Box 2. Tips for Shift Workers[24,25]

- If on the night shift, consider using light blocking (amber) glasses in the morning (approximately 6 am–11 am), especially if exposed to natural sunlight before scheduled daytime sleep (e.g., on the commute home).
- Stick to a regular sleep schedule, even during off-work periods. Although a consolidated period of sleep is ideal, daytime sleep can be separated into 2 sessions: a 3- to 4-hour "anchor" sleep and a session that can vary around other responsibilities (e.g., children).
- Adopt or advocate for a clockwise/rotational shift work schedule (days, then evenings, then nights) rather than a mix of shift times.
- Consider pre-shift napping and/or during-shift napping (if possible), limited to no more than 30 minutes to avoid sleep inertia upon awakening. Use strategic napping to coincide with periods of physiological sleepiness (2 am–5 am and 2 pm–5 pm).
- Use caffeine judiciously prior to the start of a shift and avoid caffeine use towards the end of a shift.
- Adjust sleep environment:
  - Light blocking shades to reduce sunlight
  - Cool ambient temperature
  - White noise machine if ambient noise cannot be controlled
- Although the current evidence base does not support the use of CBT-I for shift workers,[26] patients may benefit from adapted CBT-I (Table 3) that focuses more on sleep scheduling than sleep restriction and using timed exposure to sunlight or artificial bright light.

Cognitive Behavioural Therapy for Insomnia (CBT-I)

11. CBT-I is composed of core and adjunctive components (Table 3). Refer to Table 4 for further details.

Table 3. Components of CBT-I[10,12,22,27]

Component	Rationale
Core	
Stimulus control	Aims to strengthen the association between bed and sleeping, and to reduce arousal in the sleep environment by breaking the association between the bed and non-sleep activities (e.g., reading, screens, ruminating, lying awake).
Sleep restriction (also known as time in bed restriction)	Increases sleep drive and stabilizes circadian rhythm (consistent sleep schedule). Aims to improve sleep efficiency by balancing estimated total sleep time with opportunity to sleep, thereby decreasing time spent in bed lying awake.
Adjunctive	
Sleep hygiene	Reduces behaviours/environments that impair sleep drive or increase arousal.
Cognitive therapy	Identifies and restructures unhelpful beliefs about sleep and consequences about insomnia (e.g., by examining thoughts for accuracy, use of thought record).
Relaxation therapy	Reduces physical and psychological arousal in the sleep environment and improves stress management.

12. Side effects of CBT-I are generally mild and include daytime sleepiness and fatigue, mood impairment (e.g., irritability), and cognitive issues (e.g., attention problems). These effects are typically limited to the initial stages of treatment (due to sleep restriction and stimulus control) and improve over time and once sleep duration improves.[12,19]
    - The sleep restriction component of CBT-I may cause drowsiness. All patients should be assessed for suitability prior to starting and regularly assessed for sleepiness and potential impact on activities (e.g., driving) when it is implemented. Sleep restriction may be contraindicated in patients with a predisposition to mania/hypomania, with poorly controlled seizure disorders, at high risk for falls, or who work in high-risk occupations (e.g., heavy machinery operators).[12]