clinic and a Licensed Clinical Psychologist. He is one of fewer than 200 psychologists worldwide to be awarded certification in Behavioral Sleep Medicine by the American Board of Sleep Medicine. He has extensive advanced training in the diagnosis and treatment of sleep disorders to include training at the Duke University Insomnia and Sleep Research Program. He has evaluated and treated hundreds of individuals with chronic and complex insomnia, dependence on sleeping pills, fatigue, excessive daytime sleepiness, and a range of other sleep and associated problems. He has published original research, case studies, and reviews in the Journal of Clinical Sleep Medicine, the Journal of the American Board of Family Medicine, Sleep Medicine Clinics, Current Treatment Options in Neurology, and the journal Sleep Medicine. He is also the author of numerous scientific abstracts related to his original research on topics including the assessment of sleep disorders and the interactions between sleep apnea, insomnia, and use of CPAP therapies. He moved to Colorado Springs, Colorado in 1995 during his service in the United States Air Force. He continues to live in Colorado Springs with his wife and two children. Learn more about Dr. Glidewell and The Insomnia Clinic at www.insomniaclinic.org



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