

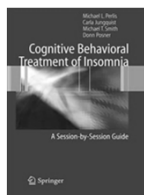
CBT-I TX OF INSOMNIA: SESSION BY SESSION



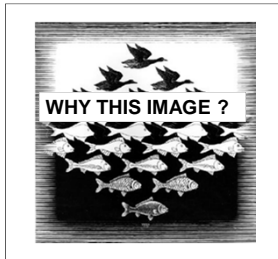
TODAY

- | | |
|--|---|
| TALK 1
-Session 1
-Assessment | TALK 2
-Session 2 (Prescription) |
| TALK 3
-Session 3
-Compliance
-Sleep Hygiene | TALK 4
-Session 4
Titration & compliance |
| TALK 5
Cognitive Therapy | TALK 6
- Sessions 6,7,9
Titration & compliance
End of Treatment
Relapse Prevention |

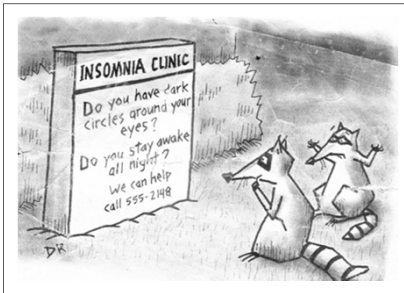
CONDUCT TX BY THE BOOK



ASSESSMENT



HERE'S WHY



SESSION 1 – ASSESSMENT



BSM ASSESSMENT

Session One (Intake Evaluation: 60-120 min.)

Tasks
Introduce yourself to the patient
Complete Intake Questionnaires
Conduct Clinical Interview
Determine if patient is a candidate for CBT-I
Determine other treatment options
Present An Overview of Treatment Options
Orient Patient to the Sleep Diary (and actigraphy)
Field Patient Questions & Address Resistances
Setting the Weekly Agenda

WHAT IS ASSESSMENT FOR ?



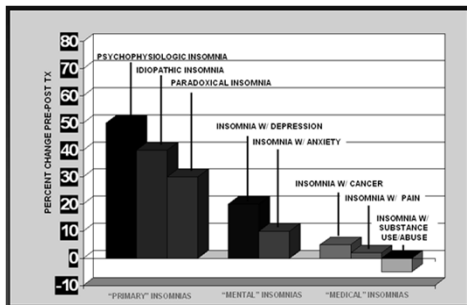
TO CONDUCT A DIFFERENTIAL DIAGNOSIS ?

TO ASSESS WHETHER THE INSOMNIA IS
PRIMARY OR SECONDARY ?

TO ASSESS FOR CONTRAINDICATIONS AND COMPLICATING
FACTORS

TO ASSESS FOR INSOMNIA TYPES OR SUBTYPES ?

DOES TREATMENT OUTCOME VARY AS A FUNCTION OF INSOMNIA TYPE AND/OR COMORBID ILLNESS ?



**DOES TREATMENT VARY AS A FUNCTION
OF COMORBID ILLNESS ?**

SHORT ANSWER:
NO.

LONGER ANSWER:
**THE DATA TO DATE SUGGEST
THAT**

**CBT-I IS EQUALLY EFICACIOUS FOR
“PRIMARY AND SECONDARY” INSOMNIA**

**MEDS APPEAR TO BE MORE
EFFICACIOUS WITH “PRIMARY” INSOMNIA**

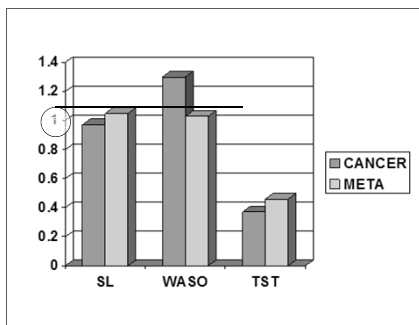
SUCCESSFUL TREATMENT OF “SI” WITH CBT-I

- Cannici et al., 1983
- Currie et al., 2000; 2004
- Dashevsky & Kramer, 1998
- Davidson et al., 2001
- De Berry, 1981-82
- Dopke et al., 2004
- Edinger et al., 2005
- French & Tupin, 1974
- Germain et al. 2006; 2007
- Kolko, 1984
- Krakow et al., 2001
- Lichstein et al., 2000
- Morawetz, 2001
- Morin et al., 1989
- Morin et al., 1990
- Perlis et al., 2001
- Quesnel et al., 2003
- Rybarczyk et al., 2002
- Stam & Bultz, 1986
- Savard et al. 2005
- Tan et al., 1987
- Varni, 1980

