

COGNITIVE BEHAVIORAL THERAPY: THE TREATMENT OF INSOMNIA AND DEPRESSION

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ABSTRACT

The current study aims to examine, in a community mental health setting, the efficiency of cognitive behaviour therapy in managing depression and Insomnia (sleeplessness) in older adults. In addition, the study intends to identify if an advanced version of cognitive behaviour therapy for insomnia is more efficient than a traditional version of the therapy. Co-occurrence of insomnia and depression illustrates an intricate, interactive relationship.

Whenever a therapist applies cognitive-behavioural therapy (CBT), it may reduce the severity of both depression and insomnia in patients who have both disorders together. It is seen as the first line of treatment for depression and insomnia. In an attempt to reduce symptoms, CBT combines a variety of therapy techniques, such as sleep restriction, stimulus management, education on healthy sleep hygiene, and teaching relaxation skills.

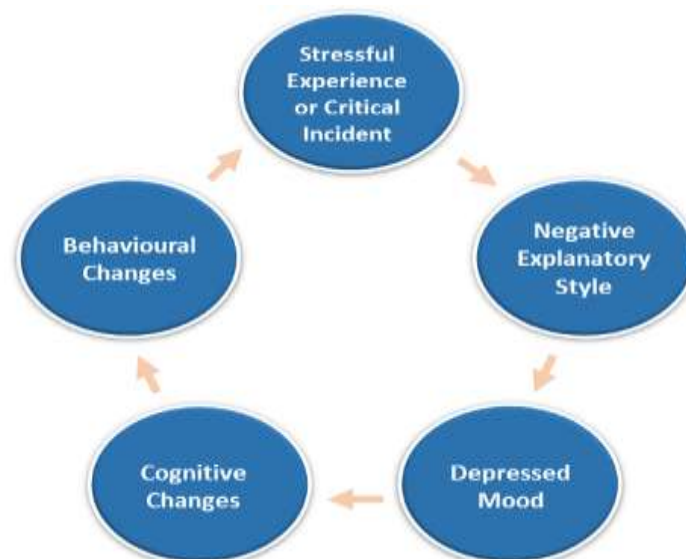
Having trouble falling or staying asleep is known as insomnia, and it frequently coexists with mental health conditions. Comorbid insomnia is no longer viewed as a secondary condition to primary psychiatric disorders, but rather as a separate medical condition that needs to be treated on its own. An evidence-based treatment for insomnia is cognitive behavioral therapy (CBT-I). The consequences. Since insomnia that coexists with psychiatric disorders has been linked to more severe psychiatric symptoms, as well as studies showing effects from CBT-I on both insomnia and psychiatric symptomology, interest in CBT-I on comorbid psychiatric conditions has grown. The body of research on CBT-I for comorbid mental groups has grown and developed methodologically in recent years. This article examines current research on how CBT-I affects sleep, symptoms during the day, and function.

Keywords- CBT-I, Insomnia, Depression, Cognitive Therapy, Behaviour, Disorder, Mental health, Anxiety, PTSD, Psychosis.

1. INTRODUCTION

"Cognitive" is derived from the Latin word "cognoscere," which means "to recognize." Gaining a thorough comprehension of one's

A crucial component of cognitive therapy is the examination of beliefs, attitudes, and expectations. The goal is to identify and alter harmful and incorrect beliefs. Frequently, troubles arise not only from the events and situations themselves but also from the overemphasis we place on them. Depression and insomnia (sleeplessness) are the most common sleep-wake disorders or distressing beliefs among older adults with major mental illness. 2, 3 The effects of cognitive behavioral therapy on the treatment of depression and insomnia are examined in this article.



Insomnia: Day and night sleep difficulties fall under insomnia disorders. Among them are tiredness and, to a smaller extent, drowsiness during the day, along with other diseases or sleep disorders. One of the most common sleeping cycle difficulties that occur in Insomnia is the one experienced in elderly adults, especially those with psychiatric disturbances. At both daytime and nighttime, it occurs. Cognitive functioning problems could be problems with attention, memory, concentration, or performing complex tasks due to sleep issues or other illnesses. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) defines insomnia as not being able to fall asleep, remain asleep, or maintain quiet sleep for a minimum of one month. Severe pain or restrictions in social, occupational, or other aspects of activities can be caused by these sleep disorders. Apart from tiredness, sleep deprivation has been associated with mental illness, reduced workplace productivity, and impaired cognitive function. Few individuals receive treatment for insomnia, although it is prevalent and can have detrimental effects.

