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Internet-based intervention may improve insomnia

An online insomnia intervention based on established face-to-face cognitive behavioral therapy techniques appears to improve patients' sleep, according to a report in the July issue of Archives of General Psychiatry, one of the JAMA/Archives journals.

About one-third of adults report symptoms of insomnia and approximately 10 percent meet diagnostic criteria for an insomnia disorder, according to background information in the article. The condition decreases quality of life, impairs daytime functioning, has personal and public health consequences and results in an estimated \$41 billion in reduced productivity every year.

Cognitive behavioral therapy—a psychological treatment focusing on the behaviors and dysfunctional thoughts that contribute to sleep problems—is one of the most effective treatments for insomnia. "Unfortunately, availability of cognitive behavioral therapy is severely limited for many reasons, including lack of trained clinicians, poor geographical distribution of knowledgeable professionals, expense and inaccessibility to treatment and clinicians," the authors write.

Lee M. Ritterband, Ph.D., of the University of Virginia Health System, Charlottesville, and colleagues evaluated the effectiveness of an Internet intervention based on cognitive behavioral therapy techniques among 44 adults (average age 44.9) who had a history of sleep difficulties lasting longer than 10 years on average. A total of 22 participants were randomly assigned to a control group and 22 received the Internet intervention, SHUTi. The highly interactive nine-week program uses text, graphics, animations, vignettes, quizzes and games to present behavioral, educational and cognitive techniques for improving sleep. For instance, patients were advised to avoid reading and watching television in the bedroom, stop daytime napping and change unhelpful beliefs and thoughts (including worries about the consequences of insomnia) that may exacerbate sleep difficulties.

Participants completed daily sleep diaries before and after the intervention and also rated their symptoms on the seven-item Insomnia Severity Index, which produces a score from zero (no



symptoms) to 28 (severe insomnia). Among individuals who received the intervention, scores on the index improved from 15.73 to 6.59, whereas scores did not change for the control group. These gains were maintained at a six-month follow-up assessment.

"An Internet intervention has the potential of meeting the large unmet treatment need of the population with insomnia by providing effective treatment through the Web," they continue. "An effective and inexpensive Internet intervention would expand treatment options for large numbers of adults with insomnia, especially those whose geographical location prohibits access to relevant care, and could be a substantive first-line treatment choice."

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