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Sleep Problems Update

Number 17

New Standards of Practice for the Behavioral Treatment of Insomnia

From the **American Academy of Sleep Medicine**, *Sleep*, 29, 1915, 1419. Recommendations were developed using evidence based methods. The following are edited quotes from that report [bolded emphasis added]:

Psychological and behavioral interventions are effective in the treatment of both chronic primary insomnia (Standard) and secondary insomnia (Guideline). in [all adults including] **older adults (Standard)** and among **chronic hypnotic users (Standard)**.

STANDARD [The following are] generally accepted patient-care strategy, which reflects a high degree of clinical certainty:

Cognitive Behavior Therapy includes various combinations of both cognitive as well as behavioral interventions. The cognitive component is aimed at changing patients' beliefs and attitudes about insomnia. The behavioral component may include therapies such as

stimulus control therapy, sleep restriction, or relaxation training. Sleep hygiene education is often also included.

Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia and children's sleep problems. Offices in Fort Collins, Loveland, and Denver. Call (970) 308-4495 or email Bill@sleeplessincolorado.com. Web site: www.sleeplessincolorado.com

Stimulus Control Therapy to train the insomnia patient to re-associate the bed and bedroom with sleep and to re-establish a consistent sleep-wake schedule.

Relaxation Training aimed at reducing somatic tension (e.g., progressive muscle relaxation, autogenic training) or intrusive thoughts at bedtime that interfere with sleep.

GUIDELINE [The following are] patient-care strategies, which reflect a moderate degree of clinical certainty:

Sleep Restriction Therapy involves curtailing the amount of time in bed to the actual amount of time spent asleep, thereby creating a mild sleep deprivation, and then lengthening sleep time as sleep efficiency improves.

Biofeedback provides visual or auditory feedback to patients to help them control some physiologic parameters (e.g. muscle tension) in order to seek reduction in somatic arousal

Paradoxical Intention involves instructing the patient to remain passively awake and avoid any effort (i.e., intention) to fall asleep. The goal is to eliminate performance anxiety, as it may inhibit sleep onset.

There was **INSUFFICIENT EVIDENCE** to recommend [the following] as single therapies or when added to other specific approaches

Sleep Hygiene Education aims to make patients more aware of health practices (e.g. diet, exercise, substance abuse) and environmental factors (e.g. light, noise, temperature) that may be either detrimental or beneficial for sleep. **Data are insufficient to assess the effectiveness of sleep hygiene education as a single therapy.**

Imagery Training involves a visualization technique to focus on some pleasant or neutral images to block out unwanted thoughts before sleep.

Cognitive Therapy seeks to change misconceptions about sleep and faulty beliefs and attitudes about insomnia and its perceived daytime consequences. Although, as described above, there is extensive evidence for the effectiveness of cognitive therapy used in combination with other therapies (e.g., within cognitive behavior therapy), there remains limited evidence to recommend cognitive therapy as a single therapy.