

Is it more about mood than about sleep? An investigation into depression as a moderator and mediator of remission after CBT-I

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Objectives

To investigate the characteristics of patients who continue to report insomnia after CBT-I.

Methods

Secondary analyses of an RCT that included primary 165 health care patients with insomnia disorder. The intervention was seven sessions of nurse-administrated CBT-I as group treatment over ten weeks. The control condition was treatment as usual. Perceived remission from insomnia was assessed by the yes or no question “Would you say that you have insomnia?” at post-treatment.

Results

All of the 82 patients in the intervention group and 70 of the 72 patients in the control group (97 %) who completed baseline assessments reported insomnia before treatment. After treatment, continuing insomnia was reported by 95 % in the control group (56 of 59 patients), as against only 57 % of those in the intervention group (41 of 72 patients).

Patients who still reported insomnia after CBT-I ($n = 41$) had significantly ($p < 0.05$) poorer mental health, both before and after treatment, than those who reported remission ($n = 31$). And yet, they had improved similarly ($p > 0.05$) to those who reported remission on fatigue, psychological distress, depressive symptoms, mental functioning, and most sleep diary variables, but not on insomnia severity, dysfunctional beliefs about sleep, or use of hypnotics.

A mediational analysis, including both the intervention and control group, showed that change in depressive symptoms mediated between CBT-I and reported insomnia after treatment. The model took severity of depressive symptoms (MADRS) and insomnia severity (ISI) at baseline into account (Figure 1). Further, the model demonstrated that depressive symptoms at baseline was a significant predictor of remission, but that baseline insomnia severity was not.

Conclusion

CBT-I is successful in achieving significant improvements in most insomnia symptoms, although people with pronounced depressive symptoms may not perceive any remission. In the light of these findings, more careful assessments of insomnia patients in primary care and better tailored treatments should be developed for patients suffering also from depression.

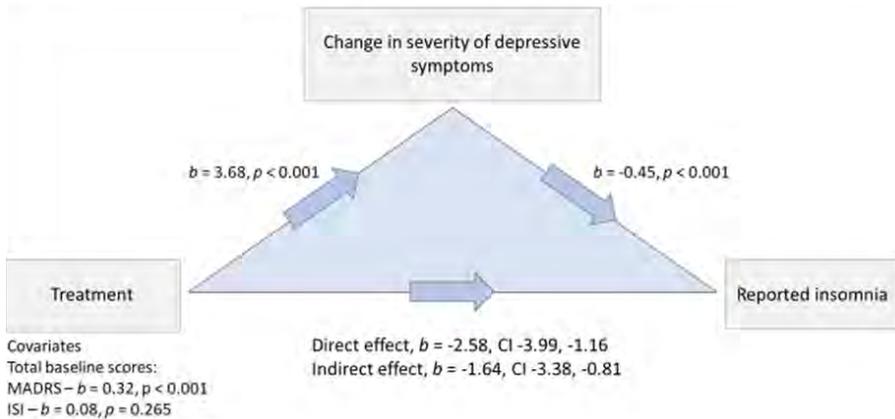


Figure 1. Mediation Analysis with change in depressive symptoms as moderator of reporting insomnia or not after cognitive behavioral therapy ($n = 71$) or treatment as usual ($n = 59$). Abbreviations: CI = Bias-corrected confidence interval; ISI = Insomnia Severity Index; MADRS = Montgomery-Asberg Depression Rating Scale (Self).