# Behavioral Approach to Improve Insomnia in Older Adults

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## Practice Concern/ Needs Assessment

- Insomnia is a common problem in older adults (Sateia et al., 2017).
- Approximately 35 to 50 % of the adult population have some symptoms of insomnia (Sateia et al., 2017).
- Insomnia symptoms are present in as many as 65% of individuals 65 years of age or older (Sateia et al., 2017).
- Older adults with insomnia may experience daytime fatigue, low energy, difficulty to concentrate, disturbance of attention and memory, daytime sleepiness, and irritability (Sateia et al., 2017).
- Insomnia can lead to cognitive impairment, slowed response time, increased risk for falls, depression, and decreased quality of life (Sateia et al., 2017).
- Insomnia is associated with increased utilization of health care resources, lower work productivity, and a higher rate of automobile accidents (Wade, 2010).
- Direct medical costs of insomnia have been estimated to be as high as U.S. $13.9 billion annually (Wade, 2010).
- Successful treatment of insomnia in older adults may provide relief of symptoms and promote an optimal physiologic and functional status as well as emotional wellbeing (Qaseem et al., 2016).

## PICOT Question

**Practice Question**

- For adults ages 60 and older, will cognitive behavioral therapy compared to pharmacologic therapy alone improve quality and quantity of sleep, and insomnia-related daytime impairments over a 6-month period?

## Literature Review

**Evidence**

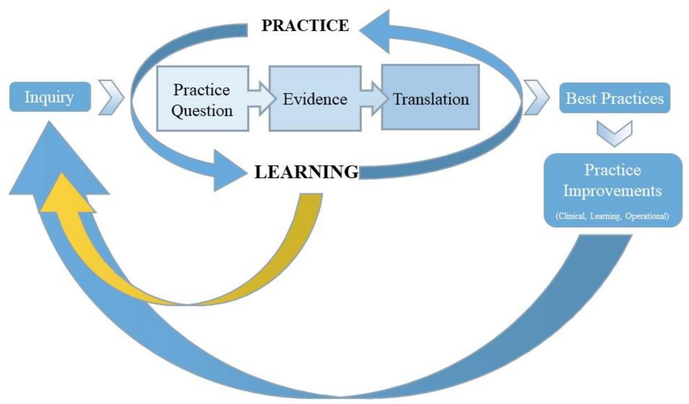
- **Databases**: CINAHL, MEDLINE, Ovid Nursing Database, and Cochrane Library.
  Search results yielded 31 articles from CINAHL, 33 from MEDLINE, 34 from Ovid, and 72 from Cochrane Library.
- **Keywords**: insomnia, sleep disturbance, older adults, elderly, treatment approach, primary care, and guidelines.
- **Inclusion criteria:** peer reviewed articles written in English, written between 2010 and 2018.
- **Exclusion criteria:** the review excluded articles that did not address primary care, improvement of quality of life, and healthcare cost and utilization.
- **Levels of evidence:** Eight level one (I) and level two (II) articles of meta-analysis, systematic reviews or randomized controlled trials were selected.
- **Summary of the Literature:** The review of the literature suggests that cognitive behavioral interventions are an effective treatment for adults with chronic insomnia, can positively affect cognitive function, and are associated with a significant decrease of estimated healthcare costs (Trauer et al., 2015).

## EBP Guidelines

- The American College of Physicians recommends the daily use of cognitive behavioral therapy (CBT-i) as first line treatment for insomnia (Qaseem et al., 2016).
- To identify older adults with insomnia, patients should be asked about difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep (Sateia et al., 2017).
- CBT-i for insomnia involves a combination of cognitive therapy, behavioral interventions, and educational interventions, and guides patients through a series of changes in sleep-related behaviors through stimulus control, sleep restriction, sleep hygiene, and relaxation therapy (Trauer et al., 2015).

## Theoretical Framework

**Johns Hopkins Nursing Evidence-Based Practice Model**






Adapted from Johns Hopkins nursing evidence-based practice: model and guidelines by Dang, D. and Dearholt, S. (2017). 3rd ed. Indianapolis, IN: Sigma Theta Tau International. Copyright 2017 by Johns Hopkins University School of Nursing.

## Implementation

**Translation**

- **Stakeholder education**
  Present the benefits of CBT-i to clinicians, patients, family and caregivers.
  In-service presentation to introduce the elements of CBT-i and recommended interventions.
- **Baseline data collection**
  Collect data on patient quality and patterns of sleep and insomnia-related daytime impairment symptoms.
- **Treatment/Recommendations**
  Two to six weekly sessions of cognitive behavioral therapy.

## Evaluation Plan

- Assess patient quality and quantity of sleep using the Pittsburg Sleep Index Questionnaire once a month.
- Assess patient satisfaction with results using the Insomnia Treatment Acceptability Scale.
- Collect follow up data monthly for 6 months.
- Compare baseline to post-treatment data using data analysis.
- Report results to stakeholders.
- Continue CBT-i for as long as needed.

## References

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