Cognitive Behavioral Therapy for Insomnia

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Educational Objectives

By completing this educational activity, the participant should be better able to:

1. Evaluate various sleep-related conditions with a focus on insomnia presentations and contributors.
2. Develop a treatment plan utilizing nonpharmacological therapies, such as cognitive behavioral therapy and lifestyle modification.

Speakers' Disclosures

Dr. Buck has disclosed that neither she nor members of her immediate family have a relevant financial relationship with an ineligible company.

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Your Patient

35-year-old female who comes to you for "problems sleeping." She says that she is having trouble going to sleep and staying asleep. This has been going on for "a while" on and off but has worsened over the last year.

What do you recommend?

1. Melatonin
2. Going to bed earlier
3. Filling out a sleep diary
4. Sleep study

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A Disclaimer

- Who can do this? Who should do this?
- How to get better at it?

"How did you sleep last night?"

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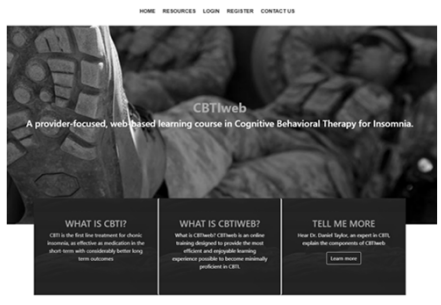

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Insomnia – What do we know?

- Difficulties initiating, maintaining, or obtaining quality sleep despite sleep opportunities and result in waking deficits
- 10-15% of population – chronic insomnia
  - 1-2% primary
- Increases risk for depression, anxiety, and substance abuse when other factors are controlled
- Insomnia versus sleep deprivation

Edinger & Carney, 2008

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UC Davis Health | Newsroom | COVID-19 is wrecking our sleep with coronasomnia – ...

NEWS | September 23, 2020

COVID-19 is wrecking our sleep with coronasomnia – tips to fight back

The coronavirus may be causing a second pandemic of insomnia

(SACRAMENTO) – COVID-19 has given us plenty of reasons to lose sleep. Here is another one: Because of the pandemic and the stress, more people than ever are fighting a serious loss of sleep.

Don't wrestle with sleep in the middle of the night. Get up and do something quiet – without a screen.

It's being called "coronasomnia." It's very real and very widespread.

"It's a problem everywhere, across all age groups," said **Angela Drake**, a UC Davis Health clinical professor in the **Department of Psychiatry and Behavioral Sciences**. She has treated sleep disorders and is trained in managing insomnia without medications.

"Insomnia was a problem before COVID-19," she said. "Now, from what we know anecdotally, the increase is enormous."

Most of the information sleep experts have on coronasomnia is anecdotal, but there is plenty of it. And a **report from the National Institutes of Health** highlighted a study early in the pandemic that "revealed very high rates of clinically significant insomnia" along with more acute stress, anxiety and depression.

This is a surprise to no one. Who hasn't suffered some sleepless nights recently? Or many sleepless nights? And who hasn't felt the stress from scrambled lives and health restrictions with seemingly no end in sight?

Even before COVID-19, medical experts were concerned about increasing rates of insomnia and its impact on physical and emotional health. Now, with COVID-19 stress, the huge changes in routines and the decreased activity for many people, sleep experts say the coronavirus has caused a second pandemic of insomnia.

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Practice Guidelines

Treatment of Chronic Insomnia in Adults: ACP Guideline

PDF PRINT COMMENTS

Am Fam Physician. 2017 May 15;95(10):669-670.

Author disclosure: No relevant financial affiliations.

Key Points for Practice

- Cognitive behavior therapy should be the initial treatment option in persons with chronic insomnia.
- Data were insufficient to establish the comparative safety of one pharmacologic treatment over another.
- The choice to use medications should be based on shared decision making, and prescriptions should be limited to five weeks or less.

