



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

INSOMNIA

BARBARA S. MCCANN, PHD
UNIVERSITY OF WASHINGTON



SPEAKER DISCLOSURES

✓ Any conflicts of interest?

OBJECTIVES

- Review the impact of common comorbidities on insomnia, and the treatment of insomnia on comorbidities
- Describe benefits of case conceptualization and formulation on individualized treatment
- Provide general guidelines for addressing insomnia in setting of common comorbidities

CBTI AS THE FIRST LINE OF TREATMENT

<https://doi.org/10.5664/jcsm.8988>

JCSM | Journal of
Clinical Sleep Medicine

REVIEW ARTICLES

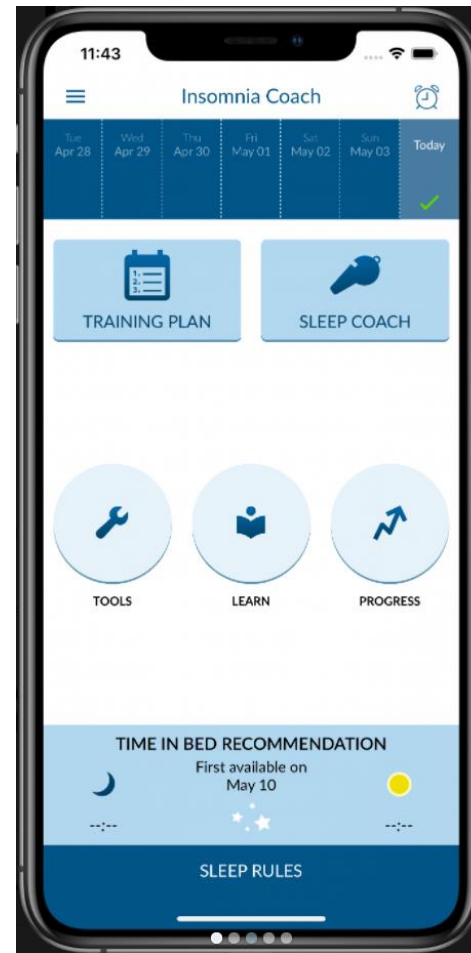
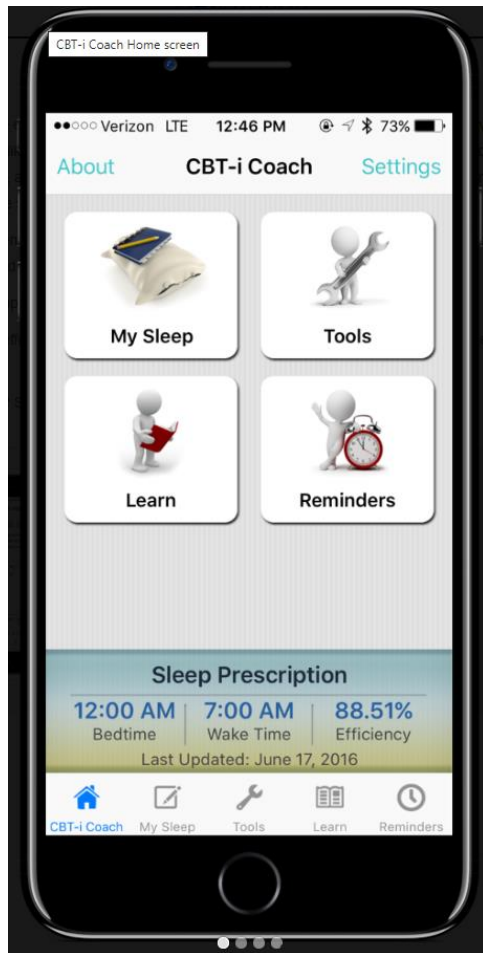
Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine systematic review, meta-analysis, and GRADE assessment

Jack D. Edinger, PhD^{1,2}; J. Todd Arnedt, PhD³; Suzanne M. Bertisch, MD, MPH⁴; Colleen E. Carney, PhD⁵; John J. Harrington, MD, MPH⁶; Kenneth L. Lichstein, PhD⁷; Michael J. Sateia, MD, FAASM⁸; Wendy M. Troxel, PhD⁹; Eric S. Zhou, PhD¹⁰; Uzma Kazmi, MPH¹¹; Jonathan L. Heald, MA¹¹; Jennifer L. Martin, PhD^{12,13}

