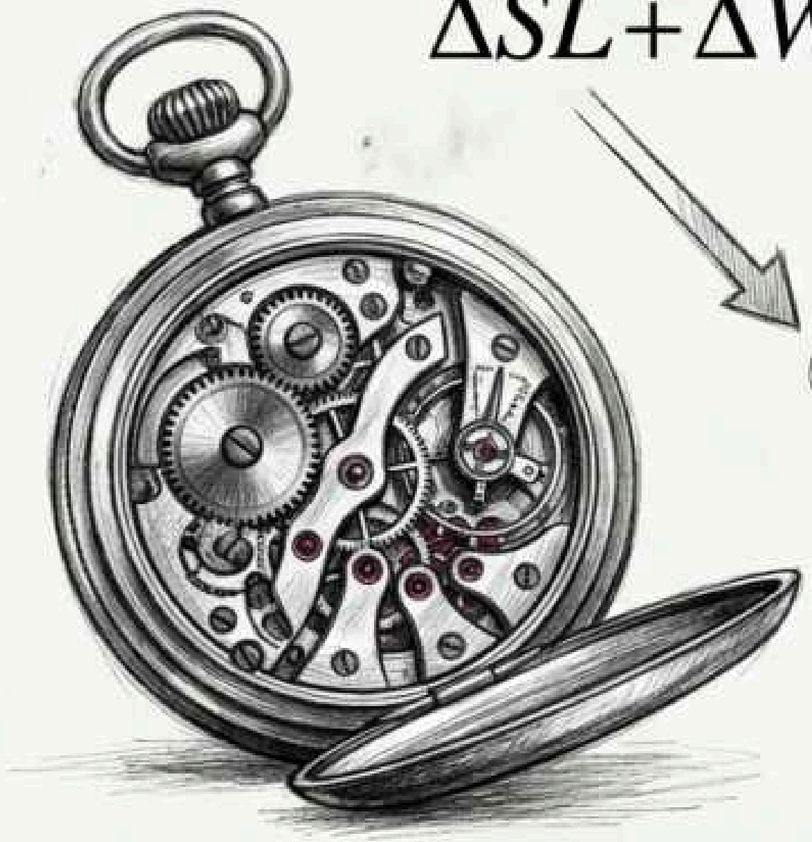
A Humane Treatment Requires Empirical Proof

¶ 5.1

The present status of cognitive behavioural therapy for insomnia (CBT-I) rests on a robust body of randomized trials, not on testimonials.

