FIER OP DE WETENSCHAP!

OF TOCH NIET…..?

Prof. dr. Annemieke van Straten

Vrije Universiteit Amsterdam, Klinische Psychologie

VU VRIJE UNIVERSITEIT AMSTERDAM

Faculty of Behavioural and Movement Sciences

INSOMNIE: EEN PAAR FEITEN

Insomnie komt veel voor

- Circa 30% van de bevolking heeft slaapproblemen
- Circa 10% heeft ernstige slaapproblemen
- In de GGZ ligt percentage (veel) hoger
  - 60-80% van mensen met depressie heeft slaapklachten

Gevolgen:

- Moe en minder veerkracht
- Kan mensen wanhopig maken

INSOMNIE: EEN PAAR FEITEN

De krant Video Podcast 7 °C 63 km

De Telegraaf NIEUWS SPORT ENTERTAINMENT FINANCIEEL VROUW LIFESTYLE WAT U ZEGT Inloggen

NIEUWS / BINNENLAND

Een op de vijf slaapt slecht

Door SOPHIE KLUIVERS EN ARIANNE MANTEL
16 mrt. 2018 in BINNENLAND

Lees voor

AMSTERDAM - Nederlanders liggen vaak te woelen: twintig procent van de mensen van 12 jaar of ouder had vorig jaar naar eigen zeggen problemen met slapen. Dit blijkt uit nieuwe cijfers uit de Gezondheidsenquête van het CBS.

slaapproblemen

blemen

oger

ssie heeft slaapklachten

Gevolgen:

- Moe en minder veerkracht
- Kan mensen wanhopig maken

INSOMNIE: EEN PAAR FEITEN

slaapproblemen

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Gevol

- Moe
- Kan


De Telegraaf

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NIEUWS SPORT ENTERTAINMENT FINANCIEEL VROUW LIFESTYLE WAT U ZEGT

NIEUWS

Nederlanders kampen met chronisch slaaptekort

'Slaaptekort net zo ongezond als friet'

Door DOOR REDACTIE VROUW
06 jan. 2016 in NIEUWS

Lees voor

GEEN - Vergeet speltbrood, smoothies met boerenkool en chiazaden. Een nieuwe trend is op komst: slapen! Wij Nederlanders slapen namelijk veel te weinig en dat terwijl een goede nachtrust net zo belangrijk is als beweging en gezonde voeding. "Slaap wordt verwaarloosd en dat is erg verontrustend."

INSOMNIE: EEN PAAR FEITEN


De Telegraaf

NIEUWS SPORT ENTERTAINMENT

NIEUWS / BINNENLAND

Een op de vij

Door SOPHIE KLUIVERS EN ARIANNE MANTEL
16 mrt. 2018 in BINNENLAND

Lees voor

AMSTERDAM
naar eigen zeg

De Telegraaf

NIEUWS


De krant Video Podcast 7 °C 63 km

AD Nieuws Regio Sport Show Video Koken & Eten

‘Slaaptekort werknemers kost Nederlandse bedrijven 12,4 miljard euro per jaar’

Nu de wintertijd ingaat, mogen we een uurtje langer slapen. Grote kans dat we het nodig hebben. Slaapgebrek onder werknemers is een onderschatte kostenpost voor bedrijven, zegt slaapexpert Floris Wouterson. Te weinig slaap vermindert de productiviteit, waardoor het Nederlandse bedrijfsleven 12,4 miljard euro per jaar misloopt.

Gevol

- Moe
- Kan


'Slaaptekort net zo ongezond als friet'

Door DOOR REDACTIE VROUW
06 jan. 2016 in NIEUWS

Lees voor

GEEN - Vergeet speltbrood, smoothies met boerenkool en chiazaden. Een nieuwe trend is op komst: slapen! Wij Nederlanders slapen namelijk veel te weinig en dat terwijl een goede nachtrust net zo belangrijk is als beweging en gezonde voeding. "Slaap wordt verwaarloosd en dat is erg verontrustend."

INSOMNIE: WAT ZEGT WETENSCHAP?

Is er evidence voor de behandeling van insomnie?

Meeste onderzoek gedaan naar

> Slaapmedicatie

> Cognitieve Gedragstherapie voor insomnie (CGTi)

- Psycho-educatie & slaaphygiene
- Slaap restrictie & stimulus controle
- Ontspanningsoefeningen
- Veranderen niet-helpende gedachten
- slaapdagboek (niet op klok kijken)

INSOMNIE: WAT ZEGT WETENSCHAP?

