

INSOMNIA

SESSION 8 – TREATMENT



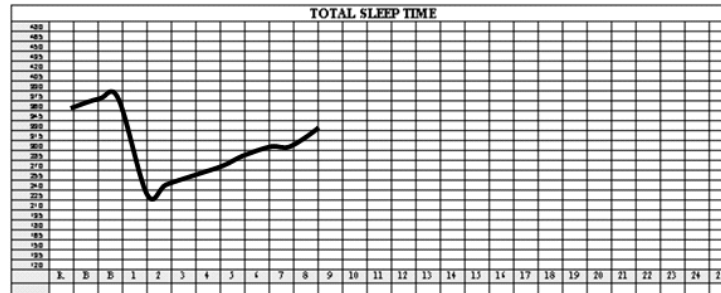
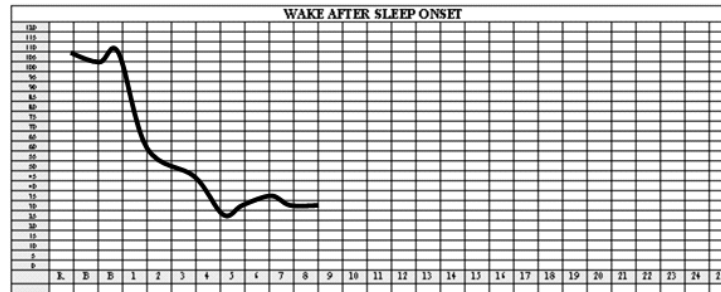
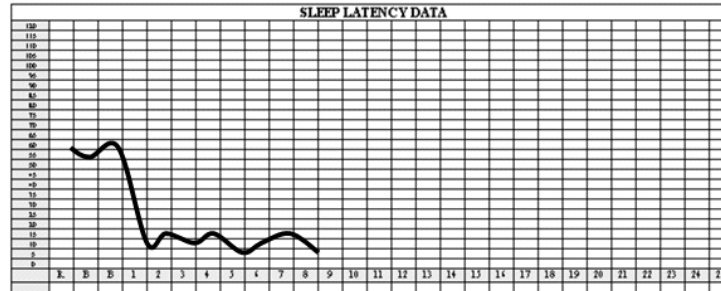


**“WHAT ARE WE GOING TO DO TODAY?”
THE SAME THING AS EVERY DAY ... !**

Tasks	
Summarize & Graph Sleep Diary	
Assess Treatment Gains (Globally)	
Discuss Relapse Prevention	

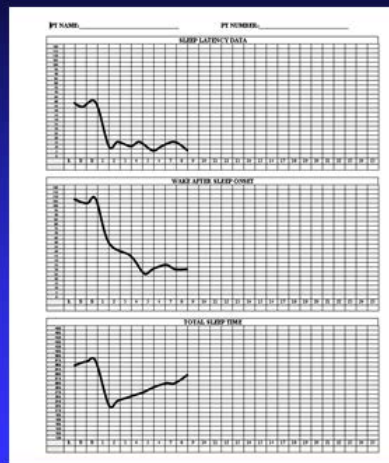
GRAPH MEAN SLEEP CONTINUITY

PT NAME: _____ PT NUMBER: _____



SUCCESS IN 4-8 SESSIONS

GRAPH MEAN SLEEP CONTINUITY



WHY NOT 12 OR 16 SESSIONS ?