$$\Delta SL + \Delta WASO + \Delta SE = Remission \ \& \ Response$$



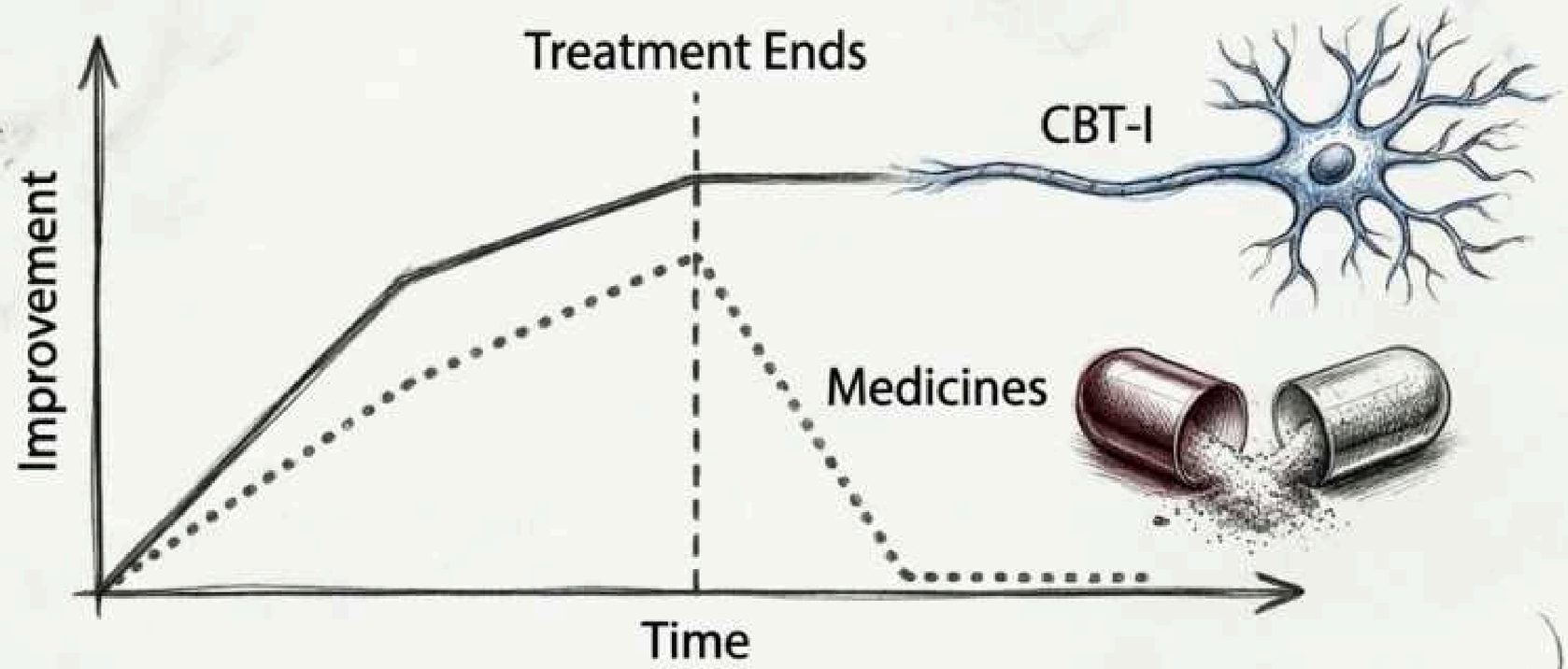
SL = Time to fall asleep

WASO = Time awake after sleep begins

Measured months after the last session

The Morin Trials: Proving Durability

1999 JAMA Trial: Charles Morin compares behavioural and pharmacological approaches in late-life insomnia.



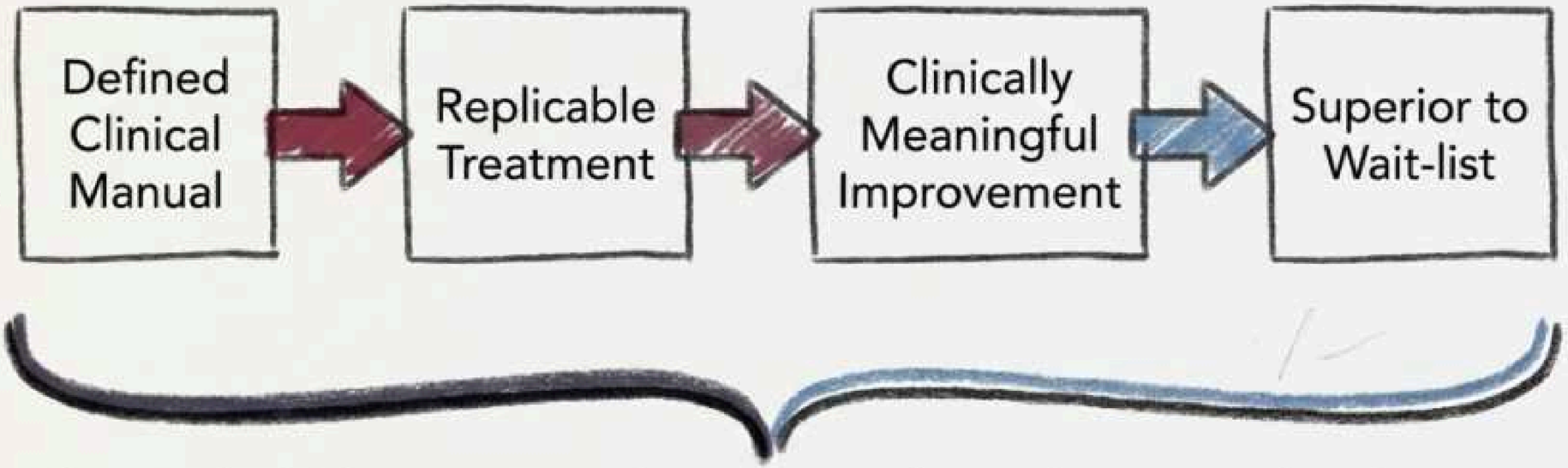
CBT-I: Psychological gains persist long after treatment ends.