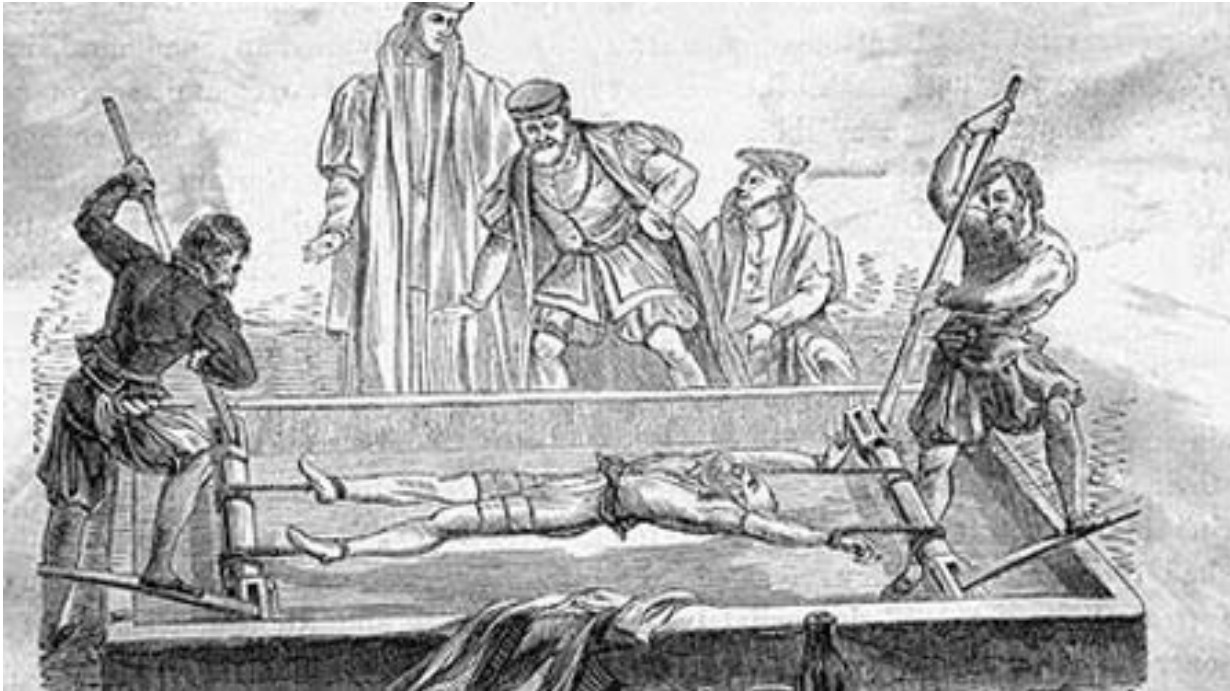
ACCESSING TREATMENT FOR INSOMNIA

- Apps: CBTi Coach and Insomnia Coach, available at mobile.va.gov/appstore; Sleepio at www.bighealth.com/sleepio
- Books for therapists and patients: *Overcoming Insomnia: A Cognitive-Behavioral Therapy Approach* by J.D. Edinger & C.E. Carney

CBTI COACH AND INSOMNIA COACH



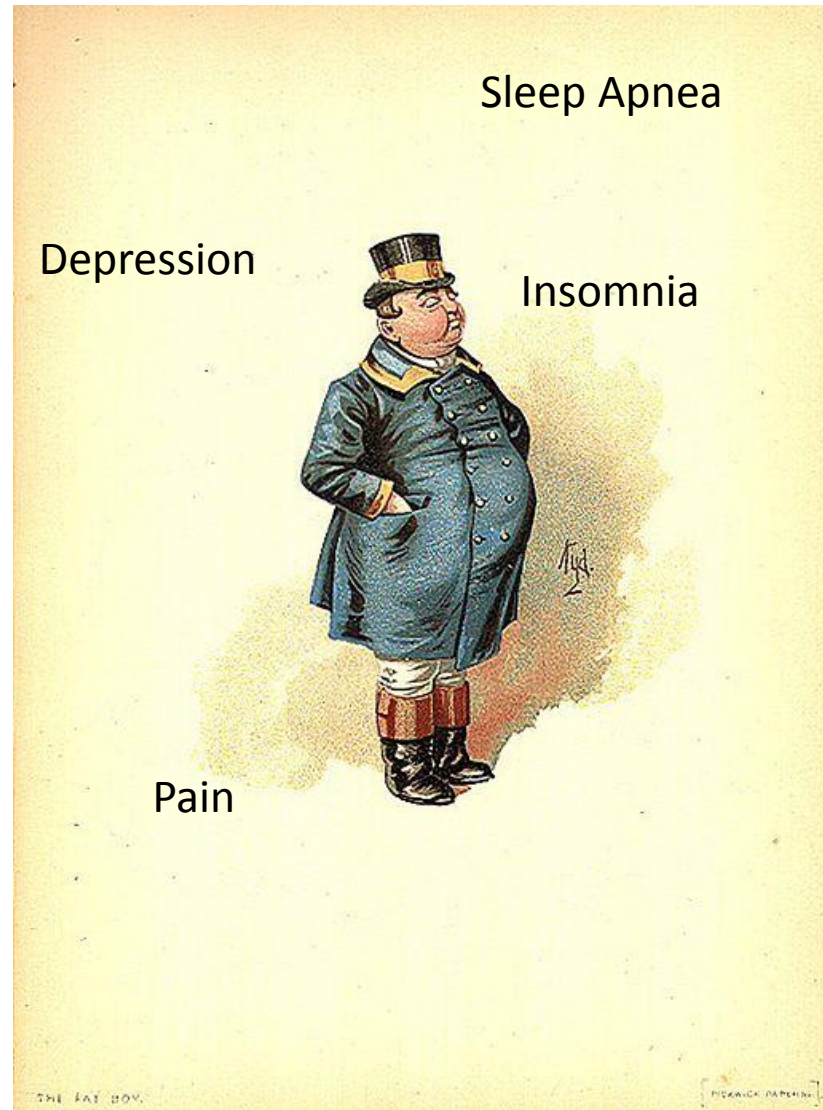
THE PROCRUSTEAN DILEMMA



Let's make the patient "fit" the treatment manual!

