

Insomnia Management in Adults with Intellectual Disability:
A Clinical Audit

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INTRODUCTION

- Insomnia is common in adults with Intellectual Disability (ID) and may adversely affect physical health, mental wellbeing, behaviour, and quality of life.
- NICE guidance on Insomnia Management recommends assessment for alternative sleep disorders, prioritisation of non-pharmacological interventions and regular review of sleep medication.
- Individuals with ID may lack capacity to consent to treatment, making safe prescribing and robust clinical documentation particularly important.

AIMS

- Overall aim
To evaluate whether insomnia assessment and management in adults with ID align with NICE guidance and promote safe, evidence-based prescribing.
- Primary aims
- Screen for alternative sleep disorders before diagnosing and treating insomnia (e.g. OSA, circadian rhythm disorders, narcolepsy, parasomnias).
 - Promote non-pharmacological interventions - sleep hygiene advice and CBT-I before rx meds.
 - Assess follow-up arrangements for patients prescribed sleep medication.
 - Evaluate ongoing monitoring - re-screening of sleep symptoms and psychoeducation at follow-up.
- Secondary aims
- Assess documentation of capacity to consent to treatment.
 - Evaluate documentation of prescribing rationale for sleep medication.
 - Examine prescribing patterns according to patient age and severity of intellectual disability.
 - Review types and doses of sleep medication prescribed.
 - Assess documentation of medication plans (continue, taper, or stop) at follow-up.

METHODS

- Retrospective case-note review of LD psychiatry caseload patients.
- Audit period: 1 April 2025 to 31 March 2026.
- SystmOne clinic letters and Summary Care Records.
- Structured Excel proforma based on NICE insomnia guidance.
- Data collected by two clinicians with inter-rater reliability checking by a third reviewer.

RESULTS



RESULTS



100% All prescribed doses were within BNF-recommended limits
A principal strength of the audit

DISCUSSION

- Strengths
- Clear prescribing rationale.
 - Appropriate dosing.
 - Excellent follow-up arrangements and symptom re-screening.
- Improvement priorities
- Screening for alternative sleep disorders.
 - Accessible psychoeducation.
 - Explicit medication plans.

CONCLUSIONS

- Main conclusions
- Prescribing was generally safe, appropriately dosed and well monitored.
 - Documented screening for alternative sleep disorders before medication initiation was absent and requires significant improvement.
 - Future work should introduce standardised assessment, strengthen psychoeducation, clarify medication plans and continue STOMP-informed prescribing reviews.

KEY MESSAGE

Sleep medication prescribing in adults with ID was generally safe and well monitored. However, diagnostic assessment before prescribing requires significant improvement to align more closely with NICE guidance.

REFERENCES
1. NICE Clinical Knowledge Summaries. Insomnia (2026).
2. NICE guideline NG108. Decision-making and mental capacity (2018).
3. Branford D et al. STOMP Part 1. Advances in Mental Health and Intellectual Disabilities. 2019;13:31–40.