Slaap restrictie = tijd in bed beperken

- Bereken gemiddeld aantal uur **slaap** per nacht (bijv 6)
- Dat wordt **tijd in bed**
- Stel tijd opstaan vast & bereken tijd naar bed
- Eerste dagen: heel weinig slaap → slaapschuld neemt toe
- Vaste tijden: biologische klok krijgt boost
- Al snel: 6 uur achter elkaar doorslapen

→ cliënten voelen zich veel beter (dan uitbreiden)

Stimulus controle = associatie bed & slaap versterken

- Slaapkamer niet gebruiken voor werk, tv, etc
- Opstaan na circa 15-30 minuten niet slapen

INSOMNIE: WAT ZEGT WETENSCHAP?

Evidence CGTi

- Veel studies
- Meerdere meta-analyses
- Groot effect op slaap

Contents lists available at ScienceDirect

Sleep Medicine Reviews

journal homepage: www.elsevier.com/locate/smrv

CLINICAL REVIEW

Cognitive and behavioral therapies in the treatment of insomnia: A meta-analysis

Annemieke van Straten [a, *], Tanja van der Zweerde [a], Annet Kleiboer [a], Pim Cuijpers [a], Charles M. Morin [b], Jaap Lancee [c]

[a] Department of Clinical Psychology & EMGO Institute for Health and Care Research, VU University, Amsterdam, The Netherlands
[b] Université Laval, École de Psychologie, Québec City, QC, Canada
[c] Department of Clinical Psychology, University of Amsterdam, The Netherlands

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Keywords:
Behavior therapy
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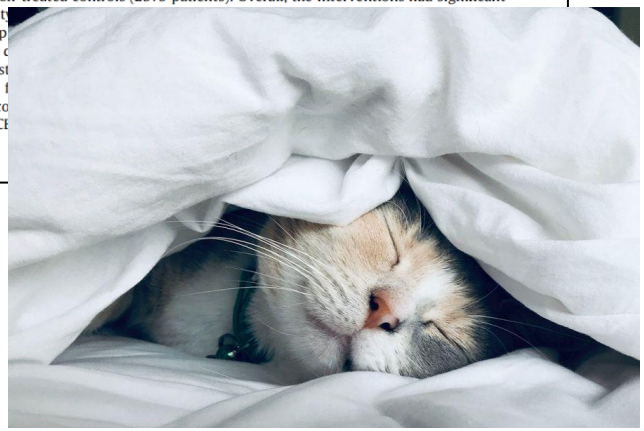
Cognitive behavior therapy
Insomnia
Sleep initiation or maintenance disorder

SUMMARY

Insomnia is a major public health problem considering its high prevalence, impact on daily life, co-morbidity with other disorders and societal costs. Cognitive behavioral treatment for insomnia (CBTI) is currently considered to be the preferred treatment. However, no meta-analysis exists of all studies using at least one component of CBTI for insomnia, which also uses modern techniques to pool data and to analyze subgroups of patients. We included 87 randomized controlled trials, comparing 118 treatments (3724 patients) to non-treated controls (2579 patients). Overall, the interventions had significant effects on: insomnia severit
($g = 0.65$), wake after sleep
enings ($g = 0.29$) and sleep
to-face treatments of at least
to-face interventions with
patients with or without co
cation). We conclude that CB
insomnia.



Congres Basis GGZ 2022

INSOMNIE: WAT ZEGT WETENSCHAP?

Evidence CGTi:

- Ook op langere termijn uitkomsten
- 6 maanden tot 1 jaar

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CLINICAL REVIEW

Cognitive behavioral therapy for insomnia: A meta-analysis of long-term effects in controlled studies

Tanja van der Zweerde [a, *], Lampros Bisdounis [b], Simon D. Kyle [c], Jaap Lancee [b, d], Annemieke van Straten [a]

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Cognitive behavior therapy
Long-term

SUMMARY

Cognitive behavio
effects are believe
In this present me
comparing CBT-I
which was an out
trols: Hedges g fo
0.38 (3 m), 0.29 (
demonstrate that
up to a year after

INSOMNIE: WAT ZEGT WETENSCHAP?