Kuyken, Padesky, & Dudley, 2009

Common comorbidities in sleep medicine



SLEEP HYGIENE CONCERNS

- Use of alcohol
- Caffeine use late in the day
- Exercising right before bedtime
- Using electronics right before bedtime

BEHAVIORAL FACTORS PERPETUATING INSOMNIA

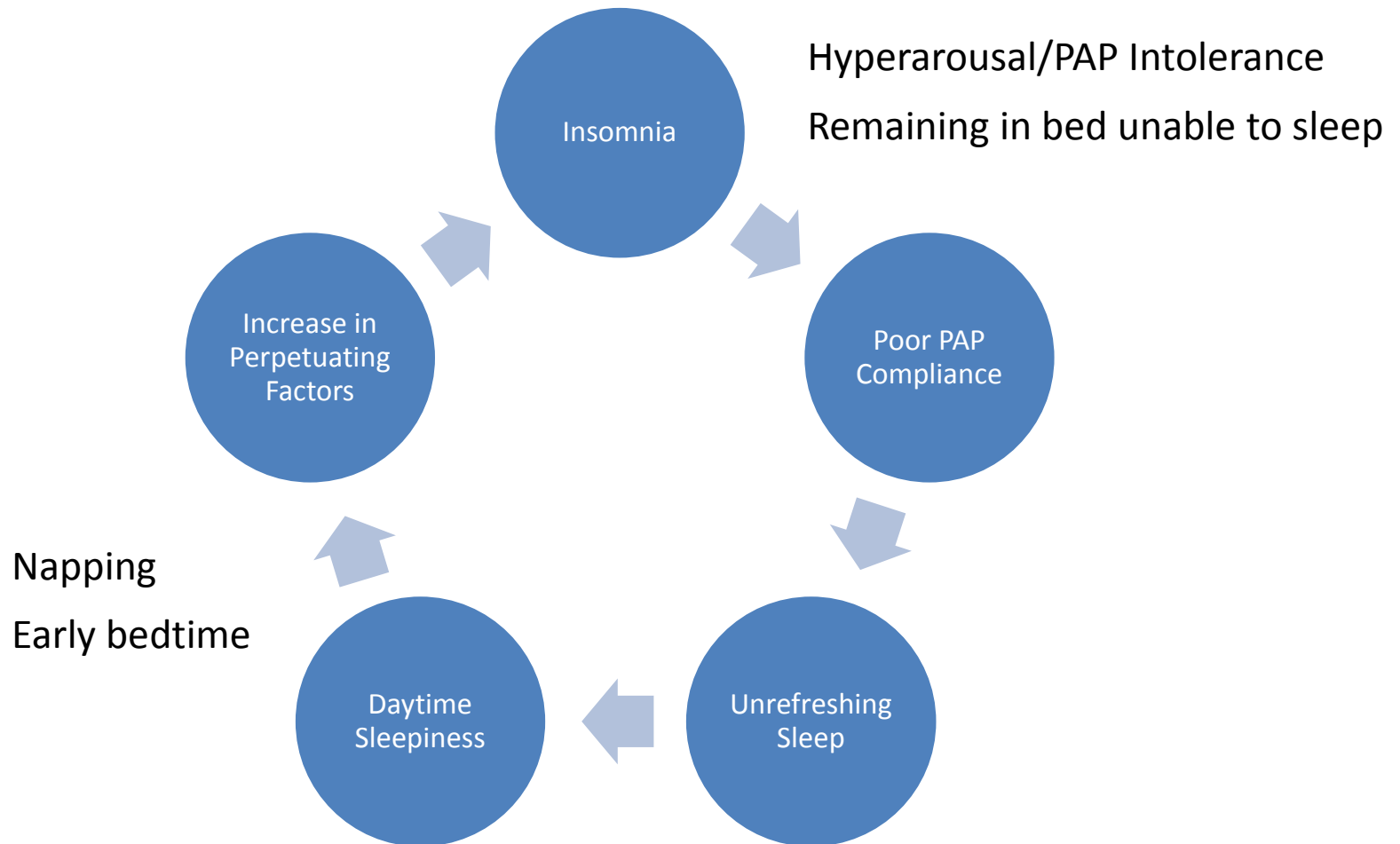
- Variable morning oob times
- Napping
- Going to bed too early
- Remaining in bed when unable to sleep

Low sleep drive (drowsiness) when wanting to go to sleep.