These nocturnal disturbances are likely to lead to significant discomfort or restriction in social, occupational, or other spheres of activity. Insomnia has also been linked with mental illness problems, decreased productivity at work, and intellectual impairment in addition to fatigue. Despite its high prevalence and potentially harmful outcome, hardly any people undergo therapy for insomnia.

Depression: The two most common comorbid mental illnesses, anxiety and depression, are frequently linked to insomnia and can exacerbate the sleep disturbance. This correlation emphasizes how closely sleep problems and mental health are related. According to the World Health Organization, "Depression is a prevalent psychological scenario that is marked by recurrent feelings of sadness, a diminished interest in enjoyable activities, self-perceived guilt or lack of self-worth, disrupted sleep patterns or changes in appetite, decreased energy levels, and difficulties with concentration." Sadness, exhaustion, hopelessness, and guilt are all experienced by depressed patients. Studies have indicated that depression is caused by abnormalities in brain chemicals or neurological chemistry, particularly serotonin (5-hydroxytryptamine, or 5-HT). Most people who suffer from depression are young adults. Approximately 3.6% of the world's population experienced anxiety and depressive disorders in 2015, as well as physical illness, sleep problems, and possible risk factors, such as sadness, restriction, and female sex. As with depression, anxiety disorders also occurred more in women than men, at a global incidence of 4.6% for women and 2.6% for men. There is a robust bidirectional association between depression and insomnia.⁹ Between 70% of older adults with depression can also have co-occurring symptoms of insomnia, as per research. Research has indicated that insomnia often plays an important role in the development and continuation of depression symptoms. Although most older adults with depression experience difficulty falling or remaining asleep, insomnia is not adequately addressed as a specific therapy target. Comorbid insomnia is at increased risk for depressive relapse and suicide if it is not adequately assessed or treated. Besides, with potentially lethal (life-threatening) consequences, the association between depression and insomnia has a significant direct and indirect financial impact on the broader healthcare system.

Figure:-1

Source:-https://www.researchgate.net/figure/Global-burden-of-major-depressive-disorder-and-anxiety-disorders-by-age-and-sex_fig1_382869259

On X axis – Age group (years); On Y axis – Percent distribution of depressive disorder

Outcome Measure	Definition	Abbreviation	Unit
Sleep onset latency	Average time to enter sleep after lights out, over the diary period	SOL	Minutes
Wake after sleep onset	Average time spent awake during the night after first entering sleep, over the diary period	WASO	Minutes
Total sleep time	Average total nighttime sleep, over the diary period	TST	Minutes
Sleep efficiency	Total sleep time divided by average time spent in bed, over the diary period	SE%	Percentage

Data Synthesis and Analysis of Insomnia

Source:-<https://www.ncbi.nlm.nih.gov/books/NBK343505/>

CBT:- A type of counseling or psychological treatment called cognitive behavioral therapy (CBT) has demonstrated promise in treating several ailments, including severe mental sickness, drug abuse, anxiety disorders, sadness, insomnia, and marital problems. Cognitive behavioral therapy, or CBT, has been shown in several studies to considerably improve functioning, productivity, and quality of life. Cognitive behavioral therapy (CBT) has proven to be as effective as or more successful than other forms of psychological therapy or psychiatric medication in several instances.

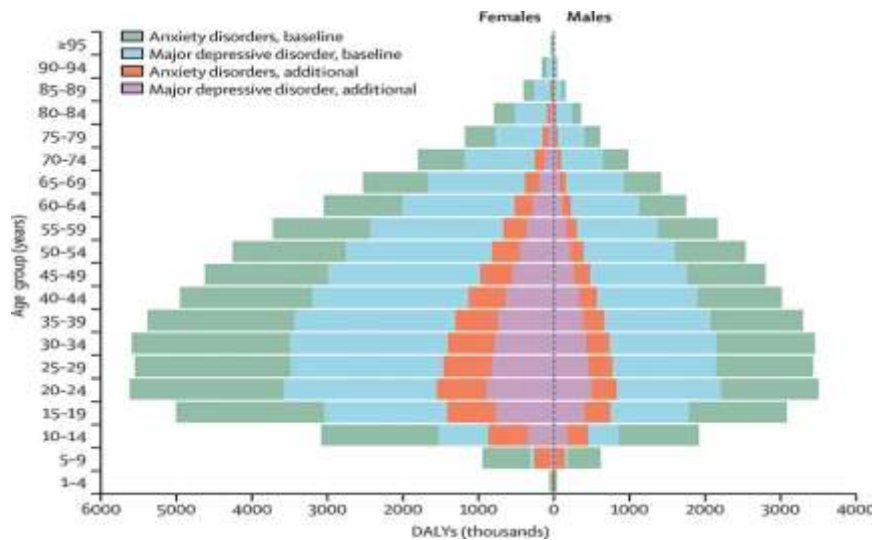


Figure- 2

2. DISCUSSION

Cognitive Behavioral Therapy: What Is It?