Evidence CGTi

- Behandeling via Internet
- Ook goed effect op slaap

RESEARCH ARTICLE

Internet-Delivered Cognitive Behavioral Therapy to Treat Insomnia: A Systematic Review and Meta-Analysis

Michael Seyffert[1,2,3], Pooja Lagisetty[2,3], Jessica Landgraf[3], Vineet Chopra[2,4], Paul N. Pfeiffer[1,4], Marisa L. Conte[5], Mary A. M. Rogers[2]*

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INSOMNIE: WAT ZEGT WETENSCHAP?

Evidence CGTi

- Ook op
- Functioneren tijdens de dag
- Goede effecten

Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/clinpsychrev

Review

The efficacy of cognitive and behavior therapies for insomnia on daytime symptoms: A systematic review and network meta-analysis

Fee Benz[a,*], Teresa Knoop[a], Andrea Ballesio[b], Valeria Bacaro[c], Anna F. Johann[a,d], Gerta Rücker[e], Bernd Feige[a], Dieter Riemann[a], Chiara Baglioni[a,c]

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[b] Department of Developmental and Social Psychology, Sapienza University of Rome, Rome, Italy
[c] Department of Human Sciences, University of Rome "G. Marconi"- Telematic, Rome, Italy
[d] Medical Psychology and Medical Sociology, Faculty of Medicine, University of Freiburg, Germany
[e] Institute of Medical Biometry and Statistics, Faculty of Medicine and Medical Center - University of Freiburg, Germany

HIGHLIGHTS

- Ten subgroups of daytime symptoms were identified in the literature.
- Cognitive and behavior therapies for insomnia are effective on daytime symptoms.
- Effects are predominantly small to mo
- CBT-I might benefit from adding techn

ARTICLE INFO

Keywords:
Network meta-analysis
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Cognitive behavior therapy
Daytime symptoms

INSOMNIE: WAT ZEGT WETENSCHAP?

Evidence CGTi

- Ook op
- symptomen van depressie
- Goede effecten

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DOI: 10.1002/da.22776

REVIEW

WILEY ADAA

Effect of insomnia treatments on depression: A systematic review and meta-analysis

Marie Anne Gebara, MD[1,2] | Nalyn Siripong PhD[3] | Elizabeth A. DiNapoli PhD[2] | Rachel D. Maree MD, MPH[1] | Anne Germain PhD[1] | Charles F. Reynolds MD[1] | John W. Kasckow MD, PhD[2,4] | Patricia M. Weiss MLIS[5] | Jordan F. Karp MD[1]

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[2]Mental Illness Research, Education and Clinical Centers, VA Pittsburgh Healthcare System, Pittsburgh, PA, USA

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Correspondence
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Email: gebarama@upmc.edu

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Background: Insomnia is frequently co-morbid with depression, with a bidirectional relationship between these disorders. There is evidence that insomnia-specific interventions, such as cognitive behavioral therapy for insomnia, may lead to improvements in depression. The purpose of this systematic review and meta-analysis is to determine whether treatment of insomnia leads

VU

INSOMNIE: WAT ZEGT WETENSCHAP?

Evidence CGTi

- Ook op effectief
- Bij patienten met een comorbide psychische stoornis
- Of patienten met een somatische aandoening

Original Investigation

Cognitive Behavioral Therapy for Insomnia Comorbid With Psychiatric and Medical Conditions
A Meta-analysis

Jade Q. Wu, MA; Erica R. Appleman, MA; Robert D. Salazar, MA; Jason C. Ong, PhD

IMPORTANCE Cognitive behavioral therapy for insomnia (CBT-I) is the most prominent nonpharmacologic treatment for insomnia disorders. Although meta-analyses have examined primary insomnia, less is known about the comparative efficacy of CBT-I on comorbid insomnia.

OBJECTIVE To examine the efficacy of CBT-I for insomnia comorbid with psychiatric and/or medical conditions for (1) remission from insomnia; (2) self-reported sleep efficiency, sleep onset latency, wake after sleep onset, total sleep time, and subjective sleep quality; and (3) comorbid symptoms.

DATA SOURCES A systematic search was conducted on June 2, 2014, through PubMed, PsycINFO, the Cochrane Library, and manual searches. Search terms included (1) *CBT-I* or *CBT* or *cognitive behavioral* [and its variations] or *behavioral therapy* [and its variations] or *behavioral sleep medicine* or *stimulus control* or *sleep restriction* or *relaxation therapy* or *relaxation training* or *progressive muscle relaxation* or *paradoxical intention*; and (2) *insomnia* or *sleep disturbance*.