COGNITIVE AND PHYSIOLOGICAL FACTORS

- Worrying about daytime concerns at night
- Worrying about getting adequate sleep
- Association between bed and tossing/turning/frustrated/worried etc (psychophysiological insomnia)

CYCLE OF INSOMNIA/POOR PAP USE



STRATEGIES FOR IMPROVING PAP ADHERENCE WHILE USING CBTI TO TREAT INSOMNIA

- Go to bed only when sleep drive is high (drowsy).
- Avoid daytime naps and inconsistent oob times.
- Practice putting mask on efficiently
- Remove mask and get out of bed if unable to sleep. Leave mask on pillow.
- Educate regarding importance of night-long use (e.g., final REM period).
- Record hours of PAP use daily.

DEPRESSION AND INSOMNIA

- 90% of patients with mood disorders report insomnia
- 50% of patients with insomnia report depressive symptoms
- Comorbidity results in lower functioning and lower quality of life

Sweetman et al 2020

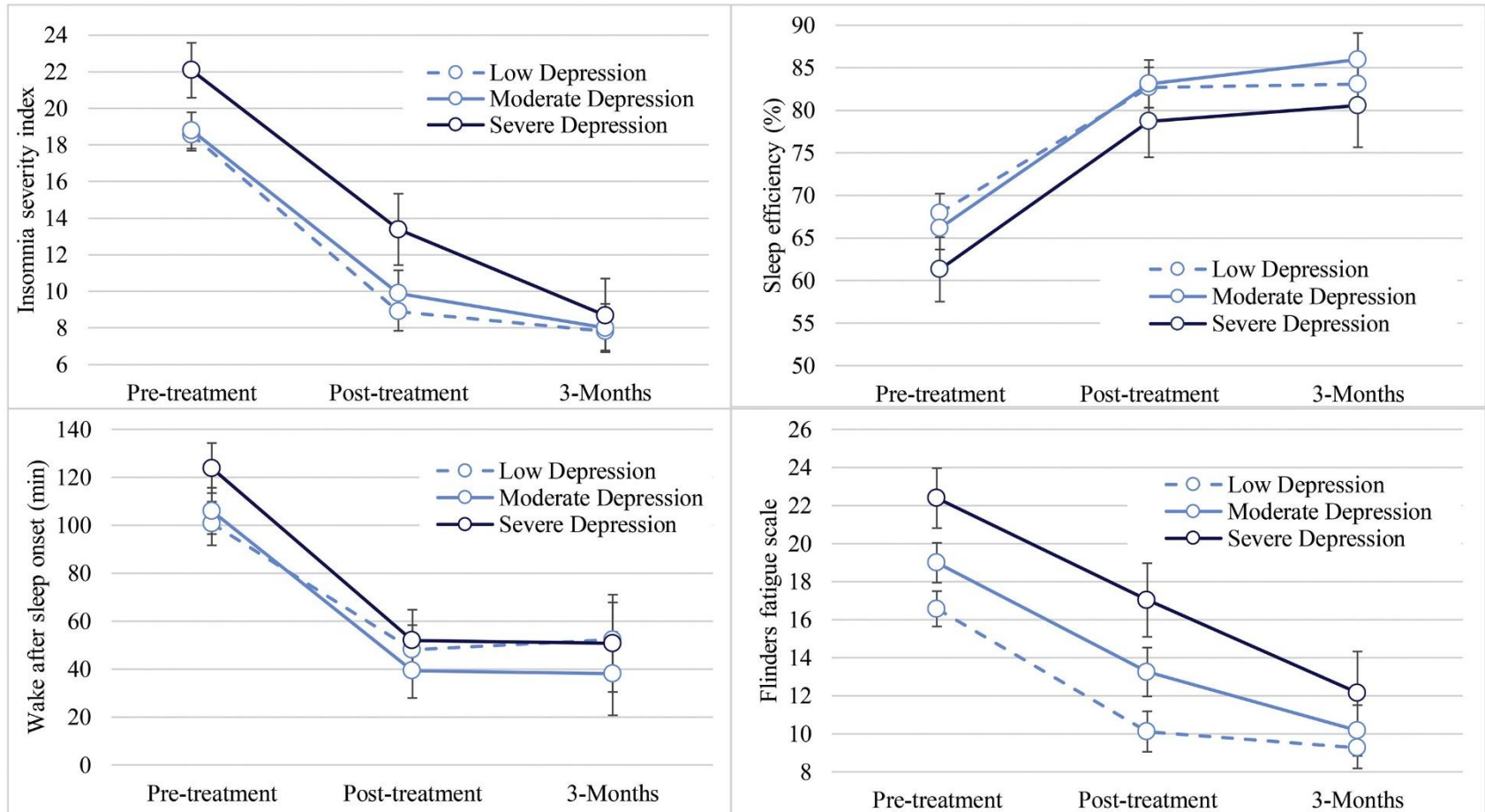
Do symptoms of depression, anxiety or stress impair the effectiveness of cognitive behavioural therapy for insomnia? A chart-review of 455 patients with chronic insomnia

Alexander Sweetman ^{a, d, *}, Nicole Lovato ^{a, d}, Gorica Micic ^a, Hannah Scott ^{a, b},
Kelsey Bickley ^{a, b}, Jenny Haycock ^a, Jodie Harris ^c, Michael Gradisar ^b, Leon Lack ^{a, b, d}

Sleep Medicine, 75 (2021), 401-410.

