

Can insomnia be treated with two weeks in a specialized hospital?

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Insomnia is a disturbance that afflicts many people. Some new findings published in the current issue of *Psychotherapy and Psychosomatics* indicate that a two week stay in a specialized hospital may help.

The Authors have developed an intensified CBT-I program for an inpatient setting lasting 14 days. This program was intended to improve [diagnostic evaluation](#) by using polysomnography (PSG), offer a more intense treatment approach by combining single and group sessions, relieve patients from their daily routines and responsibilities, ensure better monitoring of proper application of therapy elements and handle potential complications when tapering off hypnotics.

162 [insomnia](#) patients participated in this program between 2009 and 2012 in groups of 7-8 persons. Of these, only 4 persons quit the therapy prematurely. After treatment, time in bed, sleep latency and wake time after sleep onset significantly decreased whereas sleep efficiency increased. However, in spite of the significant improvements, the mean level of insomnia was still moderate to severe.

The low drop-out rate (3%), along with the favorable results, demonstrate the feasibility and therapeutic potential of an inpatient CBT-I program. Whether the higher costs of the inpatient CBT-I program exceed the reduction of socio-economic costs of insomnia should be investigated by a cost-effectiveness study. PSG has been shown to be a valuable tool for revising disturbed sleep perception and for measuring the changes of [sleep](#) after therapy. The close medical supervision made it

easier for patients to quit their hypnotics. Pending confirmation by controlled trials, inpatient CBT-I could become an important option in the stepped-care management of insomnia.

More information: Crönlein T, Langguth B, Geisler P, Wetter TC, Eichhammer P. "Fourteen-Day Inpatient Cognitive-Behavioural Therapy for Insomnia: A Logical and Useful Extension of the Stepped-Care Approach for the Treatment of Insomnia." *Psychother Psychosom* 2014;83:255-256

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