Psychotherapy of Insomnia – state of the science

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When analysing the medical literature over the last 200 years concerning the treatment of insomnia, it becomes clear that there always has been a struggle whether to choose any kind of medication or to rely on lifestyle/ behavior changes, in its simplest from named “sleep hygiene”. In the meantime our methods to define, diagnose and treat insomnia have become far more advanced as also our knowledge about its pathophysiology has become. Current diagnostic systems like DSM, ICSD 3 and ICD-11 agree about the concept of insomnia disorder as a diagnostic entity, abandoning former distinctions into primary vs secondary insomnias. Main pathophysiological concepts focus on “hyperarousal” on a physiological and psychological level as a main factor for chronicity. The so-called 3-P model stresses premorbid, precipitating and perpetuating factors as relevant. Perpetuating factors are mainly understood as behavioral, i.e. long bedtimes and other maladaptive habits of the afflicted persons.

Present insomnia guidelines (ACP; AASM; DGSM; ESRS; BSPP) based on an evidence based approach stress that Cognitive-Behavioral Therapy of Insomnia (CBT-I) should be considered as its first-line treatment. Hypnotic medication should only be considered when CBT-I is not effective or not available. The pillars of CBT-I are psychoeducation/ sleep hygiene, relaxation methods, stimulus control, sleep restriction and cognitive techniques to reduce nocturnal ruminations. CBT-I can be administered as a package or can also be tailored to the specific patient´s need. It is frequently administered in a group format. Recently, several web-based approaches encompassing CBT-I have been introduced relying on a safe evidence base. Approaches to deconstruct CBT-I seeking to identify its most potent ingredients, indicate that especially sleep restriction may be the most powerful intervention for insomnia.