From the *AFP* Editors

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Treatment of Insomnia

- CBT – best evidence
  - (Efficacy) CBT superior to: relaxation training, sham behavioral intervention, temazepam, medication placebo, and no treatment (wait list)
    - (Edinger, et al, 2001, 2007; Morin 1999)
  - (Effectiveness) CBT superior in primary care to medication and sleep advice *****
    - (Espie, 2001, Espie, et al, 2007)
- However, medication not a bad tool and it has its place
  - Best evidence for short term and situationally based, but some emerging evidence suggests may be effective up to a year
- Objectively short sleep duration.
  - THIS may be where meds are most helpful (Edinger, 2019)

Edinger & Carney, 2008

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Behavioral Tx – Underpinnings

- Heavily relies on behavioral principles

- Conditioning
- Stimulus Control
- Relaxation training

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Treatment of Insomnia

- Behavioral tx stand alone has some evidence
- Cognitive treatment stand alone → no evidence
- Sleep hygiene stand alone → no evidence
  - How is this different???
    - Sleep hygiene – general recommendations we should all follow
    - Comfortable bed, limiting caffeine before bed, getting exercise, etc.
    - Screens – a note
    - Dental hygiene versus filling a cavity

Edinger & Carney, 2008

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Nightmares

- Nightmares → predictive of suicide in PTSD dx
- Prazosin still a choice, but meh on the evidence
- Nightmare therapy
  - Come see us

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Sleep Hygiene

- Limit caffeine
  - Generally, no more than 3 cups per day/not in late PM
- Limit alcohol
- Regular moderate exercise
  - Not right before bed
- Light bedtime snack
- Bedroom is quiet and dark
- Bedroom is comfortable temperature
  - Generally < 75

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When to Refer … A Note

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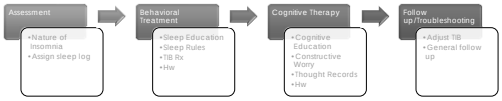
Treatment of Insomnia



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Assessment

- Complaint (pattern, onset, history, course, duration, severity)
- Childhood sleep patterns
- General sleep schedule
- Better or worse
- Anxiety around sleep
- Other sleep disorder sx (legs, nightmares, OSA)
- Sleep incompatible beh in bed
- Lifestyle (daily activity, Substances)
  - Bed partners, pets, etc.
- Treatment history
- Medical hx and medications (ANYTHING for sleep – teas, etc.)
  - Special attention to pain and hormonal state
- General mental health
- SLEEP LOG

Edinger & Carney, 2008

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Behavioral Treatment

- Sleep education
  - Why are you doing sleep education?
    - Correct habits that contribute to poor sleep
    - Understand what controls amount and quality of sleep
  - Sleep Needs
  - 3 main drivers of sleep
    - Circadian Rhythm
    - Sleep drive
    - Intrusions

Edinger & Carney, 2008

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Behavioral Treatment

- Stimulus Control
- 1. Standard wake up time
- 2. Bed only for sleeping
- 3. Get up when you cannot sleep
- 4. Do not worry, plan, etc. in bed
- 5. Avoid daytime napping
- 6. Go to bed when you're tired, but not before prescribed bedtime

- How long in bed???

- TIB = Total Sleep Time + approximately 30 min
- Hw: Adhere to schedule (2-3 weeks)

Edinger & Carney, 2008

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Cognitive Treatment

- Cognitive Explanation
  - Worried Brain cannot shut off
  - Discuss beliefs about sleep ("If I can't sleep my whole day will be ruined")
  - Constructive Worry
  - Thought Records
    - Misattribution (I'm tired after lunch because I didn't sleep well; I'm tired when I get up because I didn't sleep well)
    - Catastrophizing (I'm going to go crazy)
    - All or nothing thinking (I didn't sleep at all)

Edinger & Carney, 2008

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Medications, a Note

- Medication dependence

- Backing down off of medications
  - Rebound insomnia very likely if not careful
  - 2 main options
    - Pick nights for medication, regardless of feeling tired
    - Partner help (blinded taper)
      - Cold turkey initially the same success rates, but blinded taper more likely to stay off

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Mr. A

Mr. A is struggling with sleep. He has lost his job since the start of the pandemic and says that he's lost his routine. He also spends a lot of time worrying about finances. He says it takes him "hours" to fall asleep once he gets in bed. What is your first step?

1. Short term hypnotic use
2. Give a sleep diary
3. Refer for anxiety treatment
4. Melatonin

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Ms. B

Ms. B comes to your office with her sleep diary filled out and it looks like she gets in bed most days at 10:00 pm, doesn't fall asleep until 12:00 am, and then wakes up at 7:30 am. What would an appropriate TIB rx be for Ms. B?

1. 6 hours
2. 7 hours
3. 8 hours
4. 9 hours

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Notes