THE VALUE OF FIX-IT-BREAK-IT

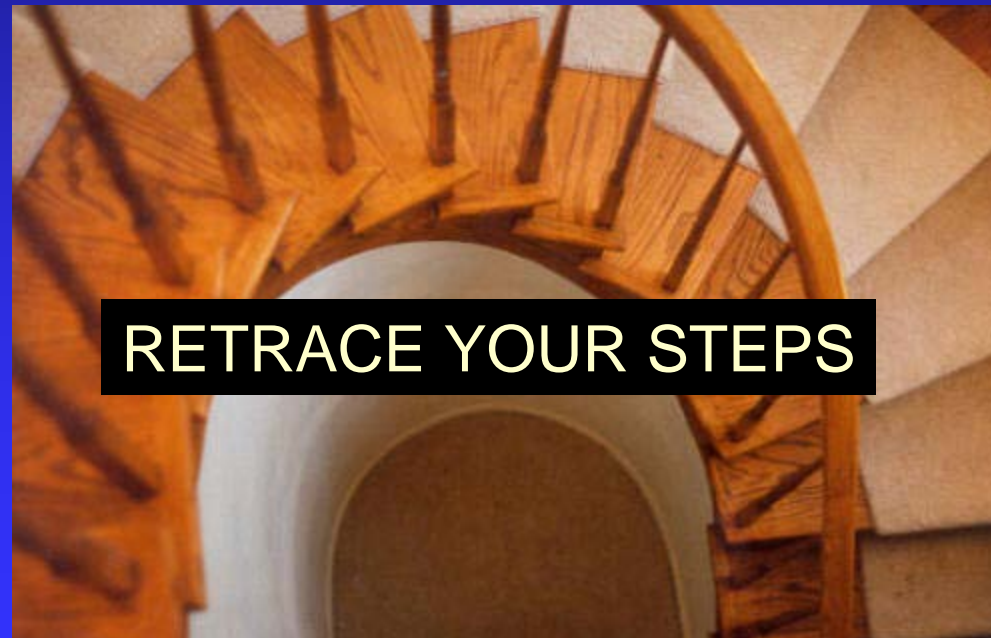
INCREASED SELF EFFICACY

ENHANCED SLEEP ABILITY

TESTING SLEEP NEED



Tasks
Summarize & Graph Sleep Diary
Assess Treatment Gains (Globally)
Discuss Relapse Prevention



Tasks
Summarize & Graph Sleep Diary
Assess Treatment Gains (Globally)
Discuss Relapse Prevention

NON SEQUITUR





MAINTENANCE

- **Relapse is not one night**
- **If you've been sleeping well the insomnia may be "a call to arms"**
- **If insomnia returns, "restrict and control"**
- **Shoot for 5/7 nights**



Two commandments to keep holy:

- I. never stay in bed awake 10-15 minutes
(or upset, frustrated, or even just alert).**
- II. never compensate for a bad night
(don't turn in early, stay in bed later, or nap)**

Remember The Mantra:

If not tonight – then tomorrow night.

That is – I may sleep poorly tonight but tomorrow night I'm increasingly likely to sleep well.

“IF NOT TONIGHT THEN TOMOROW NIGHT” !?

**IS IT THE CASE THAT PATIENTS WITH INSOMNIA
EXPERIENCE GOOD SLEEP ON SOME REGULAR
BASIS ?**

IF YES, THEN WHY AND ON WHAT SCHEDULE ?

COMPLETE IMMEDIATELY ON AWAKENING (PLEASE CALCULATE TOTAL TIME IN BED AND TOTAL SLEEP TIME)

	MON	TUES	WED	THURS	FRI	SAT	SUN	MEAN
TIME TO BED (CLOCK TIME)								
TIME OUT OF BED (CLOCK TIME)								
(TIB) TOTAL TIME IN BED								
TIME TO BED (DEV FRM 11)								
TIME OUT OF BED (DEV FRM 7)								
(SL) TIME TO FALL ASLEEP								
(NUMA) NUMBER TIMES AWAKENED								
(WASO) WAKE AFTER SLEEP ONSET								
(TTOB) TOTAL AMOUNT TIME OUT OF BED								
(TST) TOTAL SLEEP TIME (MIN.)								
(SE) SLEEP EFFICIENCY								
SLEEP QUALITY (POOR 0-1-2-3-4-5 GOOD)								
FATIGUE (NONE 0-1-2-3-4-5 A LOT)								



