

A patient's guide to understanding Behavioral and Psychological Treatments for Chronic Insomnia Disorder in Adults

This patients' guide summarizes the AASM's recommendations for using behavioral and psychological (non-medication) treatments for chronic insomnia disorder in adults. This guide will help you know what to expect when talking with your medical provider. If you want more information, you can read the <u>full</u> <u>clinical practice guideline</u>.

Chronic insomnia disorder is trouble falling asleep or staying asleep even though you have had the chance to get a full night of sleep, occurring at least three times per week and lasting for at least three months. Chronic insomnia can be effectively treated with non-medication approaches. Your medical provider will discuss the known benefits and risks of different treatment options.

WHICH NON-MEDICATION THERAPIES CAN BE USED TO TREAT CHRONIC INSOMNIA DISORDER?

The following table describes non-medication treatments that can be used to treat chronic insomnia.

TREATMENT	DESCRIPTION
Cognitive Behavioral Therapy for Insomnia (CBT-I)* (most people with insomnia should get this treatment)	 Targets negative thoughts and behavior patterns that affect your sleep. Typically, 4-8 sessions are needed with a trained provider. Can be used to treat insomnia with and without underlying conditions.
Brief Therapies for Insomnia (BTIs) [†]	 Includes shortened versions of CBT-I that focus on the behavioral parts of therapy and sleep education. Typically, 1-4 sessions are needed with a trained provider.
Stimulus Control [†]	 Provides a set of instructions to help you learn to sleep better in your bed or bedroom by only going to bed when you feel sleepy and leaving the bed if you are unable to sleep. This method teaches to use the bed only for sleep and for sex.
Sleep Restriction Therapy [†]	 Limits the time you spend in bed to help you fall asleep more quickly at night (e.g., fewer daytime naps and not sleeping in). This method sets strict limits on the time to spend in bed.

Relaxation Therapy[†]

 Includes exercises designed to help you relax at night when preparing for sleep (e.g., muscle relaxation, breathing exercises, and meditation).

WHAT ELSE SHOULD YOU DISCUSS WITH YOUR MEDICAL PROVIDER?

Most people with chronic insomnia disorder need more than basic "sleep hygiene" recommendations like cutting down on caffeine or changing your mattress. If you have tried improving these kinds of factors and still don't sleep well, you may still benefit from one of the recommended approaches listed above. Your medical provider will help you determine the best treatment options for you.

Your medical provider may discuss potential challenges when recommending these insomnia therapies, such as:

- Your ability to participate in sessions regularly for several weeks and your willingness to follow the treatment recommendations. Since CBT-I can be effective when delivered in person, via telehealth, or even with an app, talk with your doctor about the best way for you to get access to the treatment.
- While these treatments don't always provide immediate relief, most people start sleeping better within a few weeks, and most people continue to sleep well after the treatment ends.
- If you are sleepy during the day, talk with your medical provider about which approaches might be best for you and whether you might also be a risk for other sleep disorders in addition to insomnia disorder, such as sleep apnea.

Your medical provider will also consider any other medical conditions you may have when helping you select the best treatment.

NEXT STEPS

You should always talk with your medical provider if you think you have insomnia. For more information about insomnia or to find an accredited sleep center near you, please visit **sleepeducation.org.**



^{*} Should be used to treat almost all patients with insomnia

[†] May be used to treat most patients with insomnia but different choices may be better for different patients