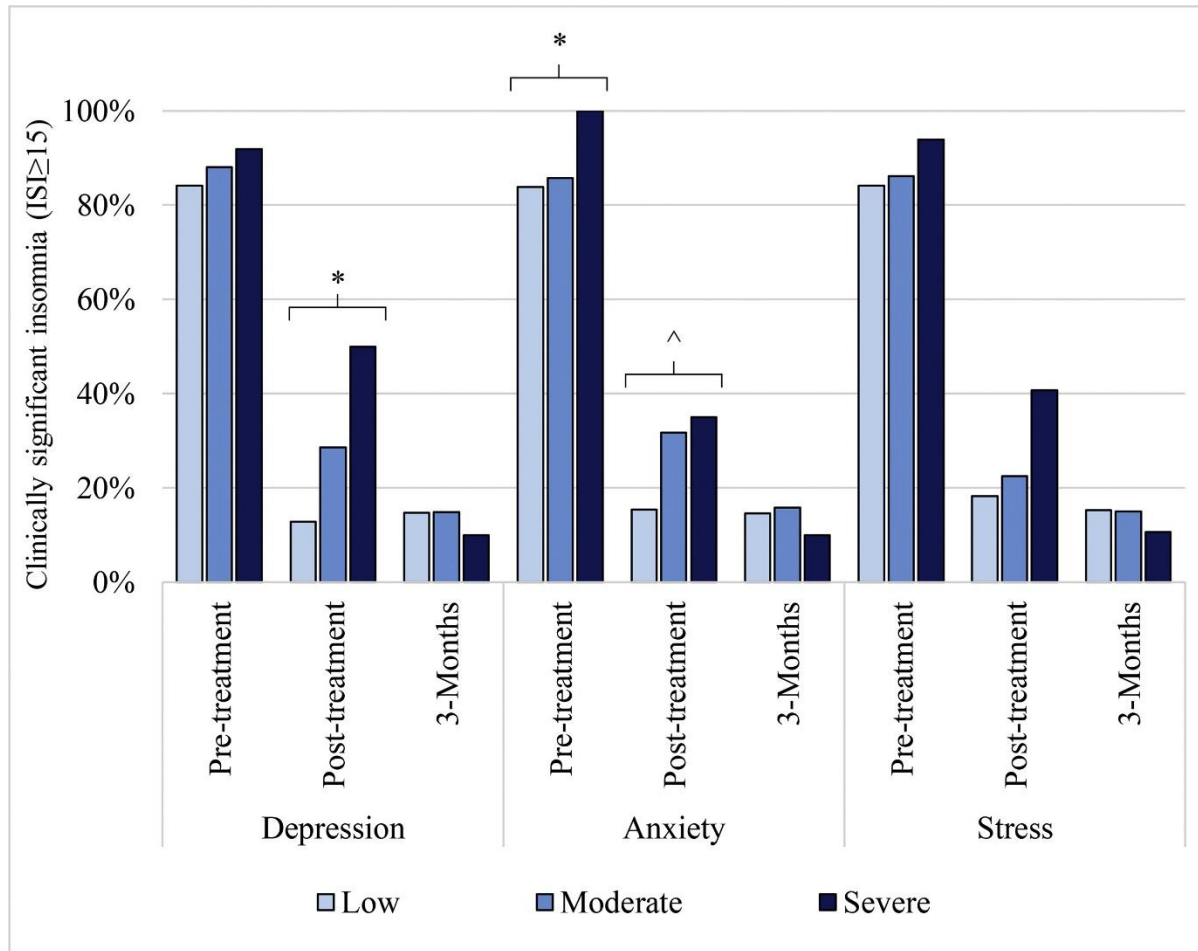
- Chart review of patients in an outpatient insomnia treatment program
- Pre-treatment to three months post-treatment
- Examined impact of depressive symptoms on changes in insomnia symptoms
- Examined impact of depression, anxiety and stress on CBTi response (ISI \leq 15)
- Used Depression, Anxiety and Stress Scale-21