PATTERN

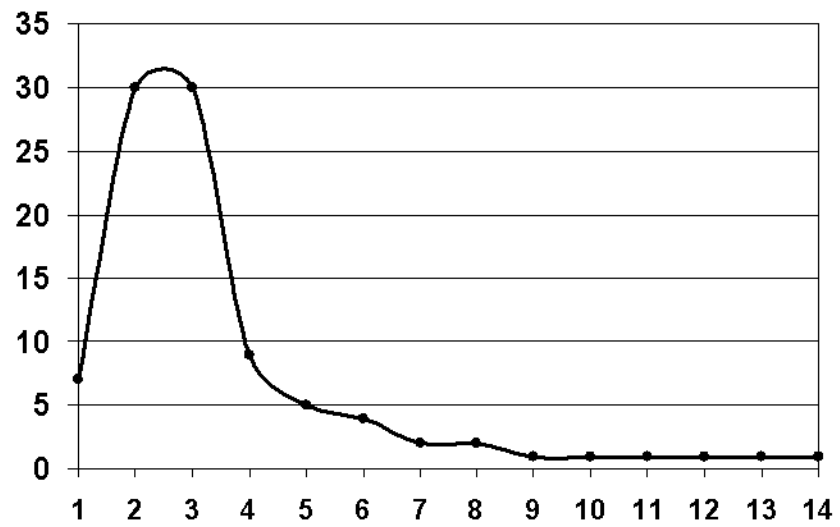
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**RELATIVE FREQUENCY OF CONTINUOUS
NIGHTS WITH INSOMNIA PRIOR TO A GOOD
NIGHT'S SLEEP**



RELATIVE FREQUENCY OF CONTINUOUS NIGHTS WITH INSOMNIA PRIOR TO A GOOD NIGHT'S SLEEP

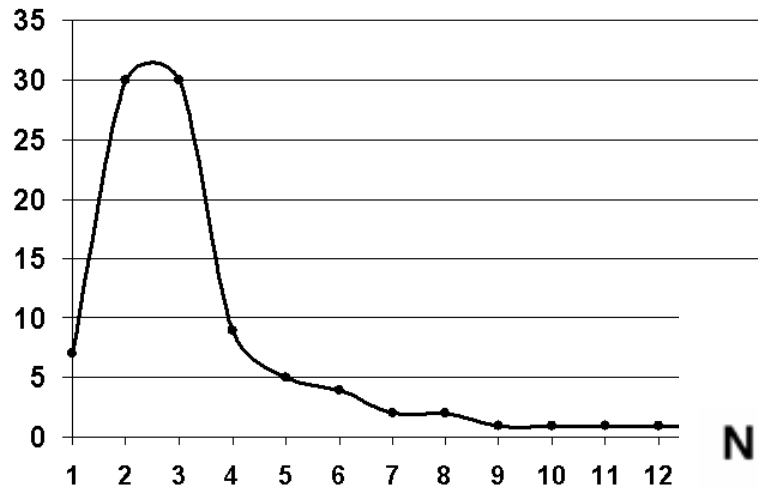
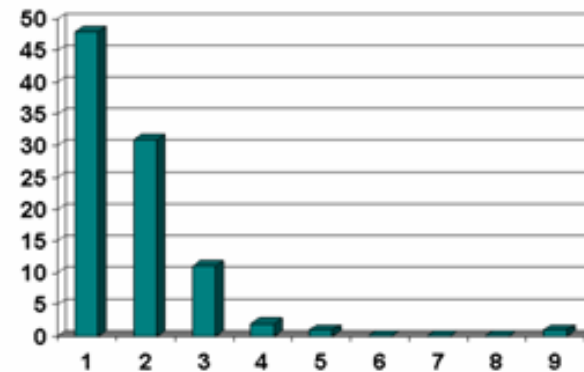