STUDY SELECTION Studies were included if they were randomized clinical trials with at least one CBT-I arm and had an adult population meeting diagnostic criteria for insomnia as well as a concomitant condition. Inclusion in final analyses (37 studies) was based on consensus between 3 authors' independent screenings.

DATA EXTRACTION AND SYNTHESIS Data were independently extracted by 2 authors and pooled using a random-effect
authors using the Cochrane ri

MAIN OUTCOMES AND MEASU
outcomes) were derived from

RESULTS At posttreatment ev
from insomnia compared with
ratio, 3.28; 95% CI, 2.30-4.68;
sizes were medium to large for
CI, 0.74 to 1.08]; sleep onset la
onset: Hedges *g* = 0.68; sleep
Comorbid outcomes yielded a
P < .001); improvements were
g = 0.20 [95% CI, 0.09-0.30]

CONCLUSIONS AND RELEVANC
improving insomnia symptom
small to medium positive effe
psychiatric conditions compa
rigorous designs to reduce de
of the evidence.

Invited Commentary
page 1472

Supplemental content at
jamainternalmedicine.com

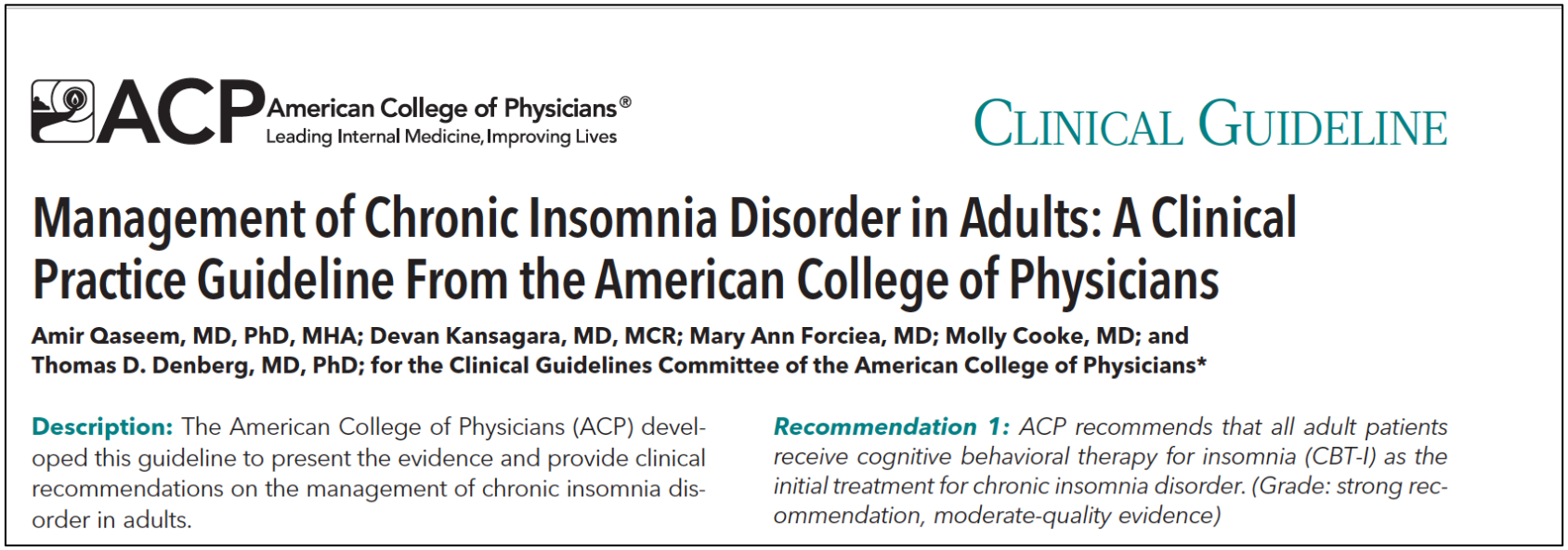
Corresponding Author: Jason C. Ong, PhD, Sleep Disorders Service and Research Center, Department of Behavioral Sciences, Rush University

INSOMNIE: RICHTLIJNEN

Conclusie : CGTi is effectief & effect is robust
Eerste keuze behandeling bij insomnie (richtlijnen)

INSOMNIE: RICHTLIJNEN

Conclusie : CGTi is effectief & effect is robust
Eerste keuze behandeling bij insomnie (richtlijnen)



ACP American College of Physicians®
Leading Internal Medicine, Improving Lives

CLINICAL GUIDELINE

Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Devan Kansagara, MD, MCR; Mary Ann Forciea, MD; Molly Cooke, MD; and Thomas D. Denberg, MD, PhD; for the Clinical Guidelines Committee of the American College of Physicians*

Description: The American College of Physicians (ACP) developed this guideline to present the evidence and provide clinical recommendations on the management of chronic insomnia disorder in adults.