- cr Cancer
 - Cannici et al., 1983
 - Stam & Bultz, 1986
 - Davidson et al., 2001
 - Quesnel et al., 2003
 - Savard et al., 2005
- cr Various psychiatric disorders
 - Tan et al., 1987
 - Dashevsky & Kramer, 1998
 - Perlis et al., 2001
 - Krakow et al., 2001 (PTSD)
 - Morawetz, 2001 (Depression)
 - Currie et al. 2004 (Alcoholism)
 - Dopke et al., 2004
 - Germain et al., 2006-2007 (PTSD)
 - Manber et al. 2008
- cr Various medical problems
 - Varni, 1980
 - Kolko, 1984
 - De Berry, 1981-82
 - Lichstein et al., 2000
 - Perlis et al., 2001
 - Rybarczyk et al., 2002
- cr Pain
 - French & Tupin, 1974
 - Morin et al., 1989
 - Morin et al., 1990
 - Currie et al., 2000
 - Edinger et al., 2005
 - Jungquist et al. 2010

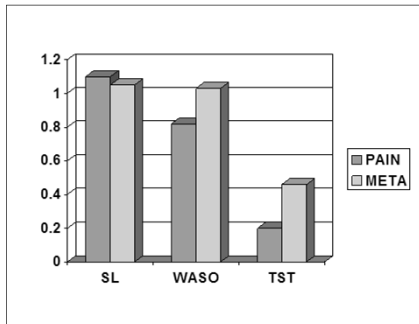
SLIDE ADAPTED FROM KEN LICHSTEIN

**CBT-I FOR INSOMNIA IN CANCER
SURVIVORS**



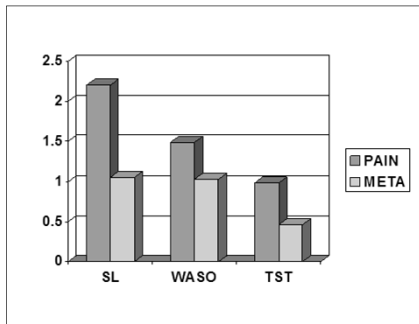
SAVARD ET AL., JCO 2005

CBT-I FOR INSOMNIA IN PATIENTS WITH CHRONIC PAIN



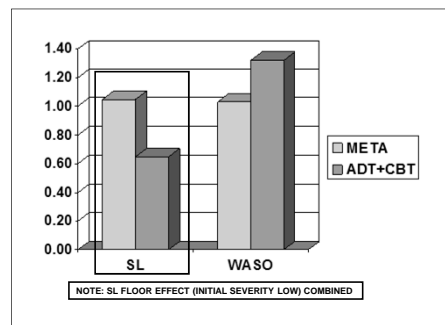
CURRIE ET AL. JCCP 2000

CBT-I FOR INSOMNIA IN PATIENTS WITH CHRONIC PAIN



JUNGQUIST ET AL. 2010

CBT-I FOR INSOMNIA IN PATIENTS WITH MAJOR DEPRESSION

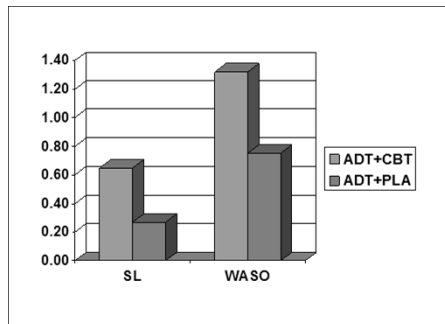


MANBER ET AL. 2008

“BUT WAIT – THERE’S MORE !”



CBT-I FOR INSOMNIA IN PATIENTS WITH MAJOR DEPRESSION



MANBER ET AL. 2008

Key Words: Cognitive Behavioral Therapy for Insomnia; Escitalopram; Major Depressive Disorder; Insomnia; Sleep; Depression; Anxiety; CBT-I; Escitalopram; Placebo; Remission; MDD; REM.

