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Treating Insomnia during the COVID-19 Pandemic: Observations and Perspectives from a Behavioral Sleep Medicine Clinic

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The COVID-19 pandemic is one of the most significant global events of our era, affecting numerous life domains including sleep. In this commentary, we focus on patients undergoing treatment for insomnia disorder during this unusual and challenging time. During this period, we have continued to provide treatment, conducting all sessions virtually using secure, HIPAA compliant platforms. We describe our observations “from the field,” offer our perspective on the implementation of cognitive behavioral therapy for insomnia (CBTI) during the pandemic, and highlight ways in which behavioral sleep medicine clinicians can broaden their scope of impact beyond treating individual patients.

The COVID-19 pandemic has produced increased stress/anxiety for many, as well as significant behavior changes stemming from mass home confinement that has been enacted to mitigate disease spread. These two factors can affect each of the three sleep regulatory processes: the homeostatic sleep drive, the circadian rhythm, and the arousal system. Transient sleep disturbances, even among those who do not have chronic insomnia disorder, have the potential for downstream effects leading to insomnia disorder. The recent paper published in the Journal of Sleep Research from the European CBTI academy discusses this risk and describes many helpful suggestions for dealing with emerging sleep problems during home confinement (Altena et al., 2020). Our commentary focuses on patients with insomnia disorder.

Observations on the impact of COVID 19 pandemic on sleep among patients undergoing CBTI

We have observed variability in the effect of the COVID-19 pandemic on our patients’ sleep, with some CBTI patients experiencing deterioration of sleep and others experiencing an improvement or accelerated remission of insomnia. Sleep-related anxiety appears to be at the core of this variability in responses. Concern that insufficient sleep will compromise the immune system has resulted in both increased anxiety about having trouble sleeping and increased sleep effort among some patients. Stress-related to the financial burden, confinement, and other pandemic-induced changes contribute to high levels of pre-sleep arousal and middle of the night rumination. In contrast, some patients experience a decrease in sleep-related anxiety, expressing the sentiment that their sleep problems are dwarfed relative to their concern about the broader crisis. These patients experience accelerated progress in treatment and improvement in sleep.

We have also observed changes in daily life structure and associated sleep-wake schedules as another critical factor affecting sleep in the COVID-19 era. These behavior changes are often critically relevant to sleep and its circadian regulation. Many patients experienced a significant loss of daily routine and structure after recommendations to stay at home took effect. These changes...
include variable wake times, irregular meal and activity patterns, and oftentimes reduced light exposure. As a result, circadian systems become dysregulated and insomnia symptoms frequently worsen. In contrast, recommendations to stay at home and, when feasible, work remotely can benefit patients with a mismatch between their circadian preference and previous job/school schedule constraints. As long as they maintain a regular rise time, these patients benefit from shifting their sleep wake schedule to one that better fits their chronotype. Similarly, some individuals with elements of behaviorally insufficient sleep are now able to extend their sleep opportunity and see an improvement in sleep.

**Perspectives on the implementation of CBT for insomnia**

Paradoxically, as long as there is access to treatment through telemedicine, this may be a good time for many individuals with insomnia to initiate therapist-led treatment given reduced work demands and/or a more flexible schedule. We believe that there are no contra-indications for initiating or continuing CBTI treatment during the pandemic unless, of course, a patient becomes symptomatic with the virus. We list below a few adaptations we have made, and believe enhance, treatment during this period. At the core of these adaptations is a reliance on a case-conceptualization approach to treatment, which guides the order and emphasis of different treatment components based on individual patient presentation.

(1) **Arousal reduction strategies/cognitive components of CBTI.** To address increases in sleep-interfering arousal associated with the pandemic, we consider the underlying cause of the arousal and match the strategy of the unique experience of the patient. As always, we address high arousal with a mix of relaxation, cognitive, meta-cognitive, and other arousal reduction approaches. When the issue is an increase in anxiety about the pandemic and/or its effects, we spend more time on general stress management than is typical in CBTI. We find that mindfulness and acceptance strategies, including self-compassion and gratitude practices, are particularly helpful in this context. We also encourage titrating exposure to news, particularly in the evening, and promote a longer wind-down period before bed. When the issue is increased sleep effort stemming from concern that poor sleep will make one more susceptible to the virus, we use cost-benefit analysis. Specifically, we discuss the validity of the concern and the cost of allowing this belief to interfere with sleep through increased sleep effort, thus further compounding the experience of insufficient sleep. The latter concern is also relevant to the implementation of time in bed restriction, discussed below, and it is an important consideration given the prediction that the pandemic and its downstream effects are unlikely to have a quick resolution.

(2) **Time in bed restriction.** Time in bed restriction, a core component of CBTI, can result in short-term reductions in total sleep time. Given the evidence that insufficient sleep reduces immune function (Cohen et al., 2009), concerns about sleep loss, which are a common obstacle to adherence, are further compounded during the pandemic. We frequently use cost-benefit analyses to explore these concerns, acknowledging that sleep loss, if it occurs, may compromise immune function; however, this is balanced with the perspective that transient time in bed restriction will result in better and longer sleep in a relatively short course of treatment. Generally, the outcome of this discussion is weighted toward the benefit of engaging in time in bed restriction over cost. We also typically use the patient’s average total sleep time plus 30 minutes to create the time in bed window (rather than the average total sleep time only), which emphasizes the consolidation of sleep rather than “sleep restriction” as a goal.

(3) **Support stability of the circadian regulatory system.** We collaboratively brainstorm ways to increase structure to the day, based on individual circumstances. We also discuss light exposure at points during the day that are critical to sleep regulation (i.e., morning and
We emphasize regularity of schedule over its timing, given that most individuals have more flexibility in when they sleep when they are asked to stay at home. Since social milieu is another important circadian zeitgeber, we also spend time reviewing patient’s access to social support and contact. We have found that some patients, particularly older individuals, need additional support in generating ideas for virtual social support/connectedness. Patients who are front-line health-care workers may also need specific recommendations to help manage unusual work shifts or on-call schedules.

Behavioral sleep medicine providers are uniquely qualified to help treat patients with insomnia during the COVID-19 pandemic. They are also well-positioned to offer evidence-based strategies to the population at large to help protect and support sleep during this unique period. There are many methods to accomplish this. For example, we have begun to promote sleep health resources on our website (Manber, n.d.; Bei et al., 2020) and to offer webinars to the local medical community. These and many other avenues can help translate the collective wisdom of our field into efforts that can mitigate the impact of our current stressors on sleep, as well as physical and mental health more broadly.

**Disclosure statement**

No potential conflict of interest was reported by the authors.

**References**


