Cognitive Behavioural Therapy for Chronic Insomnia: A Systematic Review

João Nogueira;¹ Nuno Ribeiro;¹ Maria João Freire¹; Margarida Franco¹; Joana Vieira¹; Sara Penedos¹; Liliana Moreno¹; Pedro Afonso¹ Margarida Magalhães¹ Rui Ribeiro¹; António Gamito¹
1 - Centro Hospitalar de Setúbal

Background

- Insomnia is frequently a reason why patients seeks medical attention. It prevalence can range between 10% and 40% in the case of intermittent insomnia. It is even more common among patients with psychiatric disorders, about 50-80% have insomnia at some point in the development of their disorder.
- Considering the high prevalence of sleep disorders and comorbidity with various psychiatric diseases, effective treatment of insomnia is a relevant topic in clinical practice. Once psychological approaches are likely to produce sustained benefits, without the risk for tolerance or adverse effects associated with pharmacologic approaches, cognitive behavioural therapy for insomnia (CBT-i) is now commonly recommended as first-line treatment for chronic insomnia in many international guidelines (e.g. National Institute of Health Consensus-NICE and Statement and British Association of Psychopharmacology).

Aim and Methods

- This work intends to determinate the efficacy and impact of CBT-i on sleep and day-time consequences of insomnia. A comprehensive search was conducted on the principal medical databases including MEDLINE, Cochrane Library and PubMed. Search terms covered 2 concepts: (1) [Cognitive behaviour therapy for insomnia] AND (2) [insomnia OR sleep disorders].

Results and Discussion

- Several trials showed that CBT-i improved insomnia severity, subjective sleep quality, sleep efficiency, sleep onset latency, total sleep time, and number of nocturnal awakenings at post-treatment (the last measured by polysomnography).
- A systematic review and meta-analyses (Trauer et al, 2015), which studied the efficacy of CBT-i on what was before classified as primary chronic insomnia (insomnia comorbid with medical or psychiatric disorders were excluded), concluded that CBT-I is an effective treatment for adults with chronic insomnia, with clinically meaningful effect sizes.
- Another meta-analyses (Wu et al, 2015) approached the efficacy of CBT-i on comorbid/secondary insomnia otherwise and the results were similar: CBT-i improved insomnia symptoms and sleep parameters for patients with comorbid insomnia. Despite beneficial effect on both, larger effects were noticed on psychiatric conditions (compared to medical ones). Besides that, treating insomnia itself, showed benefits to the primary comorbid condition (particularly obvious in depression, bipolar disorder and anxiety disorders).
- The results of CBT-I applied over the internet (eCBT-I) were comparable to those found to presential CBT-i.

Conclusion

- CBT-i appears to be effective and can be considered a viable option in the treatment of insomnia that should be offered to all patients as first-line treatment.
- Beyond short-term efficacy, CBT-i produce sustained benefits without the risk for tolerance or adverse effects associated with pharmacologic approaches.

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