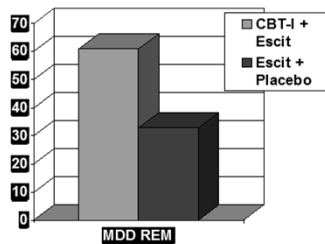
Abstract: The purpose of this study was to evaluate the effectiveness of CBT-I in patients with major depressive disorder (MDD) and insomnia. The study was a randomized, controlled trial comparing CBT-I to a placebo control. The primary outcome was the percentage of patients achieving remission of MDD (MDD REM) at the end of the study. The secondary outcome was the percentage of patients achieving remission of insomnia (REM) at the end of the study. The results showed that CBT-I was significantly more effective than the placebo control in achieving remission of MDD and insomnia. The percentage of patients achieving remission of MDD was significantly higher in the CBT-I group (65%) compared to the placebo group (35%). The percentage of patients achieving remission of insomnia was also significantly higher in the CBT-I group (55%) compared to the placebo group (25%).

Introduction: Major depressive disorder (MDD) and insomnia are common mental health conditions that often co-occur. The presence of insomnia in patients with MDD is associated with a more severe course of the illness and a higher risk of relapse. Cognitive behavioral therapy for insomnia (CBT-I) is a non-pharmacological treatment that has been shown to be effective in improving sleep in patients with insomnia. The purpose of this study was to evaluate the effectiveness of CBT-I in patients with MDD and insomnia.

Methods: The study was a randomized, controlled trial comparing CBT-I to a placebo control. The primary outcome was the percentage of patients achieving remission of MDD (MDD REM) at the end of the study. The secondary outcome was the percentage of patients achieving remission of insomnia (REM) at the end of the study. The results showed that CBT-I was significantly more effective than the placebo control in achieving remission of MDD and insomnia.

Results: The percentage of patients achieving remission of MDD was significantly higher in the CBT-I group (65%) compared to the placebo group (35%). The percentage of patients achieving remission of insomnia was also significantly higher in the CBT-I group (55%) compared to the placebo group (25%).

Conclusion: The results of this study suggest that CBT-I is an effective treatment for patients with MDD and insomnia. The combination of CBT-I and escitalopram may be a more effective treatment for these patients than escitalopram alone.



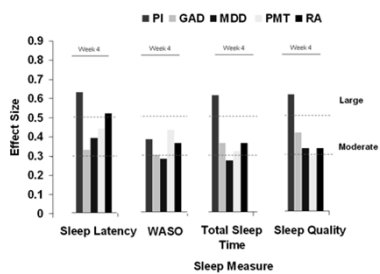


HOW DOES PHARMACOTHERAPY FARE VIZ. THE TREATMENT OF "SECONDARY" INSOMNIA ?

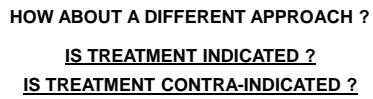


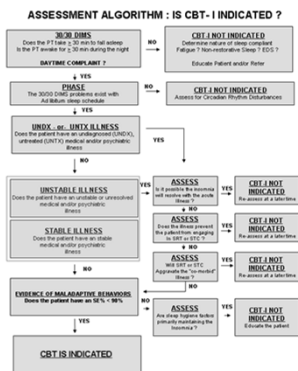
SUCCESSFUL PHARMACOLOGIC TREATMENT OF PI AND SI

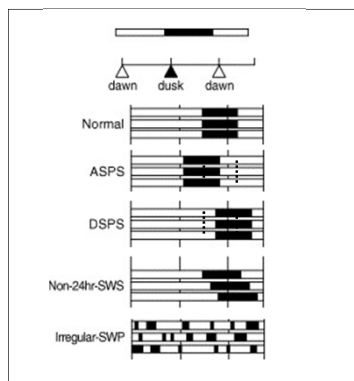
Treatment Effects on Sleep Parameters
at Week 4



SCHAEFER K ET AL. SLEEP 30, S. 244. 2007
SLIDE ADAPTED FROM SCHAEFER - PROVIDED BY SEPRACOR INC.

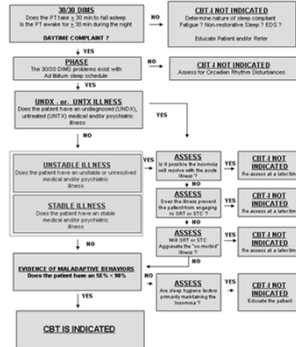






WHO IS A GOOD CANDIDATE FOR CBT- I ?

ASSESSMENT ALGORITHM : IS CBT- I INDICATED ?



ASSESSMENT



WHAT IS ASSESSMENT FOR ?