CBT-I, or cognitive behavioral therapy for insomnia, is a comprehensive strategy that addresses the underlying causes of sleeplessness by combining behavioral and cognitive elements. Cause of depression and sleep disorders. Using components of the cognitive behavioral paradigm, cognitive behavioral therapy (CBT) examines how a person's emotional, behavioral, and physiological reactions to different circumstances impact their thinking. The idea that thoughts, feelings, and behaviors are interdependent and can impact mental health is the cornerstone of cognitive behavioral therapy. A type of brief psychotherapy, cognitive behavioral therapy (CBT) usually lasts 12 to 30 weeks. Meetings. The goal of this treatment method is to address the patient's present problems by concentrating on the "here and now." The foundation of cognitive behavioral therapy (CBT) is a person's ideas about themselves, the outside world, and other people, as well as past and present experiences, feelings, and physical reactions. The patient is required to complete homework assignments in between sessions. In addition to doing behavioral tests to confirm their mental processes and modifying their behaviors in real-life circumstances, these activities may involve self-reporting of thoughts, ideas, actions, and bodily reactions. Employing a variety of therapeutic modalities, including psychiatric counseling, meditation, visualization, the downward arrow method, philosophical research, and literary therapy, the therapist remains involved and directive.

The following are the fundamental ideas of cognitive behavioral therapy:-

- 1) Cognitive Model: CBT is based on the cognitive model of psychiatric disorder, which implies that people's feelings and their actions are determined by how they see events. It emphasizes that emotions do not arise due to situations themselves, but the way people understand these circumstances
- 2) Three stages of cognition are distinguished by CBT:
 - a) Core Beliefs: Firm beliefs that typically emerge at a young age about oneself, other people, and the cosmos.
 - b) Dysfunctional Assumptions: Negative ideas are more likely to stick with people than good ones. Cognitive biases, on the other hand, are these irrational thought patterns that change how we perceive the world.
 - c) Involuntary thoughts that surface in particular contexts and are frequently centered on pessimism and poor self-esteem are known as negative automatic thoughts, or NATs
- 3) Creating a cognitive-behavioral model involves incorporating an individual's experiences. It is beneficial to comprehend the factors that contribute to and sustain an individual's issues.
- 4) Therapeutic Techniques: To assist patients in altering their ideas and behaviors, cognitive behavioral therapy (CBT) employs both behavioral and cognitive techniques, such as behavior planning or behavioral studies, as well as guided research and philosophical questions.
- 5) Collaboration: CBT treatment involves problem-solving and the creation of adaptive coping mechanisms, and its effectiveness depends on the therapist-patient working together.
- 6) Time-limited and organized: This treatment is useful for treating particular concerns since it usually takes a brief and organized approach.
- 7) Empirical Support: Cognitive behavioral therapy is the most studied type of psychotherapy, and there is substantial evidence supporting its efficacy in treating a variety of mental health conditions.

Cognitive behavioral therapy components for insomnia include:-

Important components of Cognitive Behavioural therapy for insomnia (CBT-I) include cognitive therapy (CT), sleep management education, sleep restriction treatment (SRT), stimulus control (SC), and meditation techniques. Particularly, stimulus control treatment is recognized as the leading behavioral approach and is frequently referred to as the "standard of excellence" when it comes to behavioral therapy for insomnia. To effectively treat insomnia, CBT-I therapists commonly combine many therapies in clinical settings, including sleep restriction therapy, sensory control, and sleep hygiene.

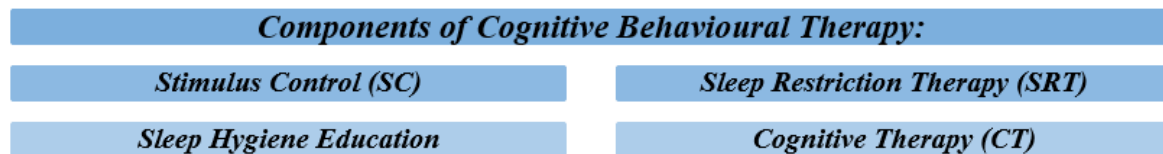


Figure:-3

Cognitive behavioral therapy components for insomnia

Source:-<https://pmc.ncbi.nlm.nih.gov/articles/PMC10002474>

It is essential to highlight that the growth of CBT was informed via both, research and therapeutic practice. CBT is an evidence-based approach with substantial scientific support for the effectiveness of its methods, setting it apart from numerous other forms of psychological treatment.

