

Guidelines at-a-Glance

ADAPTED FROM

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Practice Parameters for the Psychological and Behavioral Treatment of Insomnia

AASM LEVELS OF RECOMMENDATIONS

TERM	DEFINITION
STANDARD	This is a generally accepted patient-care strategy, which reflects a high degree of clinical certainty. The term standard generally implies the use of Level I Evidence, which directly addresses the clinical issue, or overwhelming Level II Evidence.
GUIDELINE	This is a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence or a consensus of Level III Evidence.
OPTION	This is a patient-care strategy, which reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.

RECOMMENDATIONS ACCORDING TO TYPE OF INSOMNIA

3.1	Psychological and behavioral interventions are effective and recommended in the treatment of chronic primary insomnia.	STANDARD
3.2	Psychological and behavioral interventions are effective and recommended in the treatment of secondary insomnia.	STANDARD

RECOMMENDATIONS FOR SPECIFIC THERAPIES

3.3	Stimulus control therapy is effective and recommended therapy in the treatment of chronic insomnia	STANDARD
3.4	Relaxation training is effective and recommended therapy in the treatment of chronic insomnia.	STANDARD
3.5	Sleep restriction is effective and recommended therapy in the treatment of chronic insomnia.	GUIDELINE
3.6	Cognitive behavior therapy, with or without relaxation therapy, is effective and recommended therapy in the treatment of chronic insomnia.	STANDARD
3.7	Multicomponent therapy (without cognitive therapy) is effective and recommended therapy in the treatment of chronic insomnia.	GUIDELINE
3.8	Paradoxical intention is effective and recommended therapy in the treatment of chronic insomnia	GUIDELINE
3.9	Biofeedback is effective and recommended therapy in the treatment of chronic insomnia.	GUIDELINE

RECOMMENDATIONS FOR SPECIFIC THERAPIES (CONTINUED)

3.10	Insufficient evidence was available for sleep hygiene education to be an option as a single therapy. Whether this therapy is effective when added to other specific approaches could not be determined from the available data.	No recommendation level
3.11	Insufficient evidence was available for imagery training to be an option as a single therapy. Whether this therapy is effective when added to other specific approaches could not be determined from the available data	No recommendation level
3.12	Insufficient evidence was available for cognitive therapy to be recommended as a single therapy.	No recommendation level
3.13	Insufficient evidence was available to recommend one single therapy over another, or to recommend single therapy versus a combination of psychological and behavioral interventions.	No recommendation level

RECOMMENDATIONS RELEVANT TO SPECIFIC PATIENT GROUPS

3.14	Psychological and behavioral interventions are effective and recommended in the treatment of insomnia in older adults.	STANDARD
3.15	Psychological and behavioral interventions are effective and recommended in the treatment of insomnia among chronic hypnotic users.	STANDARD