Recommendation 1: *ACP recommends that all adult patients receive cognitive behavioral therapy for insomnia (CBT-I) as the initial treatment for chronic insomnia disorder. (Grade: strong recommendation, moderate-quality evidence)*

INSOMNIE: RICHTLIJNEN

Conclusie : CGTi is effectief & effect is robust
Eerste keuze behandeling bij insomnie (richtlijnen)

ACP American College of Physic
Leading Internal Medicine, Improving

Management of Chronic In
Practice Guideline From the

Amir Qaseem, MD, PhD, MHA; Devan Kansagara,
Thomas D. Denberg, MD, PhD; for the Clinical Gui

Description: The American College of Physicians
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order in adults.

JCSM | Journal of Clinical Sleep Medicine

SPECIAL ARTICLES

Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline

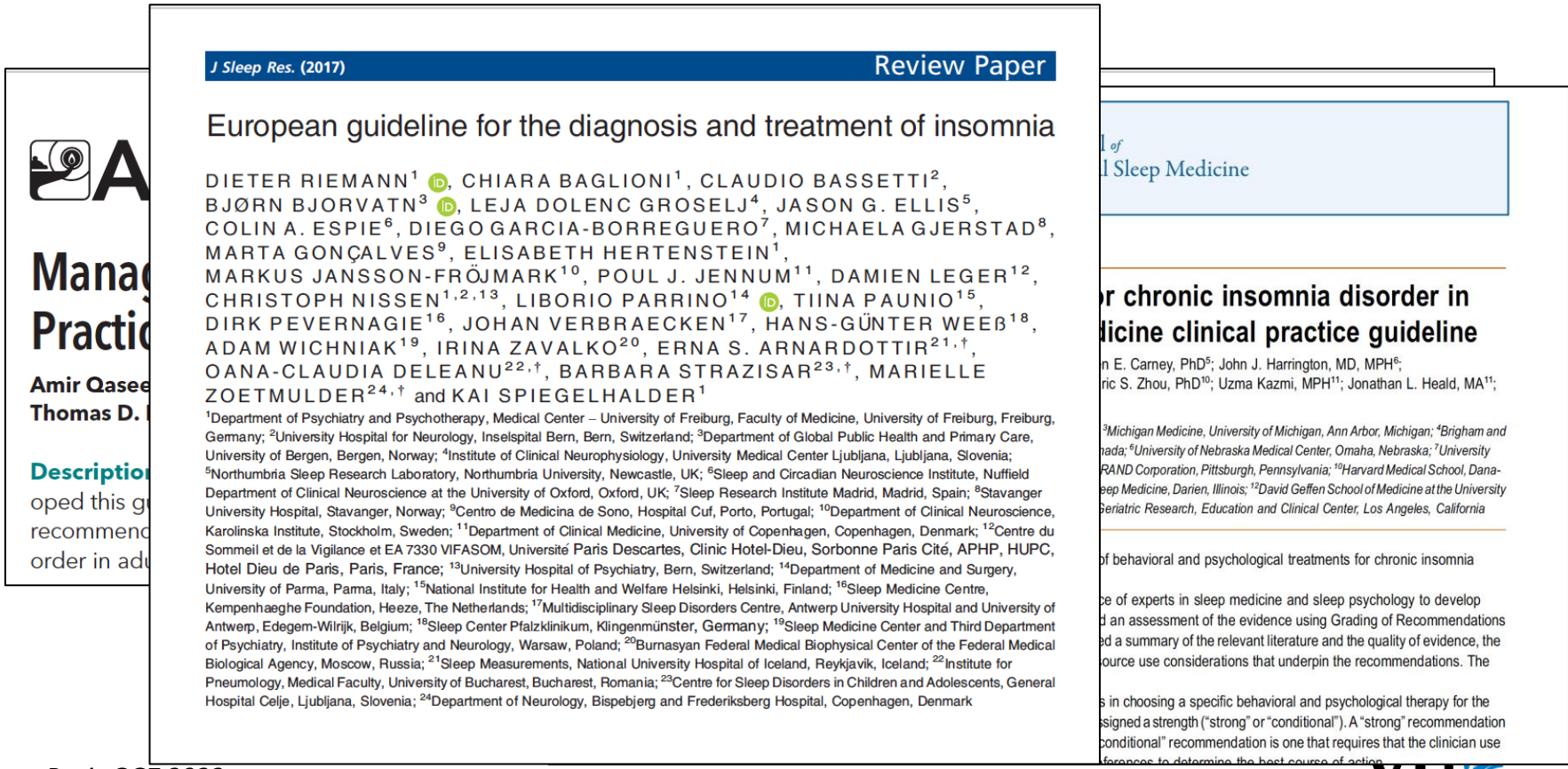
Jack D. Edinger, PhD[1,2]; J. Todd Arnedt, PhD[3]; Suzanne M. Bertisch, MD, MPH[4]; Colleen E. Carney, PhD[5]; John J. Harrington, MD, MPH[6]; Kenneth L. Lichstein, PhD[7]; Michael J. Sateia, MD, FAASM[8]; Wendy M. Troxel, PhD[9]; Eric S. Zhou, PhD[10]; Uzma Kazmi, MPH[11]; Jonathan L. Heald, MA[11]; Jennifer L. Martin, PhD[12,13]

