

Cognitive behavioral therapy for insomnia with psychiatric, medical conditions

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Cognitive behavioral therapy is a widely used nonpharmacologic treatment for insomnia disorders and an analysis of the medical literature suggests it also can work for patients whose insomnia is coupled with psychiatric and medical conditions, according to an article published online by *JAMA Internal Medicine*.

Previous meta-analyses have suggested that [cognitive behavioral therapy](#) for insomnia can improve sleep, although many of these studies excluded individuals with co-existing psychiatric and medical conditions.

Jason C. Ong, Ph.D., of Rush University Medical Center, Chicago, and coauthors reviewed [medical literature](#) to examine the efficacy of cognitive behavioral therapy for insomnia in patients with psychiatric conditions (including alcohol dependence, depression and [post-traumatic stress disorder](#)) and/or medical conditions (including chronic pain, cancer and fibromyalgia). The authors included 37 studies with data from 2,189 participants in their final analysis.

The meta-analysis by the authors found that, overall, cognitive behavioral therapy for insomnia was associated with reducing [insomnia symptoms](#) and sleep disturbances in individuals with coexisting conditions. At posttreatment evaluation about twice the percentage patients who received cognitive behavioral therapy for insomnia were in remission from insomnia compared those patients in control or comparison groups.

The therapy also was associated with positive effects on coexisting illness outcomes but the extent of that symptom improvement was determined by which type of coexisting illness patients had. Individuals with psychiatric disorders had larger changes than those with [medical conditions](#), according to the analysis results. The authors note sleep disturbances may be more strongly associated with cognitive-emotional symptoms than physical symptoms, so reducing sleep disturbance could have a stronger effect on psychiatric illness.

"These findings provide empirical support for the recommendation of using CBT-I (cognitive behavioral therapy for insomnia) as the treatment of choice for comorbid insomnia disorders," the study concludes.

In a related commentary, Michael A. Grandner, Ph.D., M.T.R., and Michael L. Perlis, Ph.D., of the University of Pennsylvania, Philadelphia, write: "This meta-analysis demonstrates that CBT-I is an effective treatment for insomnia even in the context of potentially overshadowing medical and [psychiatric conditions](#). ... Further research is needed to better understand (1) treatment response with CBT-I in comorbid insomnia; (2) what components of CBT-I work best for comorbid insomnia; (3) to what extent CBT-I has effects on severity of and tolerance for noninsomnia symptoms; (4) the role of insomnia treatment in other chronic health conditions, such as obesity and cardiometabolic disease; and (5) the role of [insomnia](#) as an important indicator of health and functioning."

More information: *JAMA Intern Med.* Published online July 6, 2015. [DOI: 10.1001/jamainternmed.2015.3006](https://doi.org/10.1001/jamainternmed.2015.3006)
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