

# **Evaluation of the Efficacy of a New Insomnia Service Providing Cognitive Behavioural Therapy for Insomnia**

## **Author**

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## **Introduction**

The Royal Surrey County Hospital Sleep Clinic has been providing respiratory sleep services for around 7 years. A gap in service provision was identified when patients referred for sleep apnoea assessments, were frequently found to have symptoms suggestive of insomnia. Staff found they had inadequate knowledge to effectively treat this condition, and due to a lack local insomnia services, patients were discharged with only sleep hygiene information.

## **Method**

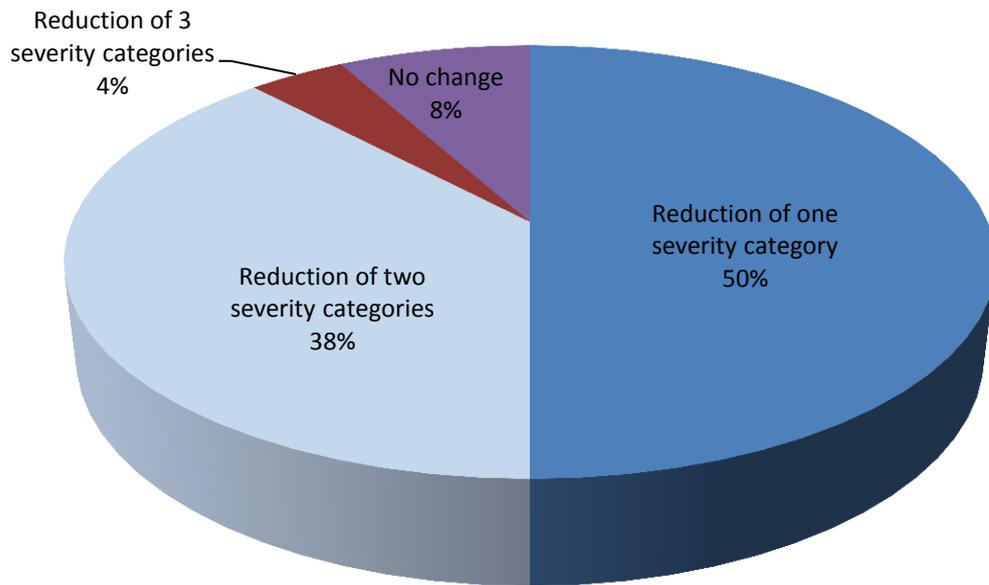
A programme providing one to one Cognitive Behavioural Therapy for Insomnia (CBT-I) was introduced and outcomes were measured using the Insomnia Severity Index. Referrals are mainly from sleep clinic staff and GPs. Data is available from 26 patients who have completed treatment so far. Patient ages range between 44 to 81 years old and insomnia chronicity was between 2 and 20 years. Co-morbidities were common and included untreated sleep apnoea.

## **Results**

The Insomnia Severity Index provides an indication of the severity of the insomnia, according to the overall score.

Of the 26 patients, the mean before treatment score was 20 versus an after treatment score of ten. Thirty five percent of patients were found to have no clinical insomnia after treatment.

Figure 1 shows 92% of patients made an improvement significant enough to reduce their insomnia severity by at least one category. Only 8% of patients made no improvement.



**Figure 1: Percentage of patients who showed a change in insomnia severity after treatment, as measured by the Insomnia Severity Index**

## **Discussion**

An improvement in 92% of patients suggests this insomnia service is effectively treating patients with chronic insomnia. As many of the referrals come from Sleep Clinic staff, it could be argued that having an insomnia service running alongside a respiratory sleep service is a great advantage.

This review of service is limited by data being restricted to before and immediately after treatment, with no long term follow-up. This will be the next stage of this review.