[1]National Jewish Health, Denver, Colorado; [2]Duke University Medical Center, Durham, North Carolina; [3]Michigan Medicine, University of Michigan, Ann Arbor, Michigan; [4]Brigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts; [5]Ryerson University, Toronto, Canada; [6]University of Nebraska Medical Center, Omaha, Nebraska; [7]University of Alabama, Tuscaloosa, Alabama; [8]Geisel School of Medicine at Dartmouth, Hanover, New Hampshire; [9]RAND Corporation, Pittsburgh, Pennsylvania; [10]Harvard Medical School, Dana-Farber Cancer Institute, Boston Children's Hospital, Boston, Massachusetts; [11]American Academy of Sleep Medicine, Darien, Illinois; [12]David Geffen School of Medicine at the University of California Los Angeles, Los Angeles, California; [13]VA Greater Los Angeles Healthcare System, Geriatric Research, Education and Clinical Center, Los Angeles, California

Introduction: This guideline establishes clinical practice recommendations for the use of behavioral and psychological treatments for chronic insomnia disorder in adults.
Methods: The American Academy of Sleep Medicine (AASM) commissioned a task force of experts in sleep medicine and sleep psychology to develop recommendations and assign strengths based on a systematic review of the literature and an assessment of the evidence using Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology. The task force evaluated a summary of the relevant literature and the quality of evidence, the balance of clinically relevant benefits and harms, patient values and preferences, and resource use considerations that underpin the recommendations. The AASM Board of Directors approved the final recommendations.
Recommendations: The following recommendations are intended as a guide for clinicians in choosing a specific behavioral and psychological therapy for the treatment of chronic insomnia disorder in adult patients. Each recommendation statement is assigned a strength ("strong" or "conditional"). A "strong" recommendation (ie, "We recommend…") is one that clinicians should follow under most circumstances. A "conditional" recommendation is one that requires that the clinician use

INSOMNIE: RICHTLIJNEN

Conclusie : CGTi is effectief & effect is robust
Eerste keuze behandeling bij insomnie (richtlijnen)



J Sleep Res. (2017) Review Paper

European guideline for the diagnosis and treatment of insomnia

DIETER RIEMANN[1], CHIARA BAGLIONI[1], CLAUDIO BASSETTI[2], BJØRN BJORVATN[3], LEJA DOLENC GROSELJ[4], JASON G. ELLIS[5], COLIN A. ESPIE[6], DIEGO GARCIA-BORREGUERO[7], MICHAELA GJERSTAD[8], MARTA GONÇALVES[9], ELISABETH HERTENSTEIN[1], MARKUS JANSSON-FRÖJMARK[10], POUL J. JENNUM[11], DAMIEN LEGER[12], CHRISTOPH NISSEN[1,2,13], LIBORIO PARRINO[14], TIINA PAUNIO[15], DIRK PEVERNAGIE[16], JOHAN VERBRAECKEN[17], HANS-GÜNTER WEEß[18], ADAM WICHNIAK[19], IRINA ZAVALKO[20], ERNA S. ARNARDOTTIR[21,†], OANA-CLAUDIA DELEANU[22,†], BARBARA STRAZISAR[23,†], MARIELLE ZOETMULDER[24,†] and KAI SPIEGELHALDER[1]