Stimulus Control Therapy (SCT):-

- 1) **Objective:-** Stimulus Control Therapy's (SCT) objective is to assist patients in falling asleep fast and staying asleep all night. By removing behaviors that promote arousal, such as watching TV, listening to music, thinking about things, or reading in bed, Stimulus Control Therapy (SCT) seeks to re-associate the bedroom and bed with sleep. It is an essential component of CBT-I and has been demonstrated to be highly successful in treating insomnia or excessive drowsiness. SCT is one of the most effective non-pharmacological therapies for chronic insomnia, according to a review of available options.
- 2) **Implementation:-** Patients undergoing SCT are required to adhere to stringent behavioral guidelines, including sleeping only when they are tired, rising at a certain time each morning, and refraining from doing anything wakeful just before bed. For a more precise course of treatment, it is usually combined with other CBT techniques. In patients with breast cancer, a study employing SCT, sleep restriction, and other therapies revealed significant improvements in sleep quality and a reduction in the symptoms of insomnia.
- 3) **Effectiveness in Depression:-** By enhancing sleep, which directly affects mood regulation and general mental health, SCT can also lessen depressive symptoms.

Sleep Restriction Therapy (SRT):-

- 1) **Objective:-** Reducing time in bed (TIB) to the typical sleep duration is the main goal of sleep restriction therapy. This is because excessive bed rest (TIB) is thought to be a major contributing element to the ongoing symptoms of insomnia. Research found that SRT significantly improved patients' quality of sleep and reduced the severity of their chronic insomnia.
- 2) **Effectiveness:-** Similar to medication therapy for insomnia, SRT has been shown to improve sleep latency, increase total sleeping time, and decrease nighttime awakenings. A comprehensive assessment of non-pharmacologic therapies found that behavioral techniques like SRT enhance sleep quality over the long term and are just as effective as medicine without having any negative side effects.
- 3) **Impact on Depression:-** SRT has been shown to reduce depressive symptoms, particularly when sleeplessness exacerbates or prolongs depression. 53, 54 SRT can reduce depressive symptoms in those with comorbid depression and insomnia, particularly when combined with other CBT-I techniques, according to a network meta-analysis.

Cognitive behavioral therapy for insomnia (CBT-I) is based on both sleep restriction therapy and stimulus control therapy. 55 SCT and SRT are useful for treating insomnia in depressive disorders since they were shown to enhance sleep without causing hypomanic episodes in research, including individuals with bipolar disorder. 56 They have been demonstrated to help manage comorbid depression and offer long-lasting, efficient treatments for depression and insomnia by improving sleep quality and overall mental health. 57 Research continuously supports the use of SCT and SRT in treatment, either alone or in combination with other CBT-I elements.

For insomnia, cognitive behavioral therapy (CBT-I):-

A substantial body of research has been developed over the past 30 years that demonstrates the benefits of cognitive behavioral therapy for insomnia (CBT-I). According to meta-analyses, CBT-I is an effective first-line treatment approach for the insomnia condition. Establishing a safe relationship and strong therapeutic alliance with a therapist was crucial for the patient during therapy.

In clinical settings, CBT-I practitioners frequently integrate therapies that typically incorporate stimulus control, sleep restriction therapy, and sleep hygiene education as well.

CBT-I compares favorably to pharmaceutical therapies and has longer-lasting positive effects. Prior research on CBT-I focused on treating primary insomnia and excluded individuals with comorbidities; however, an increasing body of evidence indicates that CBT-I may also help treat comorbid insomnia. Despite these important advancements in research, the majority of participants in CBT-I studies have been younger or older individuals (mean age <65 years). As a result, older people (mean age > 65) with concurrent significant mental illnesses have not been adequately represented in the CBT-I literature.

When older adults first come with a variety of bio psychosocial formulations, the majority of them frequently have severe, many, connected, recurrent/persistent comorbidities. This calls for a randomized controlled trial (RCT) since promising evidence indicates that CBT-I may reduce depression in addition to sleeplessness.

