CBT-I TX OF INSOMNIA: SESSION BY SESSION

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
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 EFFICACIOUS 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
- Dadehsey & 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
- Quonmel et al., 2003
- Rybarczyk et al., 2002
- Savard et al., 2005
- Tan et al., 1987
- Vani, 1990

SUCCESSFUL TREATMENT OF "SI" WITH CBT-I

- Cancer
  - Cannici et al., 1983
  - De Berry, 1981-82
  - Davidson et al., 2001
  - Edinger et al., 2005
- Various psychiatric disorders
  - Tan et al., 1987
  - Dadehsey & Kramer, 1998
  - Perlis et al., 2001
  - Krakow et al., 2001 (PTSD)
  - Krakow et al., 2001 (Depression)
  - Currie et al. 2000 (Alcoholism)
  - Dopke et al., 2004
  - Germain et al. 2006; 2007 (PTSD)
- Various medical problems
  - Tan et al., 1987
  - Morin et al., 1989
  - Morin et al., 1990
  - Perlis et al., 2001
  - Krakow et al., 2001
- Pain
  - French & Tupin, 1974
  - Morin et al., 1989
  - Vani, 1990
  - Krakow et al., 2001

CBT-I FOR INSOMNIA IN CANCER SURVIVORS

SCHINDLER ET AL. JCO 2005

SL, WASO, TST
“BUT WAIT – THERE’S MORE!”

CBT-I FOR INSOMNIA IN PATIENTS WITH MAJOR DEPRESSION

MANSER ET AL. 2008

[Bar graph showing data comparison]

[Bar graph showing another data comparison]
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

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep Latency</td>
<td>Moderate</td>
</tr>
<tr>
<td>Waking</td>
<td>Large</td>
</tr>
<tr>
<td>Total Sleep Time</td>
<td>Moderate</td>
</tr>
<tr>
<td>Sleep Quality</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

SCHAFER K ET AL. SLEEP, 30, 5, 244, 2007
SLIDE ADAPTED FROM SCHAFER – PROVIDED BY SEPRACOR INC.
HOW ABOUT A DIFFERENT APPROACH?

IS TREATMENT INDICATED?

IS TREATMENT CONTRA-INDICATED?

WHO IS A GOOD CANDIDATE FOR CBT-I?
WHO IS A GOOD CANDIDATE FOR CBT-I?

ASSESSMENT ALGORITHM: IS CBT-I INDICATED?

WHAT IS ASSESSMENT FOR?

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?
## ASSESSMENT

### GAD-7

<table>
<thead>
<tr>
<th>Item</th>
<th>Item Description</th>
<th>Score</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Difficulties falling or staying asleep</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Waking from sleep feeling refreshed</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Feeling tired during the day</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Less interest in doing things</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Trouble concentrating or remembering</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Feeling sad or pessimistic</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

\[ \text{Total Score} = \sum \text{Score} \]

---

## ASSESSMENT

### Study Protocol Forms

**All Forms:**
- To complete a form below, click on its title.

**SLEEP ASSESSMENT**
1. Sleep Disturbance Checklist
2. Descriptive History Form
3. Sleep Medication History Form
4. Sleep Disturbance Checklist
5. Day Sleep Diary
6. CynicR Sleepiness Scale (DSS)

---

## ASSESSMENT

### ON-GOING DEVELOPMENT:

Klingman, Jungquist & Perlis
ASSESSMENT

Insomnia History Form

Subject ID: Date: 

1. How old were you when you first started 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? 
5. 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

- Do you have a history of using any sleeping medication? 
- On a scale of 1 to 10, how much do you use sleeping medication? 

<table>
<thead>
<tr>
<th>Medication</th>
<th>Ever Used</th>
<th>Start Date (mm/dd)</th>
<th>Stop Date (mm/dd)</th>
<th>Effectiveness Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>BZD</td>
<td>Yes</td>
<td>01/01/2020</td>
<td>03/24/2020</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>No</td>
<td>05/05/2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melatonin</td>
<td>Yes</td>
<td>07/07/2021</td>
<td>09/09/2021</td>
<td>Poor</td>
</tr>
<tr>
<td>SSRIs</td>
<td>Yes</td>
<td>11/11/2022</td>
<td>01/01/2023</td>
<td>Excellent</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>No</td>
<td>03/03/2023</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WHAT TO DO ABOUT HYPNOTIC USE