FIGURE 1

NUMBER OF BAD NIGHTS PRIOR TO A GOOD NIGHT



THE VALUES ON THE ORDINATE REPRESENTS THE NUMBER OF OCCURRENCES FOR THE SAMPLE AS A WHOLE



SO ONE COULD SAY THAT

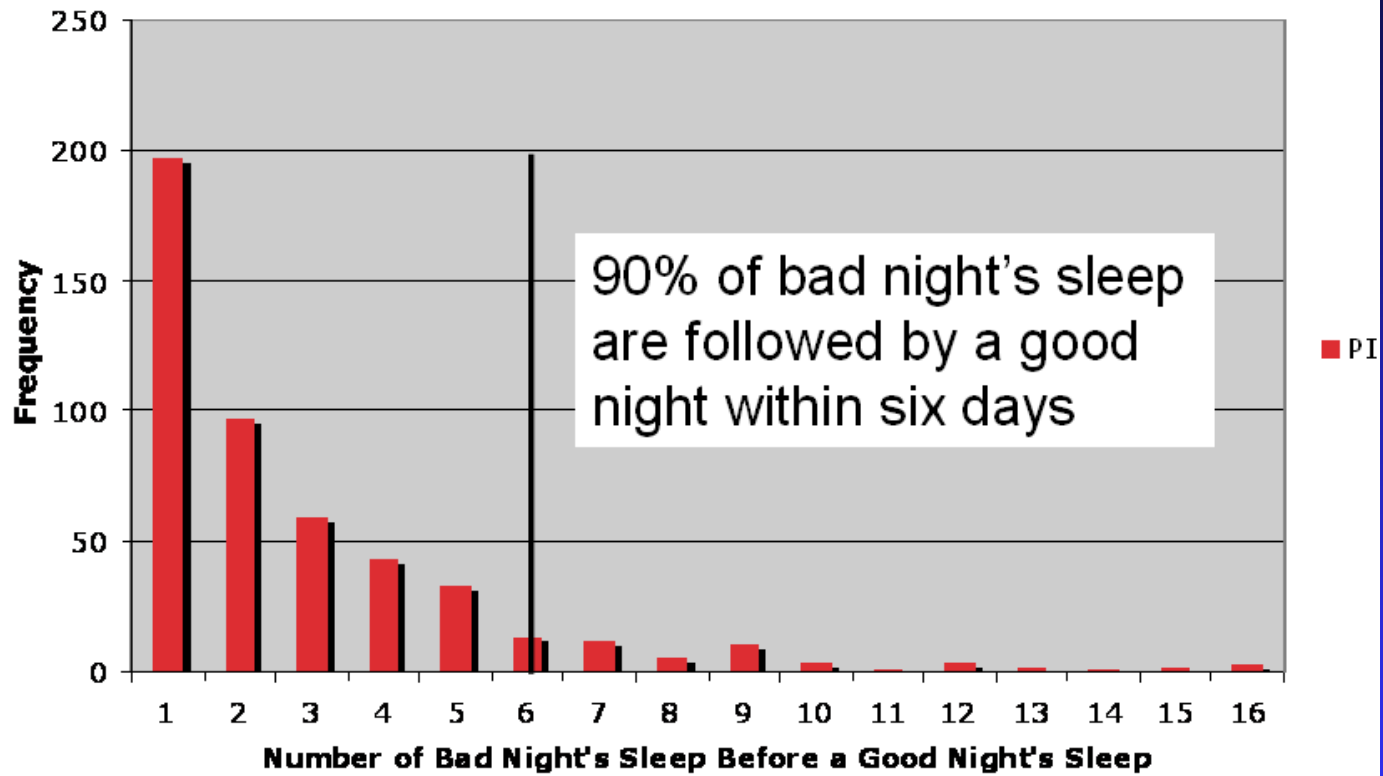
**“BETTER THAN AVERAGE SLEEP OCCURS
IN LESS THAN 3 DAYS TIME”.**

BETTER THAN AVERAGE IS ONE THING

**WHAT ABOUT THE NUMBER OF DAYS TO AN
ABSOLUTELY GOOD NIGHT ?**



Number of Bad Night Sequences



DATA FROM BEVERLY DAVID

DATA ANALYSIS SWINX PHD THESIS

“BUT WAIT - THERE’S MORE ” !