- TO CONDUCT A DIFFERENTIAL DIAGNOSIS ?
- TO ASSESS WHETHER THE INSOMNIA IS
PRIMARY OR SECONDARY ?
- TO ASSESS FOR CONTRAINDICATIONS AND COMPLICATING
FACTORS
- TO ASSESS FOR INSOMNIA TYPES OR SUBTYPES ?

PRE-ASSESSMENT



**WARMUP PEOPLE TO
THE IDEA OF CANDID
RESPONSES**

BSM ASSESSMENT

**TOOLS
PRECLINIC VS. AT CLINIC**



BSM ASSESSMENT

THE PATIENT – IN THEIR OWN WORDS



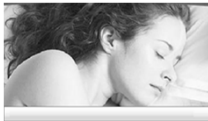
GWEN DESCRIBES

BSM ASSESSMENT

TOOLS



ASSESSMENT



Study Protocol Forms

All Forms:

To complete a form below, click on its title.

MED. & PSYCH. ASSESSMENT

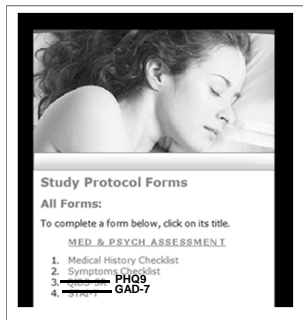
1. Medical History Checklist
2. Symptoms Checklist
3. QIDS-SR
4. STAI-T

SLEEP ASSESSMENT

1. Sleep Disorders Checklist
2. Insomnia History Form
3. Sleep Medication History Form
4. Insomnia Severity Index
5. Daily Sleep Diary
6. Epworth Sleepiness Scale (ESS)

<http://www.vistasleepassessment.com/>

ASSESSMENT



ASSESSMENT

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "0" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

ASSESSMENT



ASSESSMENT

[illegible]

ON-GOING DEVELOPMENT KLINGMAN, JUNGQUIST & PERLIS

ASSESSMENT

Insomnia History Form

Subject ID# _____ Date: _____

1. How old were you when you first starting experiencing insomnia? _____
2. How many years ago did you start experiencing insomnia? _____
3. How old were you when the insomnia became chronic? _____
4. How long have you had insomnia? _____

4. Since you have been experiencing insomnia have there been any periods of time that you have not had insomnia for 2 or more weeks at a time? _____

ASSESSMENT

Sleep Medication History Form

Please include all:

- > Rx medications that have ever been taken
- > OTC medications that have ever been taken

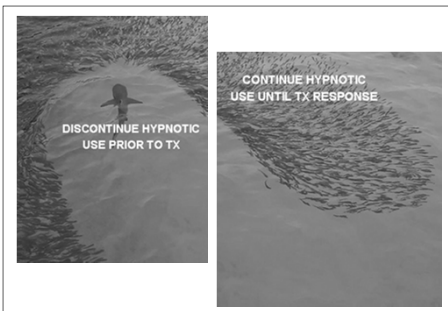
Medication	Ever Used	Start Date (or estimate)	Stop Date (or ongoing)	Effectiveness Rating Scale
Ambien/Zolpidem	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Ambien CR/Zolpidem Ext. R	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Clonazepam/Panzepam	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Doral/Quazepam	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Halcion/Triazolam	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Lunesta/Eszopiclone	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Phosom/Estazolam	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Restoril/Temazepam	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Rozeren/Ramelteon	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Sonata/Zaleplon	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Melatonin	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Unisom	<input type="radio"/> Yes <input type="radio"/> No			Select rating
Banadyl	<input type="radio"/> Yes <input type="radio"/> No			Select rating
	<input type="radio"/> Yes <input type="radio"/> No			Select rating
	<input type="radio"/> Yes <input type="radio"/> No			Select rating
	<input type="radio"/> Yes <input type="radio"/> No			Select rating
	<input type="radio"/> Yes <input type="radio"/> No			Select rating
	<input type="radio"/> Yes <input type="radio"/> No			Select rating
	<input type="radio"/> Yes <input type="radio"/> No			Select rating

submit | cancel

WHAT TO DO ABOUT HYPNOTIC USE



TWO SCHOOLS OF THOUGHT





IF HYPNOTICS WERE WORKING... THE PATIENT
WOULD NOT BE SEEKING HELP

BETTER A SETBACK NOW THAN AFTER TX GAINS

WORSENING UPFRONT SETS UP QUICKER AND
LARGE TX GAINS

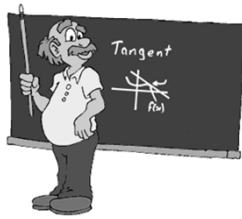


COLLABORATE WITH
PRESCRIBING CLINICIAN

POSSIBLE DISCONTINUATION SCHEDULE

WEEK 1	7 days ½ dose
WEEK 2	7 days every other day ½ dose
WEEK 3	2 days (Fixed) ½ dose
WEEK 4	2ND Baseline week