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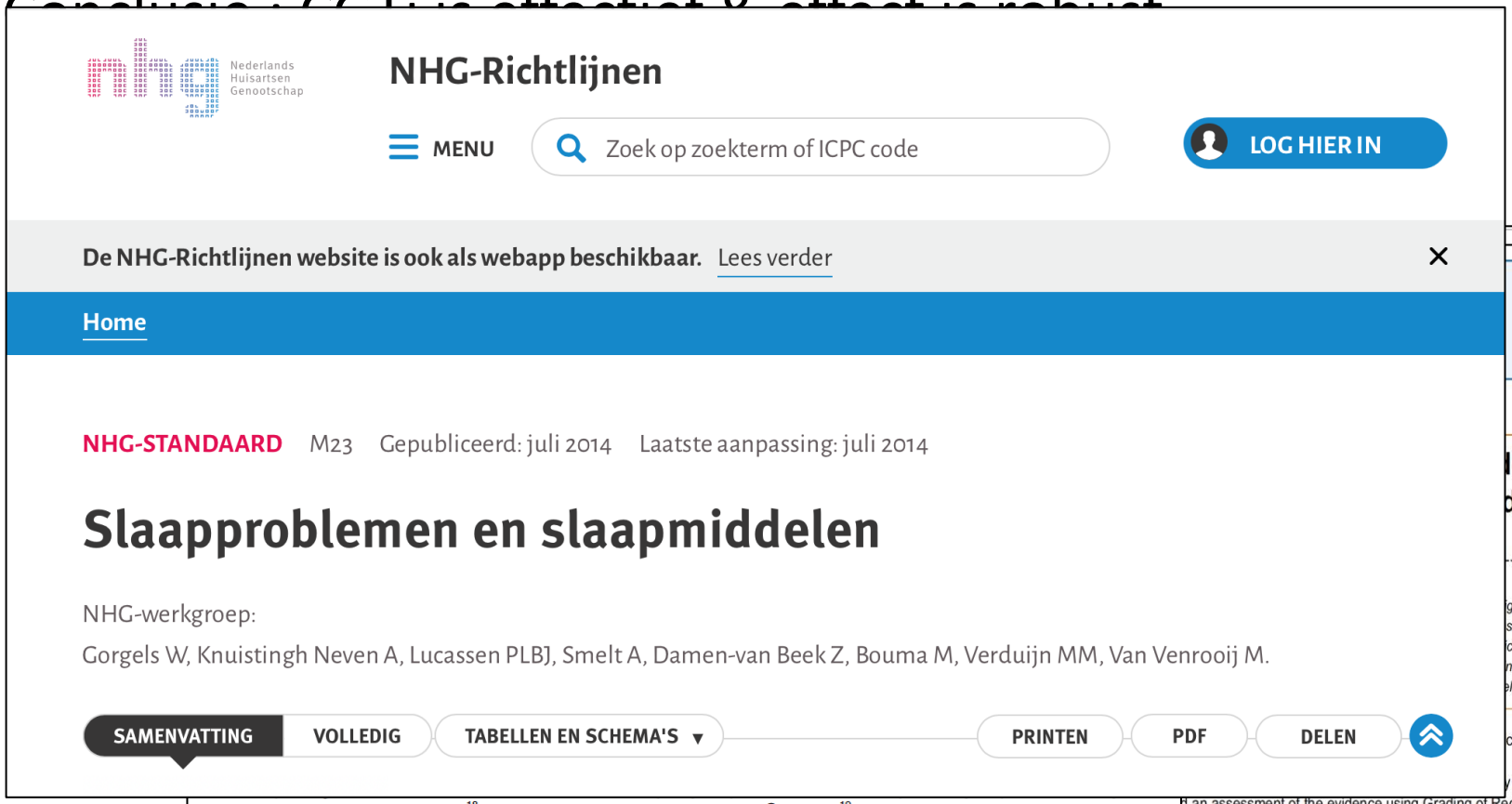
INSOMNIE: RICHTLIJNEN

