



<b>Title</b>	<b>Psychological Treatment for Insomnia in the Regulation of Long-term Hypnotic Drug Use</b>
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<b>Reference</b>	Health Technol Assess 2004;8(08). Feb 2004. <a href="http://www.ncchta.org/execsumm/summ808.htm">www.ncchta.org/execsumm/summ808.htm</a>

## Aim

To evaluate the clinical and cost impact of providing, in routine general practice settings, a cognitive-behavior therapy (CBT) package for insomnia to long-term hypnotic drug users with chronic sleep difficulties; and to identify factors associated with variations in clinical outcomes.

## Conclusions and results

At 3- and 6-month followups, patients treated with CBT showed improved global PSQI scores and improvements in the SF-36 dimensions of vitality at 3 months and physical functioning and mental health at 6 months. CBT-treated patients also reported reductions in the frequency of hypnotic drug use compared with the control group, with many CBT-treated patients reporting zero drug use at followup. Clinical improvements were maintained in the CBT group at the 12-month followup, with PSQI scores and the frequency of hypnotic drug use continuing to show significant reductions relative to the control group. Multiple regression analyses of PSQI scores in the sleep clinic group alone indicated that the magnitude of pre- to post-treatment change in overall sleep quality was closely related to Hospital Anxiety and Depression Scale depression scores at 3-, 6-, and 12-month followups. In each model, higher depression scores at baseline were associated with poorer treatment outcomes. No significant relationship was found between the patient's age and PSQI outcomes in any of the analyses. In the sleep clinic group, reduced drug use showed no significant association with the hypnotic product consumed. At the 3-month followup low-frequency drug use was reported by 22.9% (8/35) of temazepam users, 33.3% (5/15) of nitrazepam users, and 38.9% (7/18) of zopiclone users. The total cost of service provision was £154.40 per patient (1999/2000 prices). The mean incremental cost per quality-adjusted life-year (QALY) at 6 months was £3,418; this figure was insensitive to changes in costs. A simple model also showed that extending the evaluation period beyond 6 months might improve the cost effectiveness of CBT. Including

hidden costs associated with hypnotic drug treatment (eg, accidents) also reduces the cost per QALY ratio, but to a much lesser degree.

## Recommendations

In routine general practice, psychological treatment for insomnia can improve sleep quality, reduce hypnotic drug use, and improve health-related quality of life at a favorable cost in long-term hypnotic users with chronic sleep difficulties. These positive outcomes appear robust over time, persisting for at least 1 year among the more treatment-adherent patients. While the benefits may be reduced in patients with higher levels of psychological distress, the study indicates that older age presents no barrier to successful treatment outcomes.

## Methods

A pragmatic cluster randomized controlled trial with two treatment arms (a CBT-treated 'sleep clinic' group, and a 'no additional treatment' control group), with post-treatment assessments starting at 3, 6, and 12 months.

## Further research/reviews required

Further research should assess the long-term clinical and cost effectiveness of psychological treatments for insomnia among nonhypnotic-using patients and establish the minimum psychological treatment input required.