

Self-help CBT-I in the management of insomnia symptoms associated with chronic disease in older adults

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Background

- Ageing-related increases in insomnia symptoms are closely associated with chronic conditions
(Foley et al. J Psychosom Res 2004; 56:497-502)
- Self-help CBT-I has proved effective in managing insomnia symptoms among non-elderly, healthy adults
(Morin et al. Sleep 2005; 39:1319-27)

Background

- Self-management approaches to chronic conditions are now widely promoted within healthcare agencies in the US and UK (e.g. Expert Patient Programmes).
- No studies of self-help CBT-I among older patients with chronic health conditions

Research Questions

Can self-help CBT-I:

- **Improve sleep quality**
- **Reduce insomnia severity**
- **Reduce fatigue severity**
- among older people with chronic disease?

2-Arm RCT

+ Access to telephone advice on implementing self-help

Coping with Insomnia and Long-Term Health Conditions

Booklet 1

An introduction to the Self-Management of Insomnia

SomnIA
Sleep in Ageing

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10 Rules for Improved Sleep Hygiene

If you have problems sleeping, then it is important that you practise good Sleep Hygiene. This means doing things which are known to improve sleep, and avoiding those things which are known to disturb sleep. Here are 10 things you should know about getting better sleep; each of these points is based on scientific research, and could help you to get the most out of your sleep.

Remember, this advice applies only if you have a sleep problem:

- 1** Products containing caffeine (tea, coffee, cocoa, chocolate, soft drinks, etc.) should be discontinued at least 4 hours before bedtime. Caffeine is a stimulant and can keep you awake.
- 2** Avoid nicotine (including nicotine patches or chewing gum, etc) an hour before bedtime and when waking at night. Nicotine is also a stimulant.
- 3** Avoid alcohol around bedtime because although it can promote sleep at first, it can disrupt sleep later in the night.
- 4** Avoid eating a large meal immediately before bedtime, although a light snack may be beneficial.
- 5** Try to do regular (even mild) physical exercise if you are able, but avoid doing this in the 2 hours before bedtime.
- 6** Keep the bedroom calm and tidy. Select a mattress, sheets, and pillows that are comfortable.
- 7** Avoid making your bedroom too hot or too cold.
- 8** Keep the bedroom quiet and darkened during the night, but try to spend some time in daylight (or bright artificial light) during the day.
- 9** Keep your bedroom mainly for sleeping; try to avoid watching television, listening to the radio, or eating in your bedroom.
- 10** Try to keep regular times for going to bed and getting up.

SomnIA
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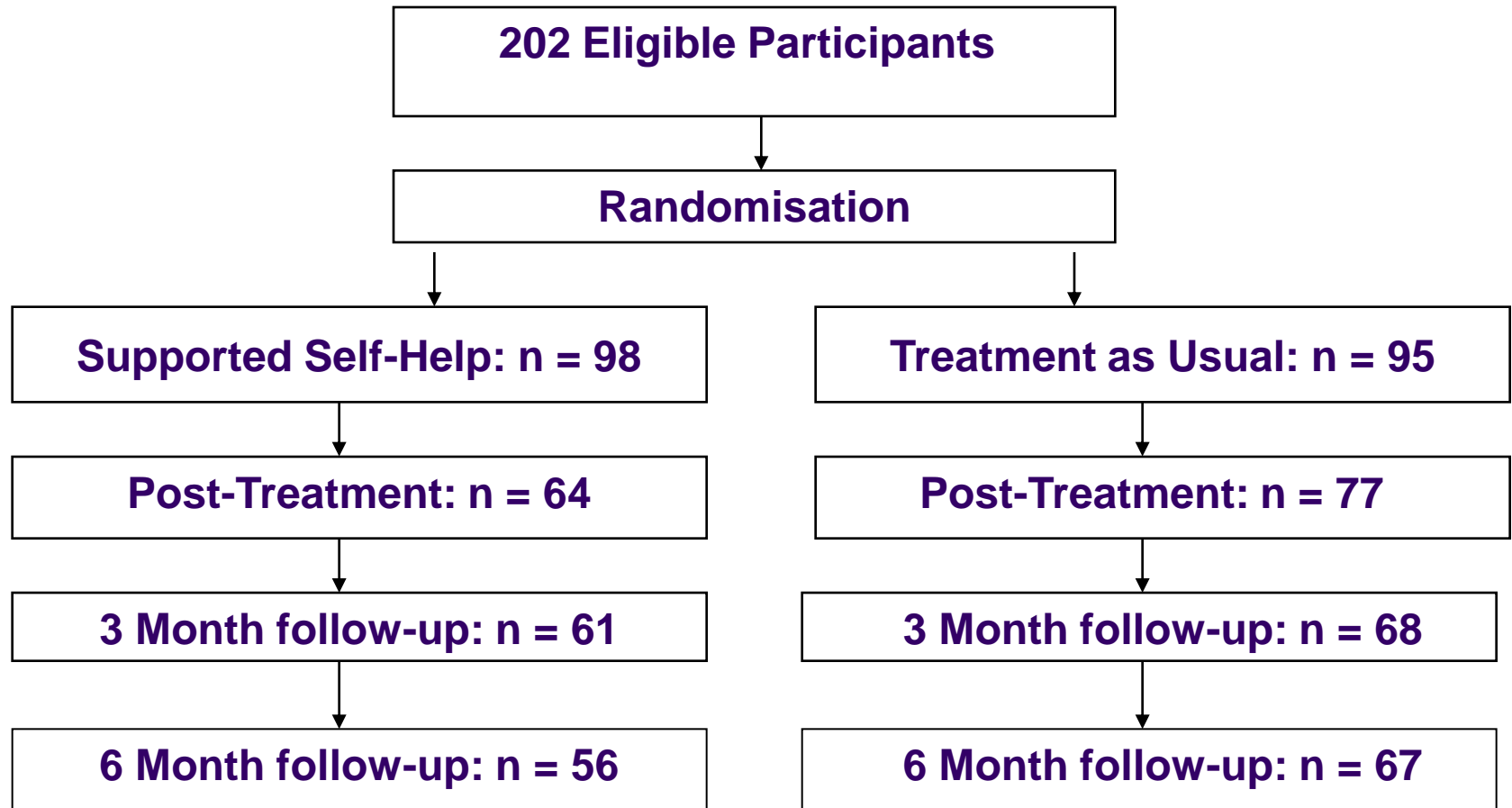
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Inclusion Criteria

