

Evaluation of the efficacy of a new insomnia service providing Cognitive Behavioural Therapy for Insomnia

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Introduction

The Royal Surrey County Hospital Sleep Clinic has been providing respiratory sleep services for around 10 years. Around 3 years ago a need for a specialised insomnia service within the sleep clinic was identified.

The sleep clinical lead felt an Occupational Therapist would have the ideal skill set to establish and implement an insomnia service providing Cognitive Behavioural Therapy for Insomnia (CBT-I). Initially the majority of referrals came from the Sleep Clinic however now, 90% of referrals come from GPs. Due to the limited number of insomnia services across the country, referrals come from a wide geographical area.

This poster presents a review of all patient outcomes available to date, for the Insomnia Service.

Method

Insomnia severity was measured before and after treatment using the *Insomnia Severity Index (ISI)*. This is a standardised, self-report measure of both night-time and daytime components of insomnia. It provides an overall score out of 28 and uses this as an indication of the severity of the insomnia (no insomnia, subthreshold, moderately severe, severe).

Scores are available from 47 patients who have completed treatment so far:

- Age range 30 - 81 years old
- Insomnia chronicity 3 months - 20+ years
- Mix of primary and comorbid insomnia
- Included patients with unmanaged sleep apnoea

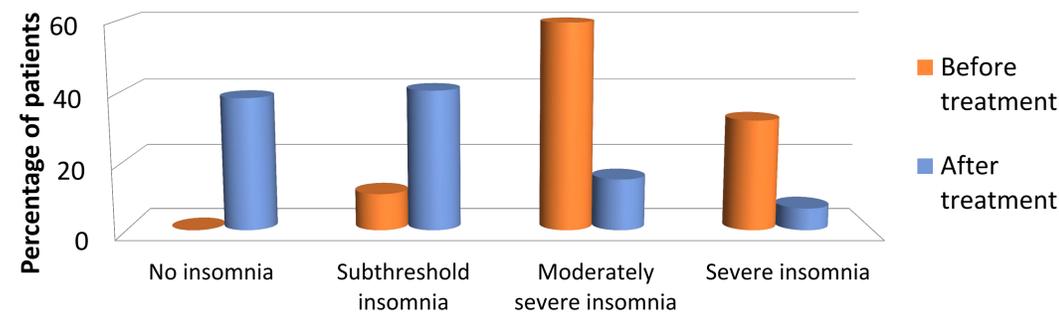
Follow-up

The Insomnia Severity Index was posted to 25 patients who had been discharged at least 9 months earlier. Fifteen patients returned completed forms.

Results

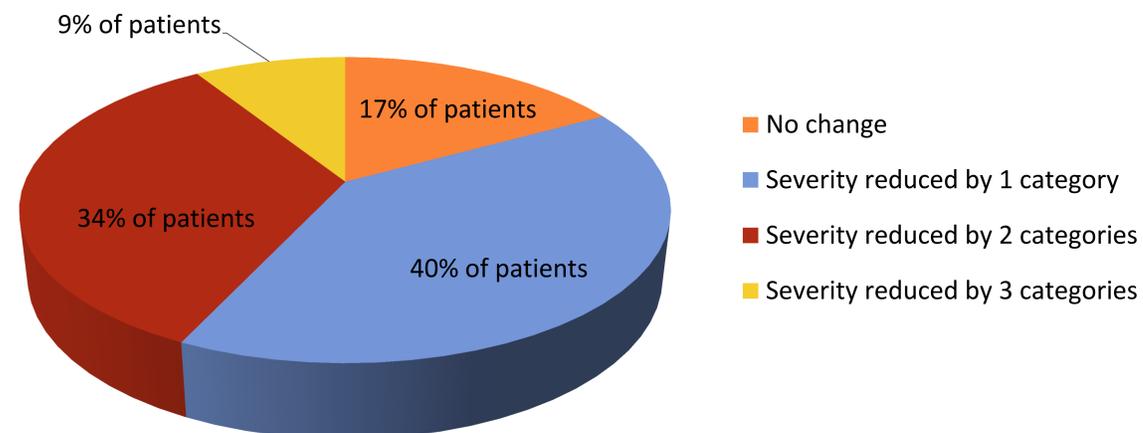
Insomnia Severity Index mean score (n=47)	
Before treatment	After treatment
19	10

Insomnia severity before and after treatment



As can be seen from the above chart, prior to treatment, the greatest proportion of patients (60%) were classified as having moderately severe insomnia. After treatment, only 15% had moderately severe insomnia and furthermore, 38% of patients were classified as having no clinical insomnia.

Size of treatment effect on insomnia severity



As can be seen from the above pie chart, 83% of patients had made an improvement by the end of treatment. Only 17% of patients remained in the same severity category after treatment.

Results

Follow-up 9 months after discharge (response rate 60%, n=15)
Mean ISI score on follow up = 11/28 compared to
Mean ISI score on discharge = 10/28

Conclusion

An improvement in 83% of patients suggests that this insomnia service is effectively treating patients with chronic insomnia.

Follow-up data is also encouraging, showing early signs that treatment outcomes are maintained longer term. In view of the small number of follow-up ISI scores available however, firm conclusions cannot be drawn until more data is available.

The author would speculate that offering an Insomnia Service as an integral part of the respiratory sleep service is key to providing a comprehensive treatment programme for patients and for enhancing the skills and knowledge base of clinicians.

Further information

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