Two Schools of Thought
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

<table>
<thead>
<tr>
<th>WEEK</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEEK 1</td>
<td>7 days ½ dose</td>
</tr>
<tr>
<td>WEEK 2</td>
<td>7 days every other day ½ dose</td>
</tr>
<tr>
<td>WEEK 3</td>
<td>2 days (Fixed) ½ dose</td>
</tr>
<tr>
<td>WEEK 4</td>
<td>2ND Baseline week</td>
</tr>
</tbody>
</table>

VERY CONSERVATIVE
## ASSESSMENT

### AWAKENINGS BY TIME OF NIGHT

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EMA VARIABLE

- [Description of EMA variable]

### LAB STORY

- [Details of lab story]

[Additional notes or references]

[Graph or chart related to the assessment]
ASSESSMENT
SLEEP AWARENESS/ASSESSMENT
1. Can you keep your eyes open for more than 10 minutes?
  True  False  Not Applicable
2. Does your breathing seem labored or uncontrolled?
  True  False  Not Applicable
3. Do you feel drowsy while sitting or lying down?
  True  False  Not Applicable
4. Do you feel sleepy during the day?
  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

ASSESSMENT ALGORITHM / IS CBT-I INDICATED?

GET IS INDICATED
SESSION-1 “TO DO LIST”

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</tr>
<tr>
<td>Determine other treatment options</td>
</tr>
<tr>
<td>Present an overview of treatment options</td>
</tr>
<tr>
<td>Patient to the Sleep Diary (if appropriate)</td>
</tr>
<tr>
<td>Field Patient Questions &amp; Assist Resources</td>
</tr>
<tr>
<td>Setting the Weekly Agenda</td>
</tr>
</tbody>
</table>

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”

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ASSESSMENT

THE PRICE OF THERAPY IS SLEEP DIARIES

ASSESSMENT

ACTIGRAPHY

CIRCADIAN DISTURBANCES
ASSESSMENT
ACTIGRAPHY

SUB-OB DETECTION

SOMETIMES IT IS AS THEY SAY

LIGHT, REST, TIB AND SLEEP

ISSUES: ACTIVITY LEVEL – LIGHT LEVELS
ASSESSMENT

ACTIGRAPHY

COMPLIANCE

THE NANNY CAM EFFECT

SESSION-1 “TO DO LIST”

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<tbody>
<tr>
<td>Introduce yourself to the patient</td>
</tr>
<tr>
<td>Complete initial questionnaires</td>
</tr>
<tr>
<td>Conduct initial interview</td>
</tr>
<tr>
<td>Determine if patient is a candidate for CBT</td>
</tr>
<tr>
<td>Determine other treatment options</td>
</tr>
<tr>
<td>Present an overview of treatment options</td>
</tr>
<tr>
<td>Consent patient to the sleep study and allergists</td>
</tr>
<tr>
<td>Ask patient questions &amp; address resistances</td>
</tr>
<tr>
<td>Follow-up sleep hygiene plans</td>
</tr>
</tbody>
</table>

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”

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<td>Complete intake Questionnaires</td>
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<td>Conduct Clinical Interview</td>
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<tr>
<td>Determine if patient is a candidate for CBT</td>
</tr>
<tr>
<td>Determine other treatment options</td>
</tr>
<tr>
<td>Present an overview of treatment options</td>
</tr>
<tr>
<td>Discuss patient’s sleep diary and treatment options</td>
</tr>
<tr>
<td>Field patient’s questions &amp; address concerns</td>
</tr>
<tr>
<td>Setting the Weekly Agenda</td>
</tr>
</tbody>
</table>

WEEKLY AGENDA

NEXT WEEK

REVIEW YOUR SLEEP DIARY DATA
DETERMINE IF YOU WISH TO PURSUE TX

IF YES
CHART YOUR SLEEP DIARY DATA
SELECT TX APPROACH
BEGIN TX PROCESS

BREAK
CBT-I FOR INSOMNIA IN PATIENTS WITH MAJOR DEPRESSION

NOTE: BASELINE SL WAS MINIMAL SO CHANGE WAS MINIMAL

<table>
<thead>
<tr>
<th>Group</th>
<th>SL-Pre (SD)</th>
<th>SL-Post (SD)</th>
<th>WASO-Pre (SD)</th>
<th>WASO-Post (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escit + CBT-I</td>
<td>26.3 (4.4)</td>
<td>21.2 (2.9)</td>
<td>111.0 (2.5)</td>
<td>67.8 (3.6)</td>
</tr>
<tr>
<td>Escit + Ctrl</td>
<td>44.7 (9.6)</td>
<td>33.6 (5.6)</td>
<td>103.7 (8.9)</td>
<td>69.8 (8.7)</td>
</tr>
</tbody>
</table>
ANY FINDINGS BESIDES DEPRESSION?