

Cognitive-behavioral therapy for insomnia can reduce suicidal ideation

June 14 2011

Treating sleep problems with cognitive-behavioral therapy for insomnia can reduce suicidal ideation, suggests a research abstract that will be presented Tuesday, June 14, in Minneapolis, Minn., at SLEEP 2011, the 25th Anniversary Meeting of the Associated Professional Sleep Societies LLC (APSS).

Results show that about 21 percent of participants with insomnia (65 of 303) reported having suicidal thoughts or wishes during the past two weeks. Group [cognitive-behavioral therapy](#) for insomnia produced a statistically significant post-treatment reduction in suicidal ideation. Treatment sessions were conducted weekly until the final two sessions, which were conducted bi-weekly.

According to the authors, a growing body of evidence suggests that self-reported insomnia and poor sleep quality constitute modifiable risk factors for suicide. Sleep complaints also are listed among the top suicide warning signs by the Substance Abuse and Mental Health Service Administration. However, no previous studies had evaluated the impact of a sleep intervention on suicidal ideation.

"This is the first investigation to show that a sleep-targeted intervention has a therapeutic impact on [suicide risk](#) specifically," said lead author Rebecca Bernert, PhD, a fellow in the Department of Psychiatry and Behavioral Sciences at Stanford University in California. "This suggests that a treatment focus on [sleep disturbances](#) may have important implications for the prevention of suicidal behaviors."

The study involved 303 community outpatients between 18 and 88 years of age who completed group cognitive behavioral therapy for insomnia. The Beck Depression Inventory, which includes a question about suicidal thoughts or wishes, was administered at both baseline and post-treatment.

According to the [Centers for Disease Control and Prevention](#), the most recent data available indicate that the national suicide rate increased from 2008 to 2009, when suicide became the 10th-leading cause of death in the U.S. There were 36,547 deaths attributed to suicide in 2009, which was more than twice as many deaths as those that were attributed to homicide.

Last year at SLEEP 2010, Bernert reported that highly variable sleep schedules predicted increases in suicidal risk at one week and three weeks. [Sleep](#) irregularity also predicted greater mood lability, which in turn predicted elevated suicidal symptoms.

Provided by American Academy of Sleep Medicine

Citation: Cognitive-behavioral therapy for insomnia can reduce suicidal ideation (2011, June 14) retrieved 20 September 2024 from

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