Medicines: Benefits commonly recede when the drug is stopped.

Conclusion: Durability is the primary rationale for guidelines placing psychological treatment first.

The Edinger Trials: Replicable & Meaningful



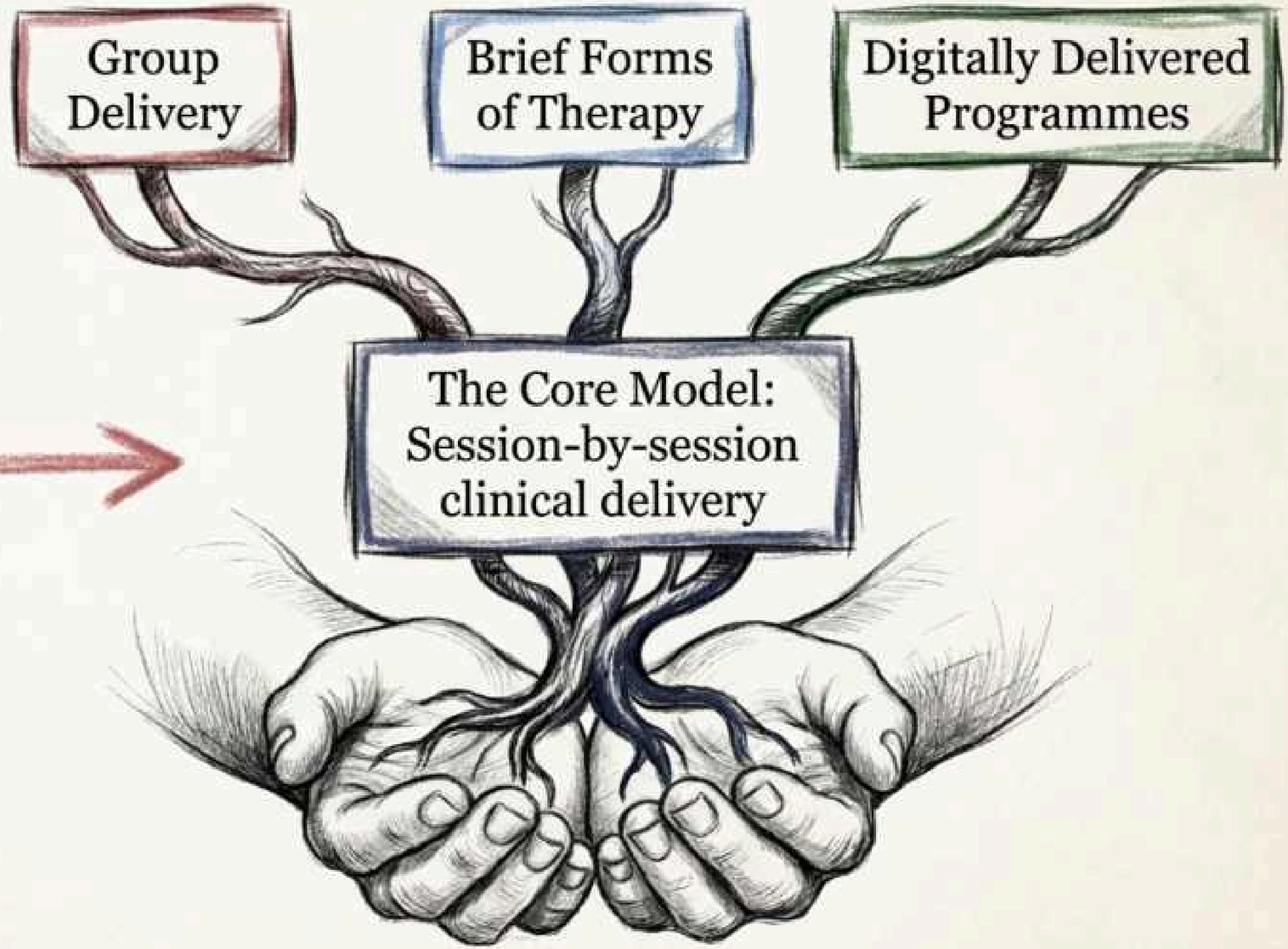


The Standard: The consistent theme from Edinger (2001 *JAMA*) and Carney is not that every single person achieves universal remission. A first-line recommendation requires a treatment to produce clinically meaningful improvements more often than minimal-control conditions.