IMPACT OF DEPRESSIVE SYMPTOMS ON CBTI TREATMENT RESPONSE



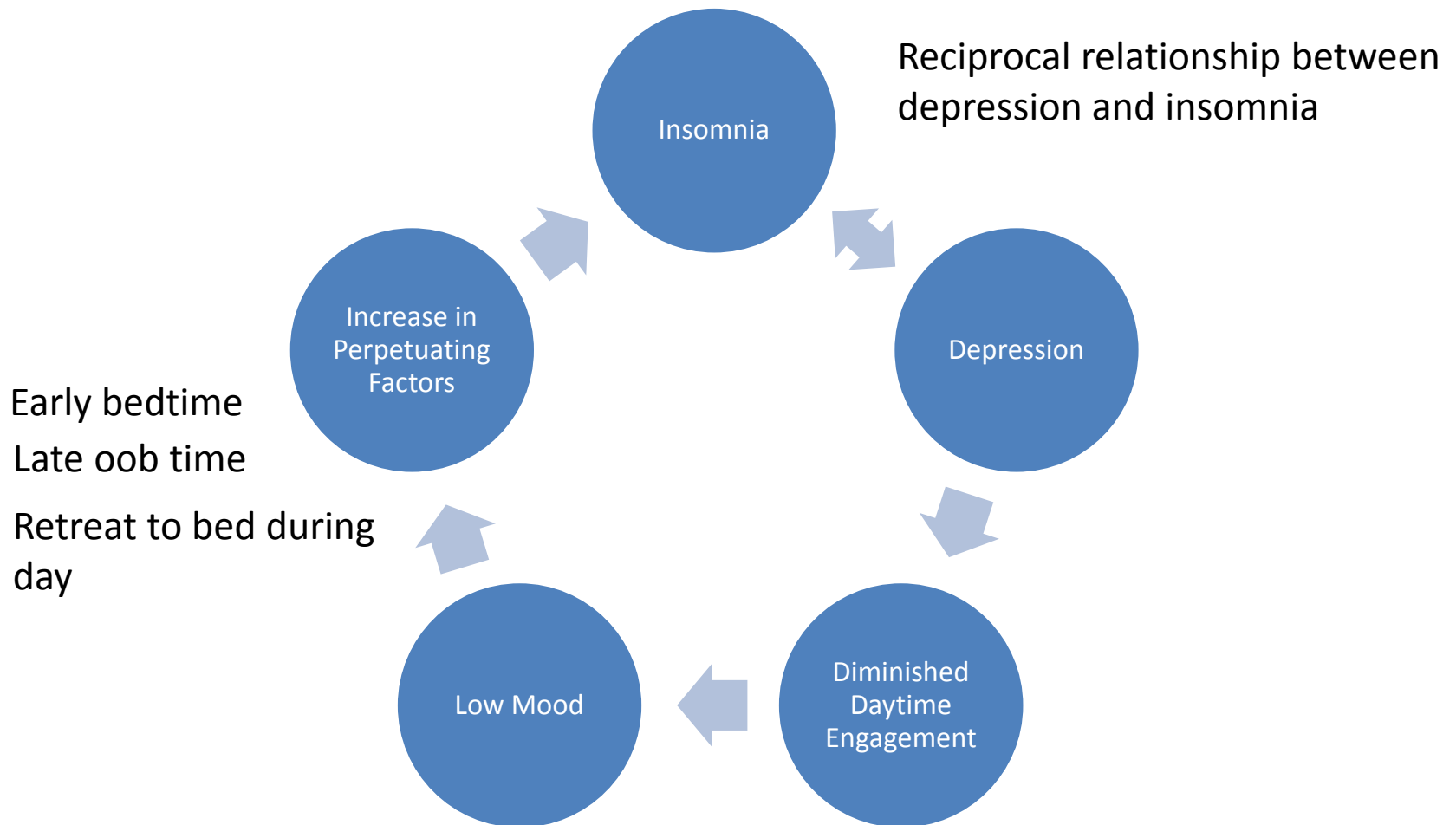
Sweetman et al 2020

PERCENTAGE OF PATIENTS WITH ISI ≥ 15



Sweetman et al 2020

CYCLE OF DEPRESSION AND INSOMNIA



CBTI IN PATIENTS WITH DEPRESSION

- Emphasize behavioral activation as a means of remaining awake throughout the day as well as alleviating depressive symptoms
- Emphasize oob time consistency
- Consider referral for medication management of depression

INSOMNIA TREATMENT IN PATIENTS WITH CHRONIC PAIN

CLINICAL REVIEW

Cognitive behavioral therapy for insomnia in patients with chronic pain – A systematic review and meta-analysis of randomized controlled trials

Jananii Selvanathan ^{a, b}, Chi Pham ^{a, b}, Mahesh Nagappa ^c, Philip W.H. Peng ^a, Marina Englesakis ^d, Colin A. Espie ^e, Charles M. Morin ^f, Frances Chung ^{a, b, *}

Sleep Medicine Reviews, 60 (2021).

- Assessed efficacy of CBTi in improving sleep, pain, depressive symptoms, anxiety symptoms, and fatigue in adults with chronic non-malignant pain.
- CBTi stand-alone or in combination with CBT for pain