VERY CONSERVATIVE



BACK TO ASSESSMENT

ASSESSMENT

Insomnia Severity Index (ISI)

Name: _____ Date: _____

1. Please rate the current (i.e., last week) **SEVERITY** of your insomnia problem(s).

	None	Mild	Moderate	Severe	Very Severe
Difficulty falling asleep	0	1	2	3	4
Difficulty staying asleep	0	1	2	3	4
Problems waking up too early	0	1	2	3	4

2. How **SATISFIED**/dissatisfied are you with your current sleep pattern?

Very Dissatisfied _____ Very Satisfied _____

3. To what extent do you consider your sleep problem to **INTERFERE** with your daily functioning (e.g., daytime fatigue, ability to function at work/school, concentration, memory, mood, etc.)?

Not at all _____ A Little _____ Somewhat _____ Much _____ Very Much _____

4. How **NOTICEABLE** to others do you think your sleeping problem is in terms of impacting the quality of your life?

Not at all _____ Noticeable _____ Somewhat _____ Much _____ Very Much _____

5. How **WORRIED**/distressed are you about your current sleep problem?

Not at all _____ A Little _____ Somewhat _____ Much _____ Very Much _____

© Morin, C.M. (1993). *Insomnia: Psychological Assessment and Management*. New York: Guilford Press.

ASSESSMENT

THE EPWORTH SLEEPINESS SCALE

Name: _____
Today's Date: _____
Your sex (male = M, female = F) _____

How likely are you to doze off or fall asleep in the following situations, in the absence of any situation that would naturally make you drowsy? (Please indicate the number of times you have experienced this in the last week, or the most recent time you have experienced this.)

1. Sitting and reading _____
2. Watching TV _____
3. Sitting, inactive in a public place (e.g., a lecture or a meeting) _____
4. As a passenger in a car for an hour or more _____
5. Lying down to rest in the afternoon _____
6. Sitting and talking to someone _____
7. Sitting quietly after a lunch with no alcohol _____
8. In a car, while stopped for a few minutes in traffic _____

9. How often do you wake up feeling just tired? _____
10. How often do you wake up feeling just tired? _____
11. How often do you wake up feeling just tired? _____
12. How often do you wake up feeling just tired? _____
13. How often do you wake up feeling just tired? _____
14. How often do you wake up feeling just tired? _____
15. How often do you wake up feeling just tired? _____

NAME _____ DATE _____

COMPLETE IMMEDIATELY BEFORE BED CONCERNING HOW YOU FELT TODAY.

MARK	TUES	WED	THURS	FRI	SA	SUN	MEAN
TOTAL SATISFACTION							
SATISFIED (MARK 4-2-3-4-1-0-0-0)							
DISEST (MARK 4-2-3-4-1-0-0-0)							
STRESS (MARK 4-2-3-4-1-0-0-0)							
ALERT AND WAKE (4-2-3-4-1-0-0-0)							
CONCENTRATION (MARK 4-2-3-4-1-0-0-0)							
MOOD (MARK 4-2-3-4-1-0-0-0)							
HOW WELL YOU SLEPT TONIGHT							
TOO UPSET TO SLEEP (MARK 0-0-0-0)							
WARMTH OF BED (MARK 0-0-0-0)							
PRESCRIPTIONS TODAY (YES/NO)							
OFTEN WAKE TODAY (YES/NO)							
PAIN TODAY (MARK 4-2-3-4-1-0-0-0)							
HEALTHY SLEEP (MARK 4-2-3-4-1-0-0-0)							
IMPORTANTLY TODAY (YES/NO)							
UNDESIRABLE PAIN (MARK 4-2-3-4-1-0-0-0)							