Organizing and Scaling the Service

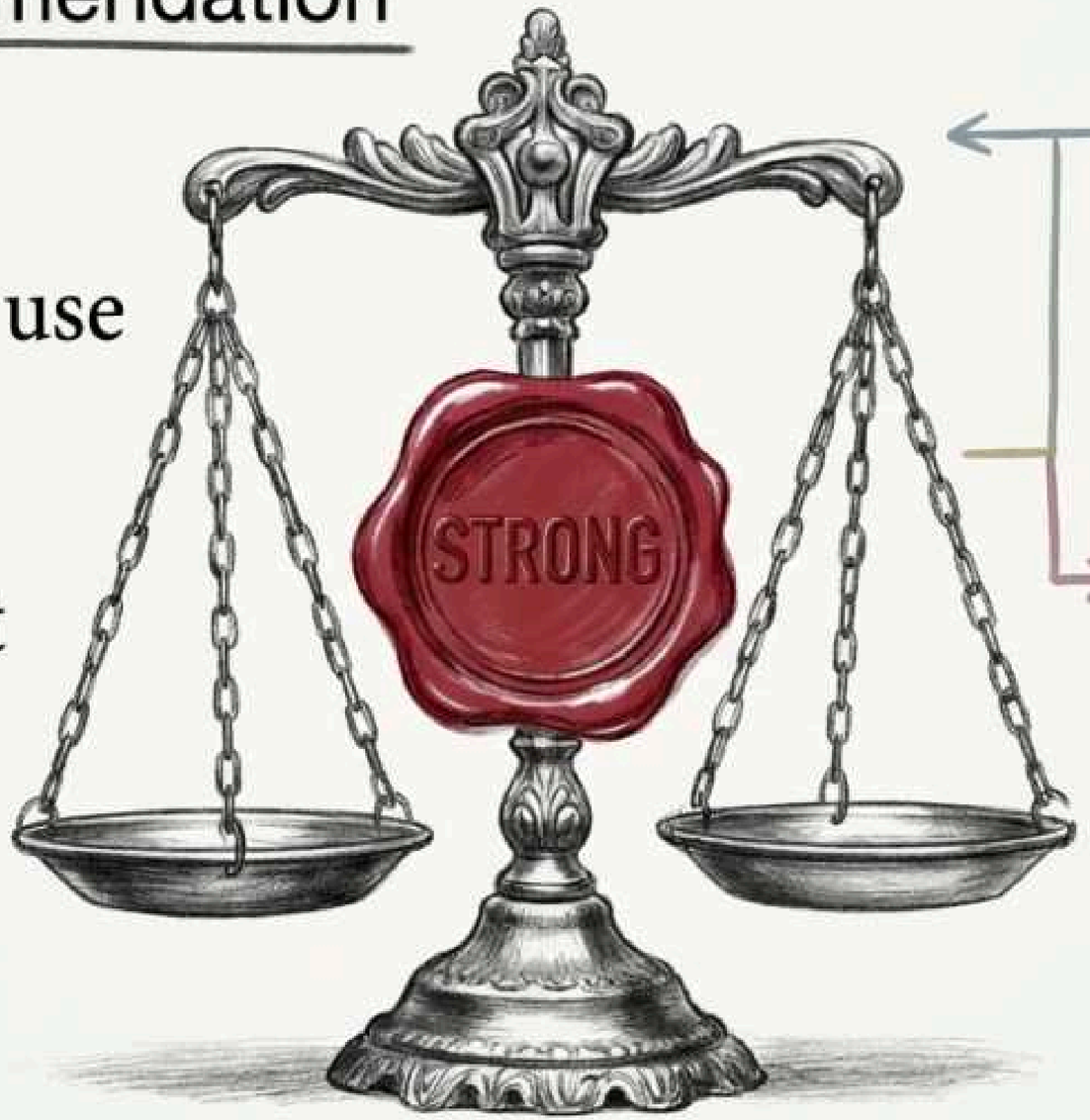
The Scaling Imperative:

People with the disorder
» Trained clinicians.



The 2021 AASM Guideline: A Strong Recommendation

The Mandate: Clinicians should use **multicomponent CBT-I** for the treatment of adult chronic insomnia under most circumstances.



