eSLEEP EUROPE
October 4-6, 2023 | Virtual Congress

BETTER SLEEP IN PSYCHIATRIC CARE

PROTOCOL FOR A RANDOMISED CONTROLLED TRIAL WITHIN INPATIENT CARE

J. Stenfalk , K. Blom , S. Jernelöv , S. Tamm

Karolinska Institutet, Stockholm, Sweden
Stockholm Health Care Services, Stockholm, Sweden

INTRODUCTION

It is estimated that over 90 % of patients in psychiatric inpatient units have disturbed sleep with insomnia and hypersomnia as the most common problems (Steinan et al., 2015). Disturbed sleep is a negative prognostic factor for, and a common residual symptom after treatment of depression (Nierenberg et al., 2010; Sakurai et al., 2017).

Although CBT-I is the recommended first-line treatment (Qaseem et al., 2016; Riemann et al., 2017), the utilization of CBT-I is limited in psychiatric inpatient wards, and often the only available treatment option for patients with insomnia symptoms is hypnotics. The reason for this is time constraints and lack of staff educated in CBT. Hypnotics are adequate for many patients considering the acute nature of symptoms in inpatient units, but not all patients benefit from the treatment and for some patients, treatment with hypnotics is contraindicated.

There is limited knowledge about whether CBT-I can be adapted for effective delivery to patients treated for depression in psychiatric inpatient wards, and if the treatment can be delivered by staff without training in CBT. The aim of this study is to develop and test the efficacy an adapted CBT-I-based treatment, Acute Psychological Sleep Stabilisation, for patients with sleep difficulties who are being treated for depression in psychiatric inpatient wards.

METHOD

Patients treated for depression in a psychiatric inpatient ward who experience significant insomnia symptoms (n=100) will be randomised to receive either Acute Psychologic Sleep Stabilisation (adapted CBT-I) or structured sleep hygiene education. Both interventions will be delivered by staff in the ward.

CBT-I is adapted in as follows

- daily instead of weekly sessions
- during two instead of several weeks
- no cognitive interventions in order to make it easier for the staff to deliver and for the patients to follow,
- sleep restriction replaced by sleep compression to avoid the potential risk of worsening psychiatric symptoms by restricting sleep.

The structured sleep hygiene education is designed to mimic the non-pharmacological interventions that patients usually get, but in a more standardized manner.

Primary outcome is the Insomnia Severity Index (Bastien et al., 2001) at baseline and on day 14 after randomisation. Secondary outcomes are depressive symptoms, objective and subjective sleep measures and time to discharge. The study will also include an internal pilot study to evaluate feasibility and credibility of the treatment.

Acute Psychologic Sleep Stabilisation

Session (day)	Intervention
1	psychoeducation scheduled sleep (uppdated session 4, 7, 10 and 14)
2	relaxation training
3	problem solving
4	stimulus control sleep compression
5 to 14	Support and problem solving as needed

Sleep Hygiene Education

Session (day)	Intervention
1	Things to do to promote sleep
2	Things not to do
3	Helpful resources

CONCLUSION

This study will provide insights into whether sleep can be improved with a psychological treatment among patients in inpatient wards and how the treatments should be adapted for delivery in this setting. It will also provide insights into the role of sleep in the recovery from depressive episodes.

REFERENCES

Bastien, C. H., Vallières, A., & Morin, C. M. (2001). Validation of the insomnia severity index as an outcome measure for insomnia research. Sleep Medicine, 2(4), 297–307. https://doi.org/10.1016/S1389-9457(00)00065-4

Nierenberg, A. A., Husain, M. M., Trivedi, M. H., Fava, M., Warden, D., Wisniewski, S. R., Miyahara, S., & Rush, A. J. (2010). Residual symptoms after remission of major depressive disorder with citalopram and risk of relapse: a STAR*D report. Psychological Medicine, 40(1), 41–50. https://doi.org/10.1017/S0033291709006011

Qaseem, A., Kansagara, D., Forciea, M. A., Cooke, M., Denberg, T. D., Barry, M. J., Boyd, C., Chow, R. D., Fitterman, N., Harris, R. P., Humphrey, L. L., Manaker, S., McLean, R., Mir, T. P., Schünemann, H. J., Vijan, S., & Wilt, T. (2016). Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline From the American College of Physicians. Annals of Internal Medicine, 165(2), 125–133. https://doi.org/10.7326/M15-2175

Riemann, D., Baglioni, C., Bassetti, C., Bjorvatn, B., Dolenc Groselj, L., Ellis, J. G., Espie, C. A., Garcia-Borreguero, D., Gjerstad, M., Gonçalves, M., Hertenstein, E., Jansson-Fröjmark, M., Jennum, P. J., Leger, D., Nissen, C., Parrino, L., Paunio, T., Pevernagie, D., Verbraecken, J., … Spiegelhalder, K. (2017). European guideline for the diagnosis and treatment of insomnia. Journal of Sleep Research, 26(6), 675–700. https://doi.org/10.1111/jsr.12594

Sakurai, H., Suzuki, T., Yoshimura, K., Mimura, M., & Uchida, H. (2017). Predicting relapse with individual residual symptoms in major depressive disorder: a reanalysis of the STAR*D data. Psychopharmacology, 234(16), 2453–2461. https://doi.org/10.1007/s00213-017-4634-5

Steinan, M. K., Krane-Gartiser, K., Morken, G., & Scott, J. (2015). Sleep Problems in Euthymic Bipolar Disorders: A Review of Clinical Studies. Current Psychiatry Reviews, 11(4), 235–243. https://doi.org/10.2174/1573400512666151125222057

RESULTS

Recruitment for the pilot phase will start in october 2023 and for the RCT in spring 2024.

CONTACT

Joel Stenfalk
joel.stenfalk@ki.se

https://esleepeurope.eu/

eSLEEP EUROPE
October 4-6, 2023 | Virtual Congress

https://esleepeurope.eu/