_____* PLEASE RECORD THE REASON FOR THIS SLEEP BUT NOT PHYSICAL AND/OR MEDICATION YOU TOOK OR ANY OTHER DATA.

COMPLETE IMMEDIATELY ON AWAKENING

MARK	TUES	WED	THURS	FRI	SA	SUN	MEAN
TIME TO BED (CLOCK TIME)							
TIME OUT OF BED (CLOCK TIME)							
WAKE UP TIME (CLOCK TIME)							
TIME OUT OF BED (ONLY FIRST 10)							
GET THE TOTALS AND HELP							
STRESS: NUMBER TIMES EXCEEDED							
(MARKED) WAKE AFTER SLEEP ONLY							
(TOTAL) TIME AWAKE FIRST 10 OF BED							
(TOTAL) TIME SLEEP (TOTAL)							
HELP QUALITY (MARK 4-2-3-4-1-0-0-0)							
STRESS (MARK 4-2-3-4-1-0-0-0)							

DO NOT WRITE OUTSIDE LINES

[illegible]

NAME: _____ DATE: _____

COMPLETE IMMEDIATELY BEFORE BED CONCERNING HOW YOU FELT TODAY:

	MON	TUES	WED	THURS	FRI	SAT	SUN	MEAN
1. TOTAL SLEEP (HOURS)								
2. AWAKE DURING THE NIGHT (HOURS)								
3. WAKE UP DURING THE NIGHT (HOURS)								
4. WAKE UP DURING THE NIGHT (HOURS)								
5. WAKE UP DURING THE NIGHT (HOURS)								
6. WAKE UP DURING THE NIGHT (HOURS)								
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55. WAKE UP DURING THE NIGHT (HOURS)								
56. WAKE UP DURING THE NIGHT (HOURS)								
57. WAKE UP DURING THE NIGHT (HOURS)								
58. WAKE UP DURING THE NIGHT (HOURS)								
59. WAKE UP DURING THE NIGHT (HOURS)								
60. WAKE UP DURING THE NIGHT (HOURS)								



ASSESSMENT

SLEEP ENVIRONMENT QUESTIONNAIRE

1. I use an alarm clock five or more days a week.
True False Not Applicable
2. I keep the temperature in the bedroom so cold that I have 2 or more blankets on the bed to stay warm at night.
True False Not Applicable
3. The blinds and curtains in the bedroom are so effective that at sunrise the room is so dark its hard to tell that the sun came up.
True False Not Applicable
4. I have spent real time and money making sure that my mattress and pillow are perfect for me.
True False Not Applicable
5. During the night, my bedroom is insulated so well that I rarely if ever hear outside noise from the road, neighbors, etc.
True False Not Applicable
6. House noise from the radiators, floor boards, etc. is so minimal that I am rarely aware of such sounds.
True False Not Applicable
7. My home is a safe place. My partner and/or pet and/or the locks and alarm system and/or concern and support of my neighbors provides me a level of comfort such that I rarely if ever worry about being safe at night.
True False Not Applicable
8. On three or more nights per week, I engage in two or more of the following behaviors in the bedroom: watch TV, read, play, worry, work, clean, or eat.
True False Not Applicable
9. My pet(s) rarely if ever keep me from falling asleep or wake me up during the night.
True False Not Applicable
10. My bed partner's sleep schedule or "habits" while in bed (reading, moving about, stealing the covers, snoring, etc.) rarely if ever disturb my sleep.
True False Not Applicable
11. My child(ren)'s sleep schedule or "habits" while in bed or during the night rarely if ever disturb my sleep.
True False Not Applicable

WHO IS A GOOD CANDIDATE FOR CBT-I ?

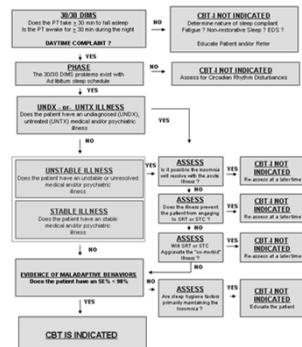


DO A MOCK PROFILE

AGE, SEX,
PRESENTING COMPLAINT
ASSOCIATED BEHAVIORAL FACTORS
MED, PSYCH, SUBSTANCE USE
KNOWN SLEEP DX, SUSPECTED SLEEP DX

WHO IS A GOOD CANDIDATE FOR CBT-I ?

ASSESSMENT ALGORITHM : IS CBT-I INDICATED ?