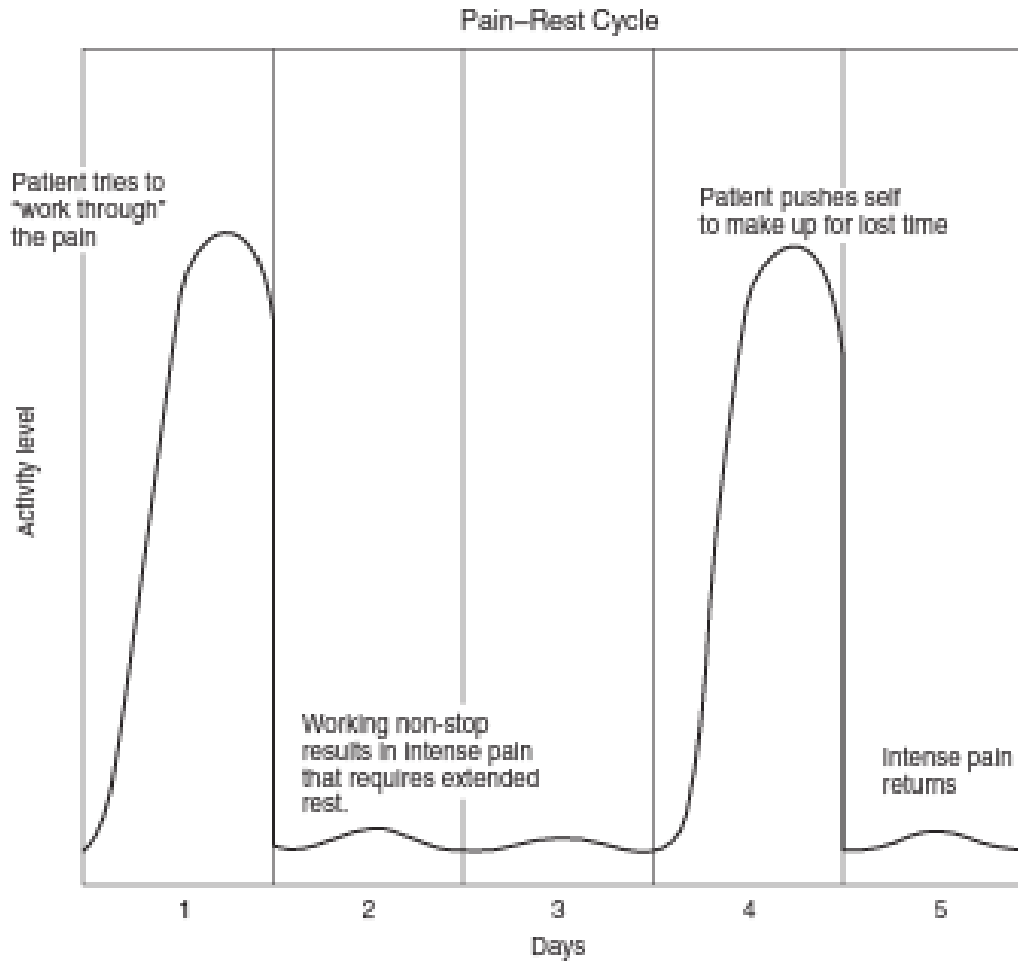
PAIN AND INSOMNIA

RESULTS OF META-ANALYSIS

- 14 RCTs included; 12 used in meta-analysis, 762 participants total
- Studies showed improvements in sleep and in pain at post-treatment and follow-up
- Improvements in depression also noted
- Improvements in anxiety and fatigue not observed