The Evidence Base:

Dozens of systematic trials evaluating critical outcomes

Outcomes Evaluated:

- Remission
- Response
- Sleep quality
- Night-time wakefulness

Navigating Conditional Suggestions



+	Conditional Suggestion: Multicomponent brief therapies.
~	Single-Component (May Use): Stimulus control, sleep restriction therapy, relaxation therapy.
−	Do Not Use Alone: Sleep hygiene.

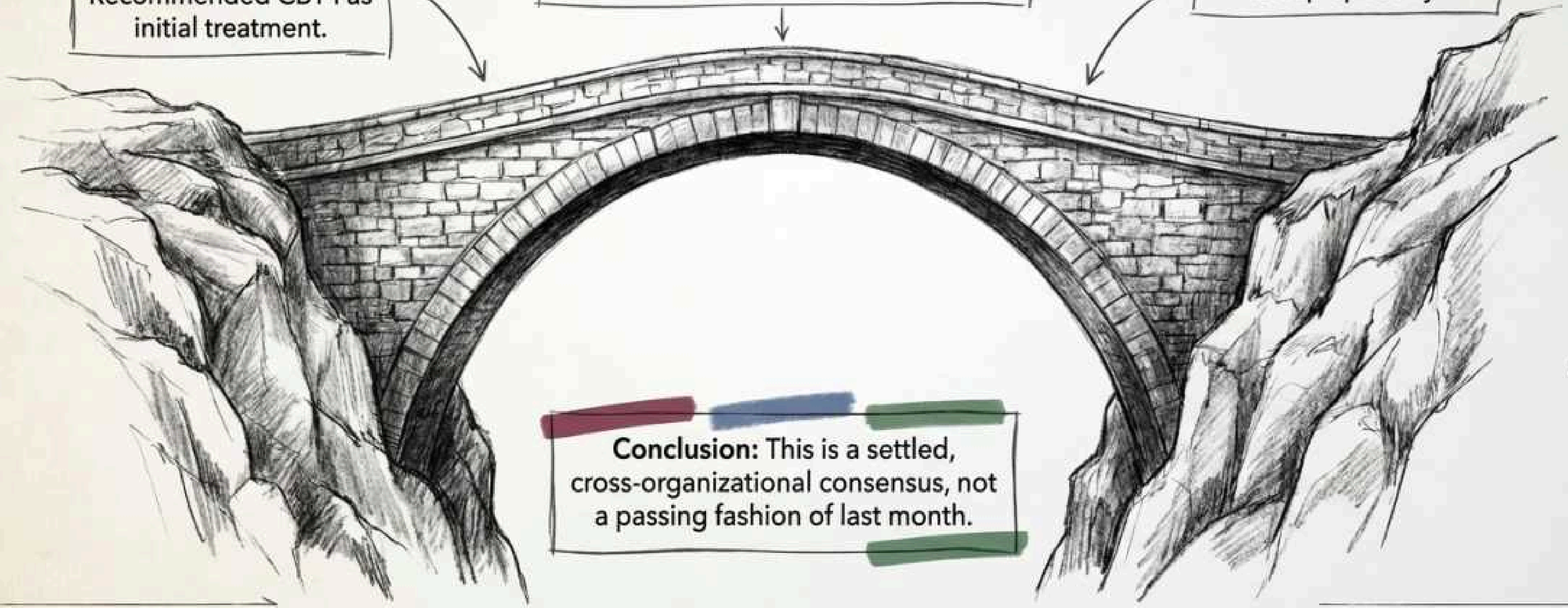
Conditional language means clinical judgement and patient preferences weigh heavily, as the evidence or balance of harms/benefits is less decisive than a strong recommendation.

Institutional Consensus: A Settled Direction of Travel

2016 ACP Guideline
General Adult Medicine
Recommended CBT-I as initial treatment.

The Synthesis:
CBT-I has successfully moved from the niche sleep-clinic literature into the mainstream of general adult medicine.

2021 AASM Guideline
Sleep Specialty



Conclusion: This is a settled, cross-organizational consensus, not a passing fashion of last month.

The Pragmatic Balance of Pharmacology

The Short-Term Benefits:
Hypnotics may reduce sleep latency and time spent awake at night while being actively taken.



The Drawbacks:
Effects rarely last once withdrawn; carries risks including residual sedation.