SESSION-1 "TO DO LIST"

Tasks	
Introduce yourself to the patient	✓
Complete Intake Questionnaires	✓
Conduct Clinical Interview	✓
Determine if patient is a candidate for CBT-I	✓
Determine other treatment options	✓
Present An Overview of Treatment Options	
Orient Patient to the Sleep Diary (and actigraph)	
Field Patient Questions & Address Resistances	
Setting the Weekly Agenda	

TREATMENT OPTIONS/PROCESS

THE PATIENT NEEDS TO KNOW THE PLAN
1 WEEK OF BASELINE AND WHY (SANS CLOCK)
THAT THEY WILL DECIDE NEXT WEEK WHAT TX

OPTIONS
DELAY TREATMENT
BEGIN TREATMENT WITH SLEEP MEDS
BEGIN TREATMENT BY D/C SLEEP MEDS

IN THE BAG
SLEEP COMPRESSION, THE ISR PROCEDURE,
BRIGHT LIGHT, RELAXATION TRAINING,
CBT+M, MEDS ALONE

SESSION-1 "TO DO LIST"

Tasks	
Introduce yourself to the patient	✓
Complete Intake Questionnaires	✓
Conduct Clinical Interview	✓
Determine if patient is a candidate for CBT-I	✓
Determine other treatment options	✓
Present An Overview of Treatment Options	✓
Orient Patient to the Sleep Diary (and actigraph)	
Field Patient Questions & Address Resistances	
Setting the Weekly Agenda	

ASSESSMENT

THE PRICE OF THERAPY IS SLEEP DIARIES

	MON	TUES	WED	THUR	FRI	SAT	SUN	MEAN
TYPICAL DAY (OVERNIGHT)								
FATIGUE (GRADE 0-3-4-5)								
STRESS (GRADE 0-3-4-5)								
ALERT (ONLY VERY 0-3-4-5)								
CONCENTRATION (GRADE 0-3-4-5)								
MOOD (GRADE 0-3-4-5)								
TIME TO GET UP (GRADE 0-3-4-5)								
NUMBER OF ACCIDENTS/STOPS								
PARTICIPATING TODAY (YES)								
DISCOURAGED TODAY (YES)								
PAIN TODAY (GRADE 0-3-4-5)								
HEALTHY SLEEP TIME (GRADE 0-3-4-5)								
WAKEUP TIME (GRADE 0-3-4-5)								
WAKEUP TIME (GRADE 0-3-4-5)								
PLEASE INDICATE ON THE DAY								
DO YOU TOOK ON ANY GIVEN DAY								
COMPLETE BRIEFLY ON AVERAGE								
TIME TO BED (GRADE 0-3-4-5)								
TIME OUT OF BED (GRADE 0-3-4-5)								
ONLY TOTAL TIME IN BED (GRADE 0-3-4-5)								
TIME TO BED (GRADE 0-3-4-5)								
TIME OUT OF BED (GRADE 0-3-4-5)								
ONLY TIME TO FALL ASLEEP (GRADE 0-3-4-5)								
ONLY NUMBER TIMES WAKENED (GRADE 0-3-4-5)								
ONLY TOTAL AROUND TIME OUT OF BED (GRADE 0-3-4-5)								
ONLY TOTAL SLEEP TIME (GRADE 0-3-4-5)								
ONLY SLEEP EFFICIENCY (GRADE 0-3-4-5)								
SLEEP QUALITY (GRADE 0-3-4-5)								
FATIGUE (GRADE 0-3-4-5)								

JUST DO IT.



ASSESSMENT

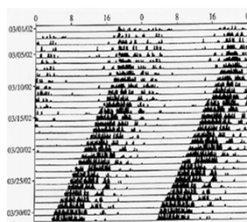
ACTIGRAPHY



ASSESSMENT

ACTIGRAPHY

CIRCADIAN DISTURBANCES



[illegible]

ISSUES: ACTIVITY LEVEL – LIGHT LEVELS

ASSESSMENT

ACTIGRAPHY

COMPLIANCE



THE NANNY CAM EFFECT

SESSION-1 "TO DO LIST"

Tasks	
Introduce yourself to the patient	✓
Complete Intake Questionnaires	✓
Conduct Clinical Interview	✓
Determine if patient is a candidate for CBT-I.	✓
Determine other treatment options	✓
Present An Overview of Treatment Options	✓
Orient Patient to the Sleep Diary (and actigraph)	✓
Field Patient Questions & Address Resistances	
Setting the Weekly Agenda	

QUESTIONS & RESISTANCES



WHY DO I HAVE TO WAIT A WEEK TO START TX ?