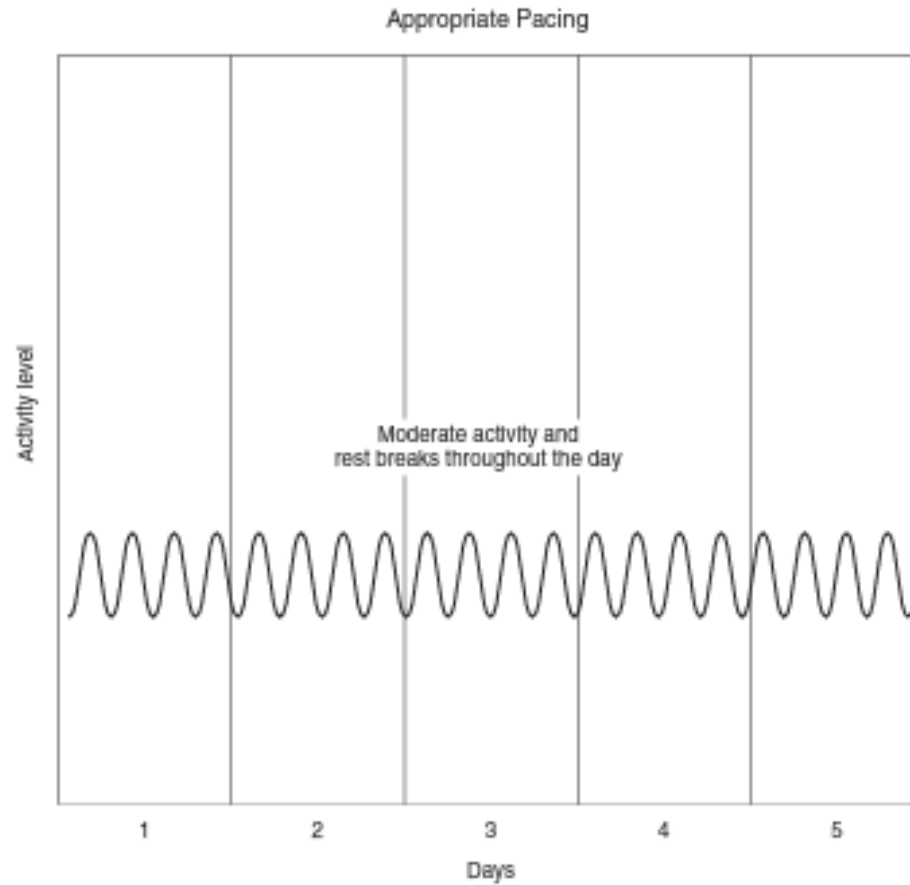
Selvanathan et al 2021

PAIN-REST CYCLE



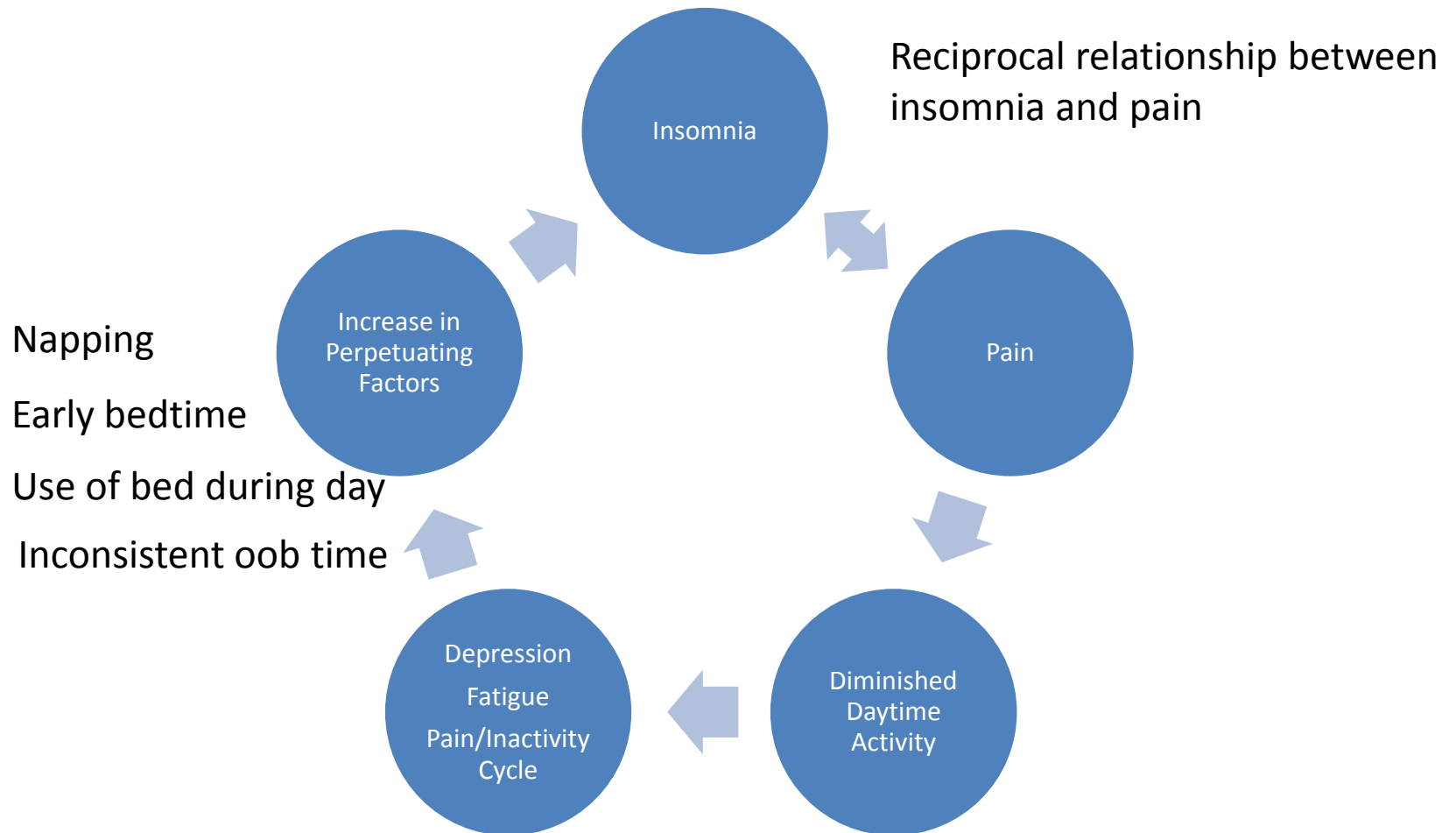
Otis, 2007

TIME-BASED PACING



Otis, 2007

CYCLE OF INSOMNIA AND PAIN



STRATEGIES FOR IMPROVING CBTI OUTCOMES IN PATIENTS WITH CHRONIC PAIN

- Education and monitoring around pain/activity cycle
- Modifying stimulus control recommendations around use of bed
- Judicious use of time-in-bed restriction

CONCLUSIONS

- Patient presenting for insomnia treatment often have additional problems impacting sleep – e.g., pain, depression, anxiety
- A solid case conceptualization of each patient can guide interventions
- CBTi elements can be emphasized, modified, or even dispensed with entirely to tailor treatment to patient comorbidities