Conclusie: CGTi is effectief & effect is robust



Antwerp, Edegem-Wilrijk, Belgium; [18]Sleep Center Pfalzklinikum, Klingenmünster, Germany; [19]Sleep Medicine Center and Third Department of Psychiatry, Institute of Psychiatry and Neurology, Warsaw, Poland; [20]Burnasyan Federal Medical Biophysical Center of the Federal Medical Biological Agency, Moscow, Russia; [21]Sleep Measurements, National University Hospital of Iceland, Reykjavik, Iceland; [22]Institute for Pneumology, Medical Faculty, University of Bucharest, Bucharest, Romania; [23]Centre for Sleep Disorders in Children and Adolescents, General Hospital Celje, Ljubljana, Slovenia; [24]Department of Neurology, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark

INSOMNIE: TOEPASSING RICHTLIJNEN

- CGTi is eerste keuze behandeling
- Wordt dit ook toegepast?

INSOMNIE: TOEPASSING RICHTLIJNEN

- CGTi is eerste keuze behandeling
- Wordt dit ook toegepast?

- In huisartspraktijk krijgt 60 a 70% pillen
- Circa 10% krijgt CGTi

INSOMNIE: TOEPASSING RICHTLIJNEN

- CGTi is eerste keuze behandeling
- Wordt dit ook toegepast?

- In huisartspraktijk krijgt 60 a 70% pillen
- Circa 10% krijgt CGTi

- En in basis GGZ???

VRAAG

- Noteert u insomnie als nevendiagnose?

- Behandelt u insomnie met CGTi?

DISCUSSIE

CASUS

Mevrouw X

- 41 jaar, 2 kinderen, gescheiden (ongewild)
- Klachten: somberheid, concentratieproblemen
- Gaat nu naar huisarts omdat ze nu ook baan dreigt te verliezen en niet meer weet hoe het verder moet
- Huisarts vermoedt depressie en stuurt patient naar basis ggz

DISCUSSIE

CASUS

- In dit geval: vraag je slaap uit?

DISCUSSIE

CASUS

- In dit geval: vraag je slaap uit?
- Noteer je het als nevendiagnose?

DISCUSSIE

CASUS

- In dit geval: vraag je slaap uit?
- Noteer je het als nevendiagnose?
- Pas je CGTi toe?

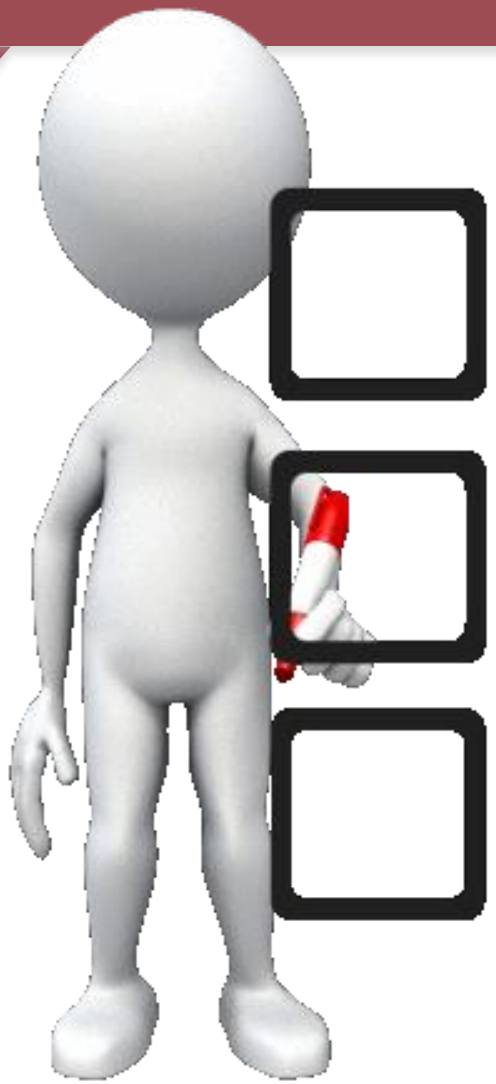
DISCUSSIE

CASUS

- De vrouw wil graag beter slapen
- Volgens slaaprestrictie mag zij 5 uur in bed liggen
- 1:30 uur naar bed en 6:30 uur op

- De vrouw ziet dat echt niet zitten
- Wat doe je?

TAKE HOME MESSAGE



Vraag uit en behandel volgens richtlijnen: helpt echt

Niet alle patienten zijn een uitzondering

Kan wel op maat worden aangeboden