- Age 55 +
- Insomnia symptoms > 3 months (PSQI>5)
- Diagnosed with a chronic condition (OA, diabetes, COPD, CHD, etc.)
- Not taking neuroleptic medication
- Able to read standard English

Community Recruitment



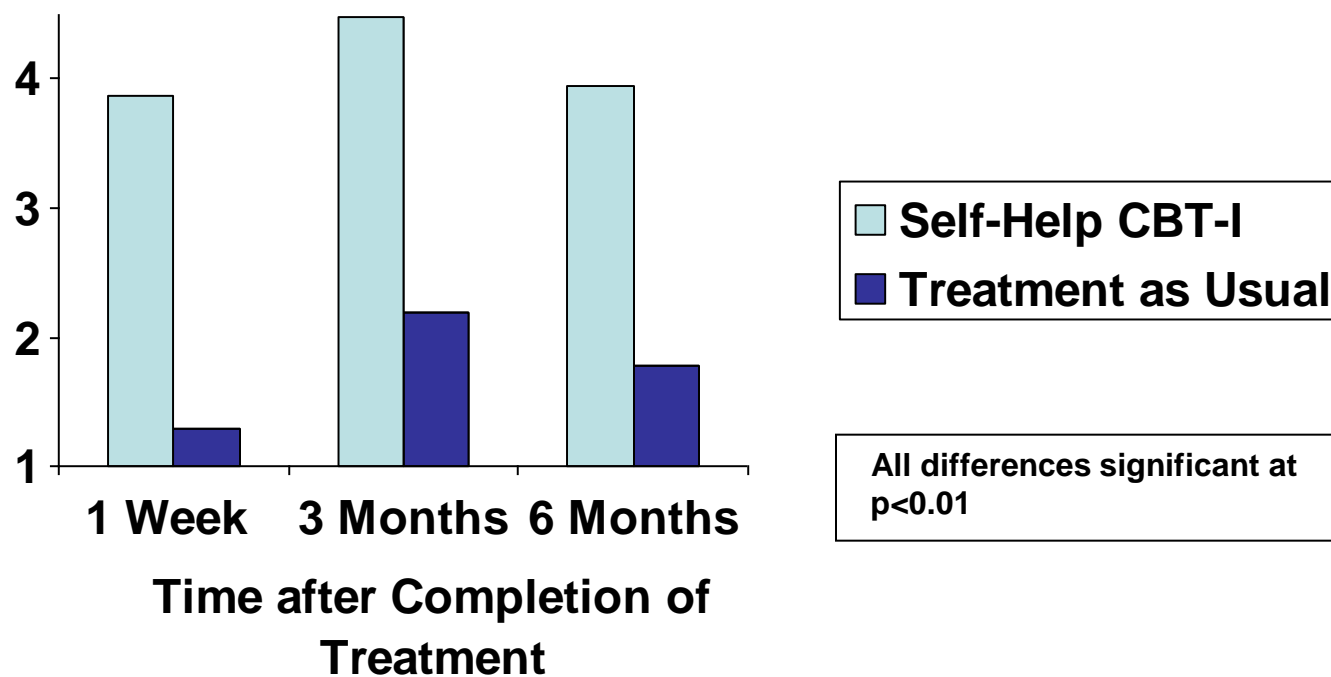
Outcome Measurements

- Pittsburgh Sleep Quality Index (PSQI)
- Insomnia Severity Index (ISI)
- Fatigue Severity Scale (FSS)

