

Cognitive behavioral therapy best for cancer patients with insomnia

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(HealthDay)—Cognitive behavioral therapy for insomnia (CBT-I) is the preferred choice over mindfulness-based stress reduction (MBSR) for nonpharmacologic management of insomnia in patients with cancer, according to a study published online Jan. 6 in the *Journal of Clinical Oncology*.

Sheila N. Garland, Ph.D., from the University of Pennsylvania Health System in Philadelphia, and colleagues conducted a noninferiority trial involving [patients](#) with cancer with [insomnia](#) who were randomized to receive either MBSR (64 patients) or CBT-I (47 patients). The intervention occurred from September 2008 to March 2011, with assessments taken at baseline, after the program, and after three months of follow-up. The margin for noninferiority was four points on the Insomnia Severity Index.

The researchers found that immediately after the program, MBSR was inferior to CBT-I for improving insomnia severity ($P = 0.35$), but at follow-up, MBSR demonstrated noninferiority ($P = 0.02$). At follow-up, in the CBT-I group, sleep diary-measured sleep onset latency was reduced by 22 minutes, compared with 14 minutes in the MBSR group. Both groups experienced similar reductions in wake after sleep onset. Increases in total sleep time were 0.60 hours in the CBT-I group and 0.75 hours for MBSR.

"Although MBSR produced a clinically significant change in [sleep](#) and psychological outcomes, CBT-I was associated with rapid and durable improvement and remains the best choice for the nonpharmacologic treatment of insomnia," the authors write.

More information: [Abstract](#)
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