

Non-Pharmacologic Treatments for Insomnia: More Than Just Sleep Hygiene

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Sleep quality impacts brain function and mental health, as well as cardiovascular and metabolic health.¹ Prospective studies of women with insomnia found that sleeping 5 or fewer hours per night, compared with 8 hours per night, was associated with a 39% increase in cardiovascular disease.² In population studies of male shift workers, there is a two- to three-fold increase in risk of cardiovascular events for patients with an average sleep duration of ≤ 5 hours per night.³

Treatment for insomnia has evolved. Sleep hygiene, which targets modifications in patient behavior and environment (e.g., avoiding caffeine, eliminating excess noise, and maintaining a regular sleep schedule), was initially developed for the treatment of mild insomnia.⁴ While individual components of sleep hygiene have demonstrated benefits in studies, there is inconsistent evidence supporting it as a primary intervention for insomnia. It is now only recommended as part of a behavioral therapy plan for sleep disorders.^{5,6}

Cognitive Behavioral Therapy for Insomnia (CBT-i) is now considered the first-line treatment for chronic insomnia. It is 50-75% effective, and at least as effective as medications. CBT-i is typically performed with a trained mental health provider, but group-based and internet options are increasingly available. This treatment is covered by most insurance.^{7,8}

The American Academy of Sleep Medicine currently recommends the following non-pharmacologic components of behavioral plans for insomnia.⁶

Table 1. American Academy of Sleep Medicine Recommended Behavioral Interventions for Insomnia

Intervention	Components
Cognitive Behavioral Therapy for Insomnia (CBT-i)	4-8 multicomponent behavioral treatment sessions, based on continual sleep diaries, that include sleep hygiene education, stimulus control, sleep restriction, and relaxation therapy
Brief Therapies for Insomnia (BTIs)	Abbreviated CBT-i, 1-4 sessions using pretreatment sleep diaries
Stimulus Control	Behavioral changes that reduce association between bedroom with insomnia: <ul style="list-style-type: none"> Use bed solely for sleep and sex Go to bed only when sleepy Get up after 20 minutes if unable to fall asleep Set awake/bedtimes Limit electronic use before bedtime Avoid daytime napping
Sleep Restriction Therapy	<ul style="list-style-type: none"> Limit time in bed to less than typical sleep, then gradually increase time until ideal duration achieved
Relaxation Therapy	Exercise to reduce physical/mental tension: <ul style="list-style-type: none"> Breathing exercises Progressive muscle relaxation Imagery training
Recommendation Strength:	<ul style="list-style-type: none"> Strong. Superior long-term effectiveness and improvement in symptoms; large body of moderate quality evidence. Conditional. May be suggested for some patients; small body of moderate quality evidence.

Adapted from *Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline*

For more information, access Cardi-OH’s expanded resource on [sleep disorders](#).

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