Statistical Analysis

- All outcomes converted to (Follow-Up - Baseline) change scores
- Change scores analysed in univariate ANOVAs with age, sex and baseline values (for that score) as covariates

Outcomes: Sleep Quality (PSQI)



PSQI Component Change

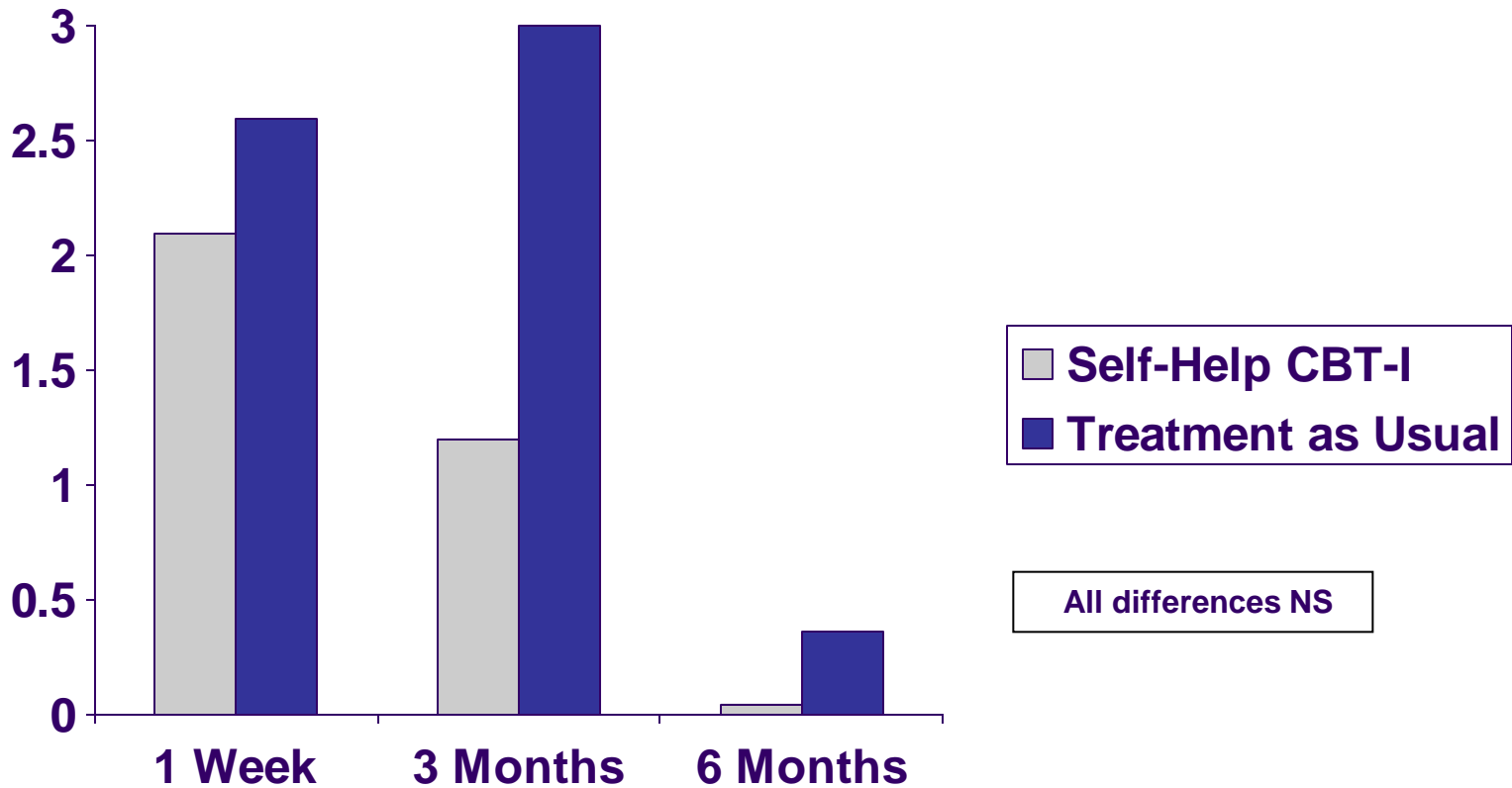
Consistent post-treatment improvement in:

- Sleep Quality
- Total Sleep
- Sleep Efficiency

Outcomes: Insomnia Severity (ISI)



Outcomes: Fatigue (FSS)



Conclusion

- Among older people with chronic conditions sleep can be significantly and lastingly improved using self-help CBT-I approaches.
- Within this chronically ill population improvements in sleep do not necessarily translate into reductions in daytime fatigue