CBT-I+:-

The CBT-I+ program is an improved version of the standard CBT-I program that incorporates extra therapies like light therapy, stimulus control therapy, and relaxation training. These treatments significantly improve the therapeutic outcome, especially for patients with complex medical conditions like cancer or chronic pain, or comorbid depression or trauma. It includes three brand-new cognitive behavioral therapy techniques created especially to treat comorbid depression. Behavioral activation was the first additional tactic employed. This included things like organizing daily uplifting activities. The second strategy uses cognitive restructuring exercises to address negative beliefs that might exacerbate depressive symptoms, in addition to cognitive reframing to treat depression. Lastly, the final method was practicing positive affirmations to increase optimism or lessen depression. While basic CBT-I sessions lasted 60 to 75 minutes, advanced CBT-I+ sessions generally lasted 75 to 90 minutes due to the added therapeutic material.

Cognitive Behavioral Therapy For Insonia (Cbt-I) Limitations:-

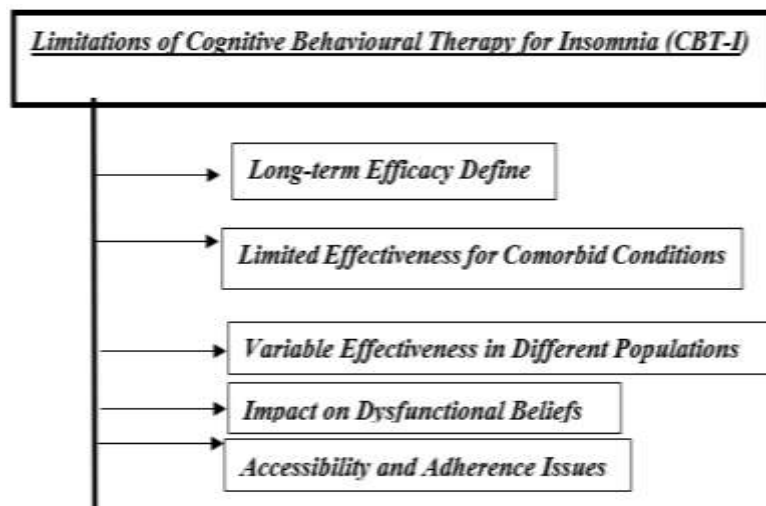


Figure:-4

Source:-[https://scholar.google.co.in/scholar?q=Limitations+of+Cognitive+Behavioural+Therapy+for+Insomnia+\(CBT-I\)&hl=en&as_sdt=0&as_vis=1&oi=scholar](https://scholar.google.co.in/scholar?q=Limitations+of+Cognitive+Behavioural+Therapy+for+Insomnia+(CBT-I)&hl=en&as_sdt=0&as_vis=1&oi=scholar)

- 1) **Long-term Efficacy Decline:-** Although CBT-I has moderate to strong short-term benefits, they tend to wane with time, with notable decreases in impact observed after a year
- 2) **Limited Benefits for Comorbid Conditions:-** Cognitive behavioral therapy (CBT-I) can help people with comorbid insomnia sleep better, but its benefits on co-occurring mental health or medical disorders are less.
- 3) **Variable Effectiveness in Different Populations:-** CBT-I has variable efficacy in groups like cancer survivors, especially when it comes to subjective sleep measurements as opposed to objective ones, with more advantages observed in psychological well-being than in real sleep improvement.

- 4) **Variable Effectiveness in Different Populations:-** CBT-I has varying levels of effectiveness in populations such as cancer survivors, particularly when it comes to subjective rather than objective sleep assessments. Benefits in psychological well-being are more pronounced than in actual sleep improvement.
- 5) **Problems with Accessibility and Adherence:-** Although self-help forms of CBT-I demonstrate efficacy, dropout rates as high as 14.5% indicate that adherence can be problematic.

3. CONCLUSION

Cognitive behavioral therapy (CBT) is widely recognized as the primary nonpharmacologic treatment for depression and insomnia, with fewer side effects than sleep aids. It has been demonstrated that both CBT-I and CBT-I+ lessen the severity of depression and insomnia in older people. Providing cognitive behavioral therapy for co-occurring insomnia as part of mental health care may increase the likelihood that older persons with depression may recover. It has been shown that this therapy significantly enhances the quality of sleep and lessens symptoms that occur throughout the day, including mood swings, fatigue, daytime drowsiness, and other psychological symptoms. CBT is a potentially useful method for addressing the widespread problems of sleeplessness and depression that people encounter.

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