Guideline Perspective: The preference for CBT-I is driven by durable evidence and pragmatism, not a moral campaign against pharmacology. Prescribers may still consider medicine for short-term or selected use.

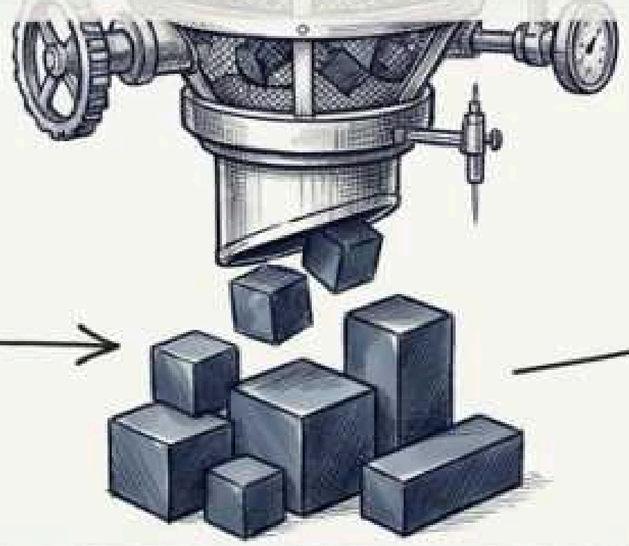
Bridging the Access Gap Safely

¶ 5.9

The Problem:
Clinician shortages, geography, and cost limit care.



The Digital Warning Filter: The medium is not the method.



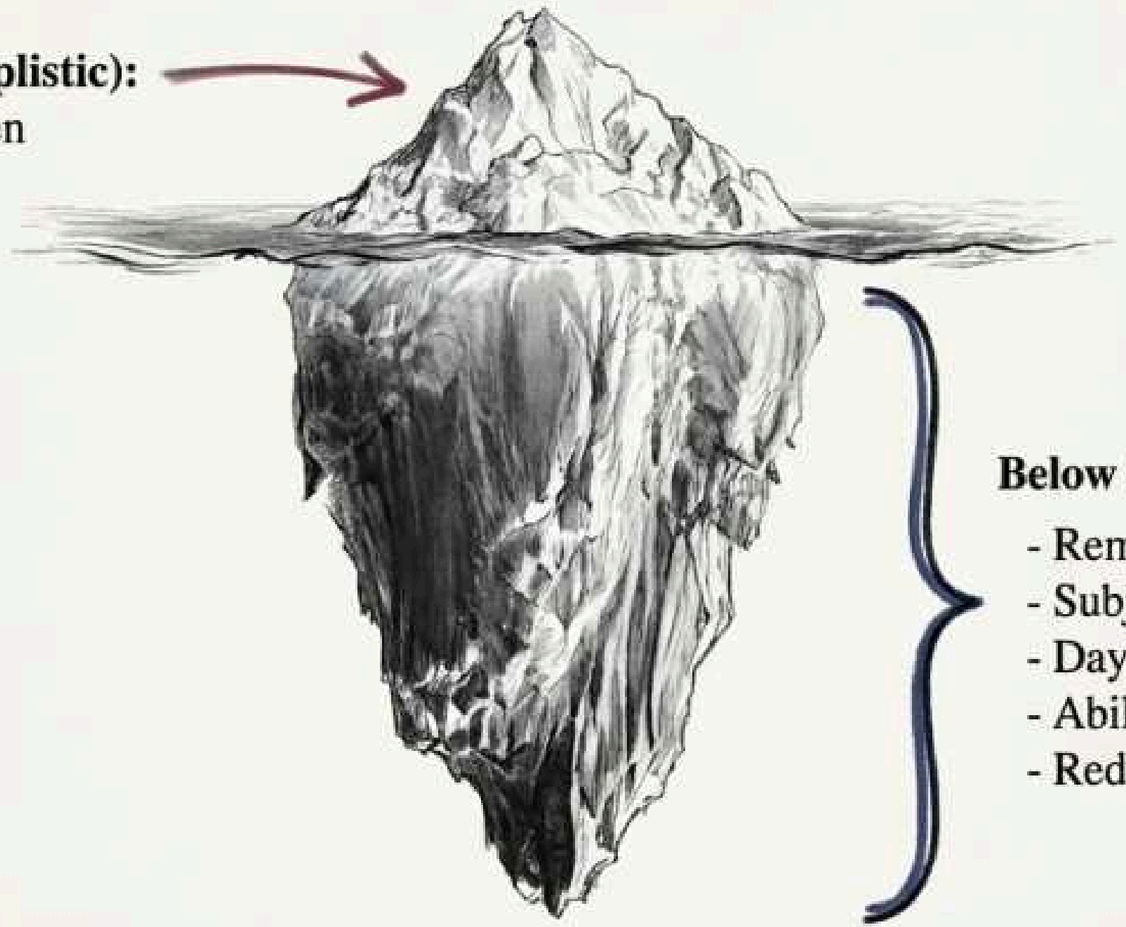
Pass (Evidence-Based):
Digital programmes delivering structured CBT-I components.