CAN WE DO A PART OF TX THIS WEEK ?

WHY CAN'T I CONTINUE MY SLEEP MEDICATION ?

CAN YOU AT LEAST EXPLAIN WHAT TX WILL BE ?

AREN'T I SUPPOSED TO GET A SLEEP STUDY ?

WHY AM I NOT SEEING A REAL DOCTOR ?

SESSION-1 "TO DO LIST"

Tasks	
Introduce yourself to the patient	✓
Complete Intake Questionnaires	✓
Conduct Clinical Interview	✓
Determine if patient is a candidate for CBT-I	✓
Determine other treatment options	✓
Present An Overview of Treatment Options	✓
Orient Patient to the Sleep Diary (and actigraph)	✓
Field Patient Questions & Address Resistances	✓
Setting the Weekly Agenda	

WEEKLY AGENDA



NEXT WEEK

REVIEW YOUR SLEEP DIARY DATA
 DECIDE IF YOU WISH TO PURSUE TX
 IF YES
 CHART YOUR SLEEP DIARY DATA
 SELECT TX APPROACH
 BEGIN TX PROCESS

BREAK

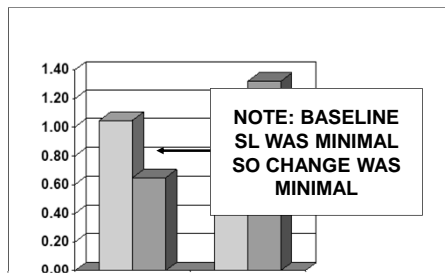




The University of Pennsylvania


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 mperlis@upenn.edu

CBT-I FOR INSOMNIA IN PATIENTS WITH MAJOR DEPRESSION



	SL-Pre	SL-Post	WASO-Pre	WASO-Post
Escit + CBT-I	38.07(24.14)	21.28(22.20)	111.03(63.56)	47.56(57.61)
Escit + Ctrl	44.77(51.02)	33.65(33.53)	103.37(59.10)	61.87(57.71)




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Original Article

The efficacy of cognitive behavioral therapy for insomnia in patients with chronic pain

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University of Colorado, Aurora, CO
 University of Colorado Health Sciences Center, Aurora, CO
 University of Colorado Denver, Aurora, CO
 University of Colorado Boulder, Boulder, CO

ABSTRACT

OBJECTIVE

To evaluate the efficacy of cognitive behavioral therapy for insomnia (CBT-I) in patients with chronic pain.

DESIGN Randomized controlled trial.

SETTING University of Colorado Health Sciences Center, Aurora, CO.

PARTICIPANTS 100 patients with chronic pain and insomnia.

MEASUREMENTS AND MAIN RESULTS Patients were randomized to CBT-I or a waitlist control group. The primary outcome was the change in the Epworth Sleepiness Scale (ESS) score from baseline to 12 weeks. The secondary outcome was the change in the Pittsburgh Sleep Quality Index (PSQI) score from baseline to 12 weeks.

CONCLUSIONS CBT-I significantly reduced ESS scores compared to the waitlist control group.

KEY WORDS Chronic pain, insomnia, cognitive behavioral therapy, sleep.

INTRODUCTION Chronic pain and insomnia are common comorbid conditions. The prevalence of insomnia in patients with chronic pain is estimated to be 30% to 50%.^{1,2} The prevalence of chronic pain in patients with insomnia is estimated to be 20% to 30%.^{3,4} The comorbidity of chronic pain and insomnia is associated with increased disability, decreased quality of life, and increased healthcare costs.^{5,6}

The purpose of this study was to evaluate the efficacy of cognitive behavioral therapy for insomnia (CBT-I) in patients with chronic pain. CBT-I is a non-pharmacologic treatment for insomnia that has been shown to be effective in randomized controlled trials.^{7,8}

The primary outcome of this study was the change in the Epworth Sleepiness Scale (ESS) score from baseline to 12 weeks. The secondary outcome was the change in the Pittsburgh Sleep Quality Index (PSQI) score from baseline to 12 weeks.

The study was conducted at the University of Colorado Health Sciences Center, Aurora, CO. The study was approved by the Institutional Review Board at the University of Colorado Health Sciences Center.

The study was funded by a grant from the National Institutes of Health (NIH) (R01HL100000).

The study was registered at ClinicalTrials.gov (NCT01000000).

The study was conducted in accordance with the principles of the Declaration of Helsinki.

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