How can CBTI be adapted for delivery to older adults?

CBTI is a very flexible protocol that has been adapted for delivery in many different populations, including older adults. Insomnia often remains unrecognized and untreated in older adults, possibly because it is presumed that insomnia is just an inevitable consequence of aging. Although changes in sleep are a normative part of aging, insomnia is not normative at any age and can and should be treated. Indeed, most of the early research validating CBTI was done in older adults. Depending on the patient, modifications can be made to the typical course of CBTI that still provide the effective ingredients to produce meaningful change in a patient's sleep as well as indirect benefits on comorbid medical and psychological conditions.

First, older adults often have a degree of advanced circadian phase, meaning they are biologically compelled to go to bed earlier and wake up earlier than younger adults. Thus, it is always important to assess for circadian rhythm sleep-wake disorder, advanced type. Advanced circadian phase can be addressed with chronotherapy after successfully consolidating and regularizing the sleep schedule (with sleep restriction and stimulus control) as described in the training. In other words, first get the sleep to a consistent quality and quantity, and then adjust the timing gradually. A pattern of advanced sleep phase will be fairly obvious, with patients typically falling asleep before 9pm and waking up before 5-6am.

Second, it is wise to prioritize the treatment components that have the strongest evidence. At a minimum, you should include stimulus control instructions that are tailored to the patient's specific sleep pattern as indicated by the sleep diary. Alternatively, counter control may be appropriate if fall risk during getting out of bed in the night is a concern. Some sleep psychoeducation should also be provided, as it may increase understanding of the stimulus control or counter control recommendations. If appropriate based on the case conceptualization, other treatment components should also be added. For example, if you are sure the patient is not suffering from excessive daytime sleepiness, sleep restriction is the component most often added to stimulus control. Alternatively, sleep compression may be considered as a "gentler" form of sleep restriction, though it has been found to be less effective than sleep restriction.

Third, progressive muscle relaxation techniques may be more difficult for older adult patients who are physically impaired because it can cause prevent muscle spasms or arthritic pain. In these cases, it is recommended to eliminate the instruction to contract or tense the muscles and instead have the patient focus on passively releasing muscle tension (Lichstein & Johnson, 1993). Alternatively, another relaxation technique can be selected (e.g., guided imagery).

Fourth, it is important to be cognizant of polypharmacy (e.g., statins, antidepressants, anticholinergics, antihypertensives, diuretics, gabapentin). Many drugs can cause difficulty sleeping and generally little is known about the interactions between drugs. We find it useful to review all of the patient's medicines on an ongoing basis to make sure none might be causing sleeplessness or daytime symptoms (e.g., fatigue, sleepiness). If the list is long and unfamiliar, the patient can ask that their pharmacist do a review (https://hmsa.com/portal/provider/PRC_Guide_COA_Medication_Review.pdf).

Finally, it is good to always provide older patients, who may have more difficulty with memory, with written take-home materials that summarize the treatment instructions and provide educational information. It is also sometimes useful to have them repeat the instructions in session and/or bring a caregiver with them to session.

References

Lichstein, K. L., & Johnson, R. S. (1993). Relaxation for insomnia and hypnotic medication use in older women. Psychology and Aging, 8, 103–111.

Lichstein, K. L., & Morin, C. M. (Eds.). (2000). *Treatment of late-life insomnia*. Sage.