WHAT ARE THE EFFECTS OF CBT FOR INSOMNIA ON INSOMNIA, DEPRESSION AND ABSTRACT RUMINATION ? A PRELIMINARY STUDY

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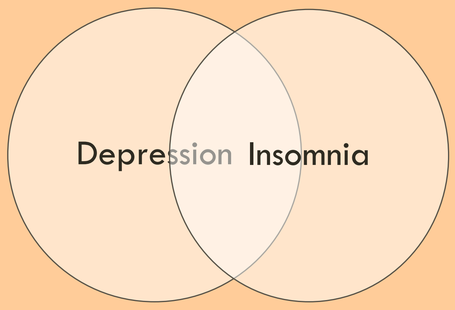
Introduction

80% of people with depression suffer from insomnia and around 40-50% of people with chronic insomnia also suffer from depression (Ohayon et al., 2007)



Cognitive Behavioural Therapy for Insomnia (CBT-I)

= Empirically validated treatment of chronic insomnia - effects on insomnia and quality of life (Morin et al., 2022).

= According to preliminary data CBT-I is an effective treatment for insomnia which seems to have an impact on depressive mood and abstract rumination. (Bellasio et al., 2021)

Aims

Investigate the acceptability and feasibility of a CBT-I with a group format

Investigate the effect on insomnia
depressive symptomatology
abstract rumination

Method

Measures:

Insomnia Severity Index - ISI (Morin, 2003)
Beck Depression Inventory – II -BDI-II (Centre de Psychologie appliquée, 1996)
Abstract Evaluative Repetitive Thinking – AERT (Philippot et al.2023)

2 cohorts :
January 2023 (n=12)
January 2024 (n=10)

Intervention:

Group format
At Liège Université

Content inspired based on the book "Vaincre les ennemis du sommeil » (Morin, 2021)

Behavioral work (sleep restriction, stimulus control)
Cognitive work (dysfunctional beliefs)
Sleep hygiene (psycho-education)

Analyses

We computed a change score assessing the proportion of individuals showing reliable change at post-treatment relative to pre (Reliable Change Index)

= to rule out the possibility that a difference between two scores was due to a measurement error rather than to the intervention.

Participants

		Age	Gender	Insomnia	Depressive sympt.
Gr1	A01	52	F	Moderate	Severe
	A02	58	M	Severe	Moderate
	A03	47	F	Moderate	Moderate
	A04	41	F	Low	Low
	A05	29	M	Moderate	Medium
	A06	33	M	Moderate	Medium
	A07	61	M	Moderate	Low
	A08	43	F	Moderate	Medium
	A09	52	F	Moderate	Medium
	A10	42	F	Moderate	Severe
Gr2	B01	48	F	Severe	Medium
	B02	31	F	Severe	Moderate
	B03	25	F	Moderate	Severe
	B04	50	F	Moderate	Low

Results

14/22 completed the entire intervention (10 in the first group and 4 in the second) – 8/22 have given up

Pre-post RC analyses suggested significant improvement in :

6/14 participants for insomnia, including 4 who responded only to insomnia (A02, A04, B01, B04) and 2 who responded to all scales (A10 and B02)

4/14 participants for depressive symptomatology, including 2 who responded only to depression (A05, B03) and 2 who responded to all scales (A10 and B02)

2/14 participants for rumination (A10 and B02)6/14 participants did not respond to any of the variables measured (A01, A03, A06, A07, A08, A09)

12/14 report good satisfaction (except A05 and A06)

Conclusion

Preliminary data suggest: a drop-out rate of 36%

a significant reduction in insomnia severity in 43% of the sample

Significant improvement in depressed mood in 28% of the sample

Significant improvement in rumination in 14% of the sample

Good adherence and satisfaction with the intervention in 71% of the sample

Discussion

A minority of participants reported significant changes in the variables measured - including insomnia

CBT-I effect on depressive symptoms and abstract rumination does not seem to concern a majority of participants.

A high rate of non-response to treatment was observed but this rate is similar to previous studies (approximately 50%).

Limits. No data on medication were reported; the intervention was short; we have no feedback from people who have stopped the intervention, we have no medium to long term follow-up data and we only have two assessment measures which do not informed us about the variability of the measure.

Future. Reiterate this study with a larger number of clinical subjects and sessions, to multiply the number of assessments over time and to monitor medication intake and include follow-up assessment points.