

Cognitive behavioral therapy effective for older people with insomnia

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Insomnia is the most common sleep problem in adults—as many as 30 percent to 50 percent of people report having trouble sleeping. For older adults, insomnia can often be chronic and is linked to other serious health conditions. Older adults who have difficulty sleeping are also at higher risk for depression, falls, stroke, and trouble with memory and thinking. They also may experience a poorer quality of life.

What's more, older adults are more likely than younger adults to take sedatives or hypnotic-type sleeping pills , which increases their risks of falls, fractures, and even death.

Cognitive behavioral therapy for insomnia (CBTI) is a type of talk therapy that is considered highly effective for treating older adults with insomnia. During CBTI sessions, therapists work with patients to help them change their thinking, behavior, and emotional responses related to sleep issues, which can improve their insomnia.

Although treatment guidelines recommend CBTI as a primary therapy for older adults with insomnia, many people do not receive it because only a limited number of therapists have CBTI training. Primary care providers also may believe that it is challenging to motivate older adults to see a therapist for insomnia.

To address these problems, a team of researchers developed a new CBTI treatment program. The program uses trained "sleep coaches" who are not therapists. They learn how to give CBTI using a manual and have

weekly, supervised telephone calls with a CBTI psychologist. The program requires brief training for the sleep coaches, who are social workers or other health educators.

In their study published in the *Journal of the American Geriatrics Society*, the researchers assigned 159 people to one of three treatment groups. The participants were mostly white male veterans who ranged in age from 60- to 90-years-old.

The first two groups of people received CBTI from sleep coaches (who had a master's degree in social work, public health, or communications) who had attended the special CBTI training. One group of people received one-on-one CBTI sessions with the sleep coach. The second group also received CBTI, but in a group format. People in the third group (the control group) received a general sleep education program, which also consisted of five one-hour sessions over six weeks. These people did not receive CBTI from sleep coaches.

During the five one-hour sessions over a six-week period, in both the one-on-one and group sessions, the coaches counseled participants about improving sleep habits and how to avoid practices that can make it harder to [sleep well](#). This involved learning techniques such as using the bed only for sleeping, not for watching TV or reading, limiting the amount of time in bed so sleep becomes more consolidated, and other techniques. In both groups, the sleep coaches also had one weekly telephone call with a CBTI-trained psychologist to review how the participants were doing with the program.

Researchers collected information about the participants' [sleep habits](#) at the beginning of the study and one week after treatments ended. They also followed up with participants six months and one year later.

Following their treatment, people with [insomnia](#) who received CBTI

from a sleep coach (either one-on-one or in a group) had lessened their [sleep problems](#) significantly, compared to people in the control group. Improvements included:

- Participants took about 23 minutes less to fall asleep
- Participants' awake time was about 18 minutes less once they fell asleep
- Participants' total awake time was about 68 minutes less throughout the night
- Participants also reported that the quality of their sleep had improved

Six and 12 months after treatment, the participants in both CBTI treatment groups maintained most of their sleep improvements.

The researchers said that improvements in sleep were about the same whether [people](#) worked with the sleep coach in one-on-one or group sessions.

According to the researchers, since the study was mostly limited to male veterans, the results might not be the same for women or for non-veterans. The researchers concluded that this CBTI treatment program, delivered by sleep coaches, improved [sleep quality](#) for [older adults](#).

More information: Cathy Alessi et al, Cognitive Behavioral Therapy for Insomnia in Older Veterans Using Nonclinician Sleep Coaches: Randomized Controlled Trial, *Journal of the American Geriatrics Society* (2016). [DOI: 10.1111/jgs.14304](https://doi.org/10.1111/jgs.14304)

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