Fail (Insufficient):
Hygiene tips with a modern interface.

Outcomes Beyond the Stopwatch

¶ 5.10

The Tip (Visible but Simplistic):
A few more minutes fallen asleep on night three.



Below the Surface (True Clinical Value):

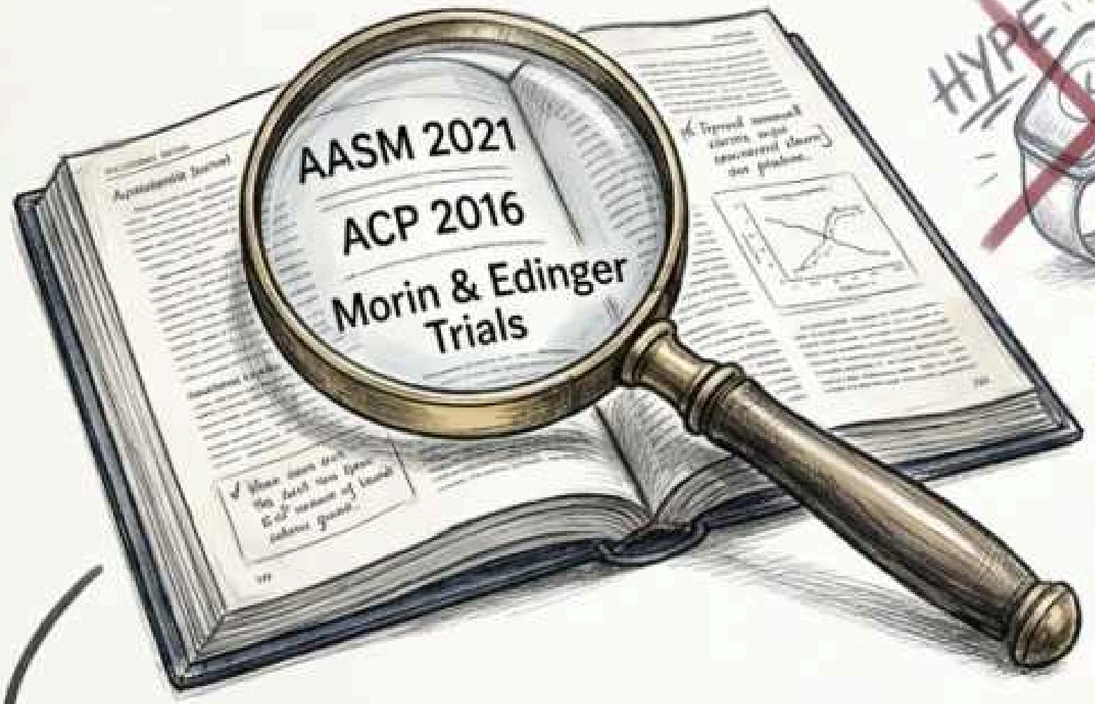
- Remission & response rates
- Subjective sleep quality
- Daytime function
- Ability to cope with imperfect nights
- Reduction in fear of the night

Economic Reality: Upfront Sessions = Long-term Cost-Effectiveness

A multi-session treatment is economical because its benefits last.