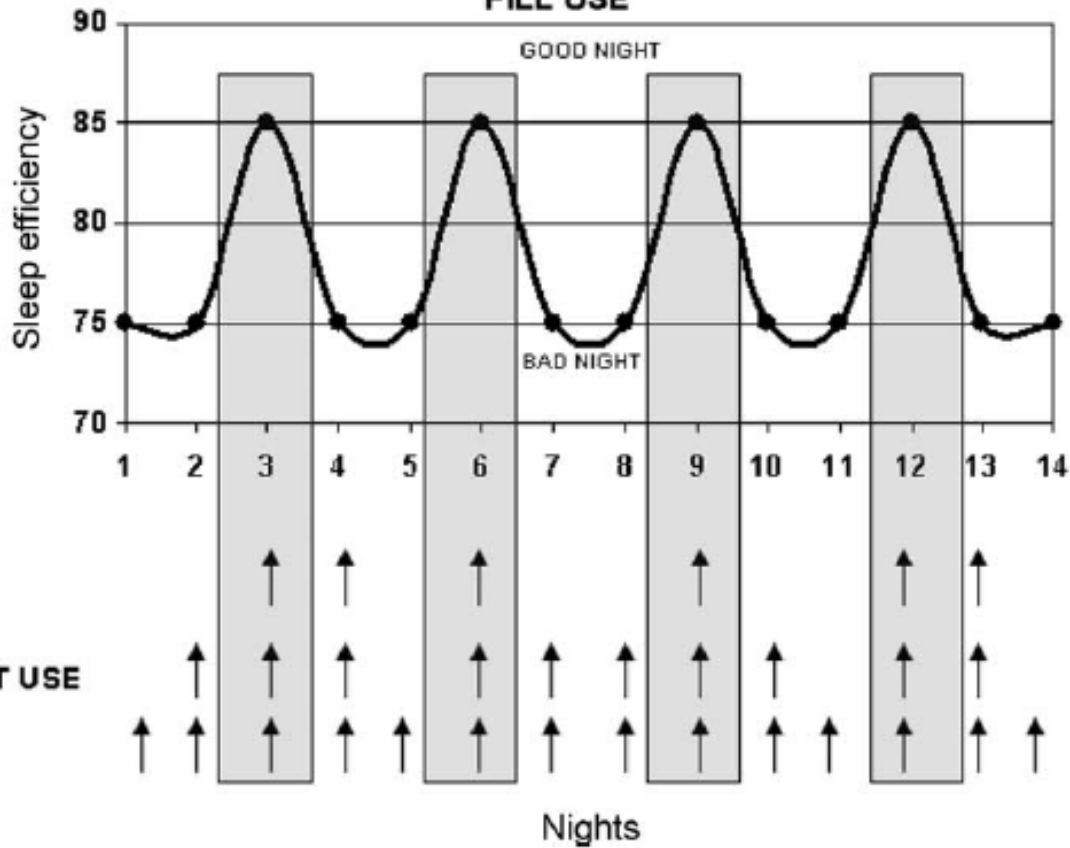


**IF BETTER THAN AVERAGE SLEEP OCCURS
AND DOES SO EVERY ~3 DAYS THEN WHAT
EFFECT WOULD THIS HAVE ON
RITUAL BEHAVIORS**

AND

USE OF PLACEBO !

INTERACTION BETWEEN THE OCCURRENCE OF INSOMNIA & PILL USE



THEORETICAL REVIEW

Placebo effects in primary insomnia

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KEYWORDS

Insomnia;
Randomized Clinical
trials;
Placebo effects;
Periodicity of
insomnia

Summary Placebo effects are commonly observed in insomnia clinical trials. With the advent of longer-term trials, such effects appear to be remarkably robust and durable. In this paper we review the classic factors that are believed to contribute to placebo effects and how these factors operate in insomnia randomized clinical trials. Beyond this we suggest that the episodic nature of insomnia may interact with patient preferences for intermittent dosing in such a way as to sustain placebo effects in the long term. An appreciation of the latter phenomenon may provide increased power to detect therapeutic outcomes and may be used to potentiate clinical gains.
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Introduction

It is a common finding within insomnia randomized clinical trials (RCTs) that placebos produce significant changes on self reported sleep continuity measures.¹ In a recent meta-analysis of such

effects,¹ McCall and colleagues estimated the magnitude of pre to post change on sleep latency and total sleep time measures to be approximately 20%. Longer-term trials (both intermittent and nightly dosing) show that such effects are not only stable but that clinical improvements continue to occur over time. A representation of placebo effects for several recent trials is contained in Fig. 1.

The purpose of the present article is to review - the traditional explanations for what the placebo effect is and to advance a hypothesis that placebo effects may be maintained over long periods of time as a result of a peculiar interaction between illness severity, pill taking behavior, and interval or contingent reinforcement.

What is a placebo?

The term placebo is most frequently used to refer to the ingestion of an inert substance. The concept,

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¹ The term sleep continuity is used to represent one of the two major classes of sleep variables (sleep continuity vs sleep architecture measures) and denotes the set of variables that are associated with sleep initiation and maintenance (sleep latency, number of awakenings, wake after sleep onset and total sleep time).

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PRETTY NIFTY EH ??

SO NOW YOU KNOW



QUESTIONS ?



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THAT'S IT FOR TODAY