Core Reading & Critical Consumption

¶ 5.11





The Litmus Test for New Cures:

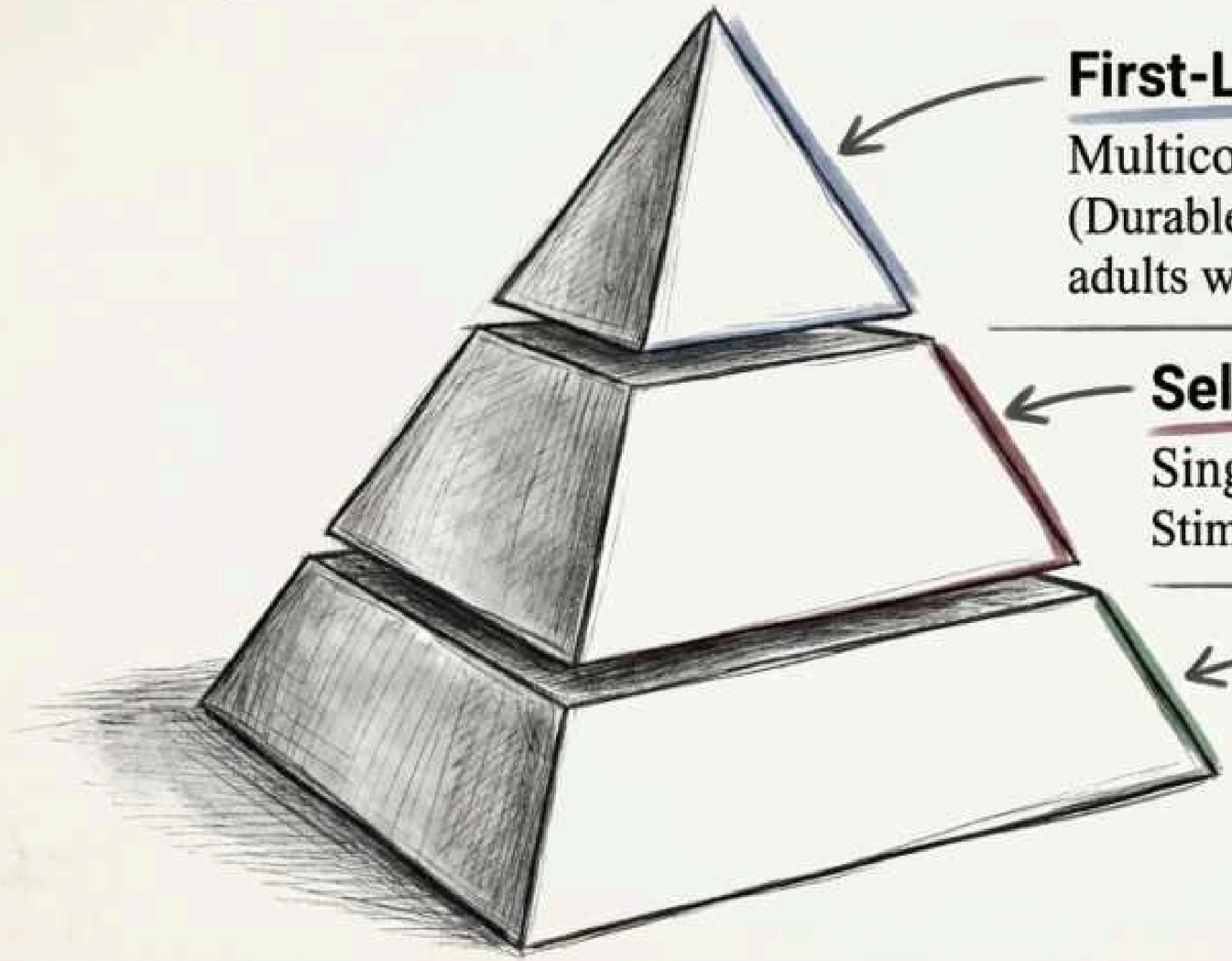
When news articles claim a new gadget or diet makes guidelines obsolete, demand to see randomised comparisons using the exact same outcomes the guidelines used.

The Essential Lit Base:

- ☑ 2021 AASM Guideline & Systematic Review
- ☑ 2016 ACP Guideline (Internal Medicine)
- ☑ Morin (1999) & Edinger (2001) Trials

Summary: The Treatment Hierarchy

¶ 5.12



First-Line / Strong

Multicomponent CBT-I
(Durable, meaningful improvements for adults with chronic/comorbid insomnia)

Selected / Conditional

Single-component methods (SRT, Stimulus Control) & short-term medicines.

Advised Against

Sleep hygiene used alone.

Look Ahead (Lecture 6): Determining patient candidacy, limits of brief courses, and evaluating commercial sleep claims.