ACCEPTANCE AND COMMITMENT THERAPY FOR INSOMNIA: A SYSTEMATIC REVIEW

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BACKGROUND

- Cognitive-Behavioral Therapy for Insomnia (CBT-I) is the treatment of choice with strong research support
- CBT-I: non-responders, difficulties in behavioral strategies and thought suppression increases cognitive activity
- Acceptance and Commitment Therapy (ACT): instead of focusing on controlling the symptoms, increases psychological flexibility
- Acceptance and mindfulness can decrease cognitive activity and values and committed actions can increase adherence to behavioral strategies
- Systematic review conducted to evaluate the effectiveness of interventions using ACT for insomnia as primary outcome

METHOD

- Systematic review, following PRISMA guidelines
- Data-bases: PubMed, PsyInfo and Scopus
- Key-word: ("acceptance and commitment therapy") AND ("insomnia" OR "sleep problems")
- Inclusion criteria: interventions using ACT for insomnia as primary outcome
- 105 articles identified, 11 articles included
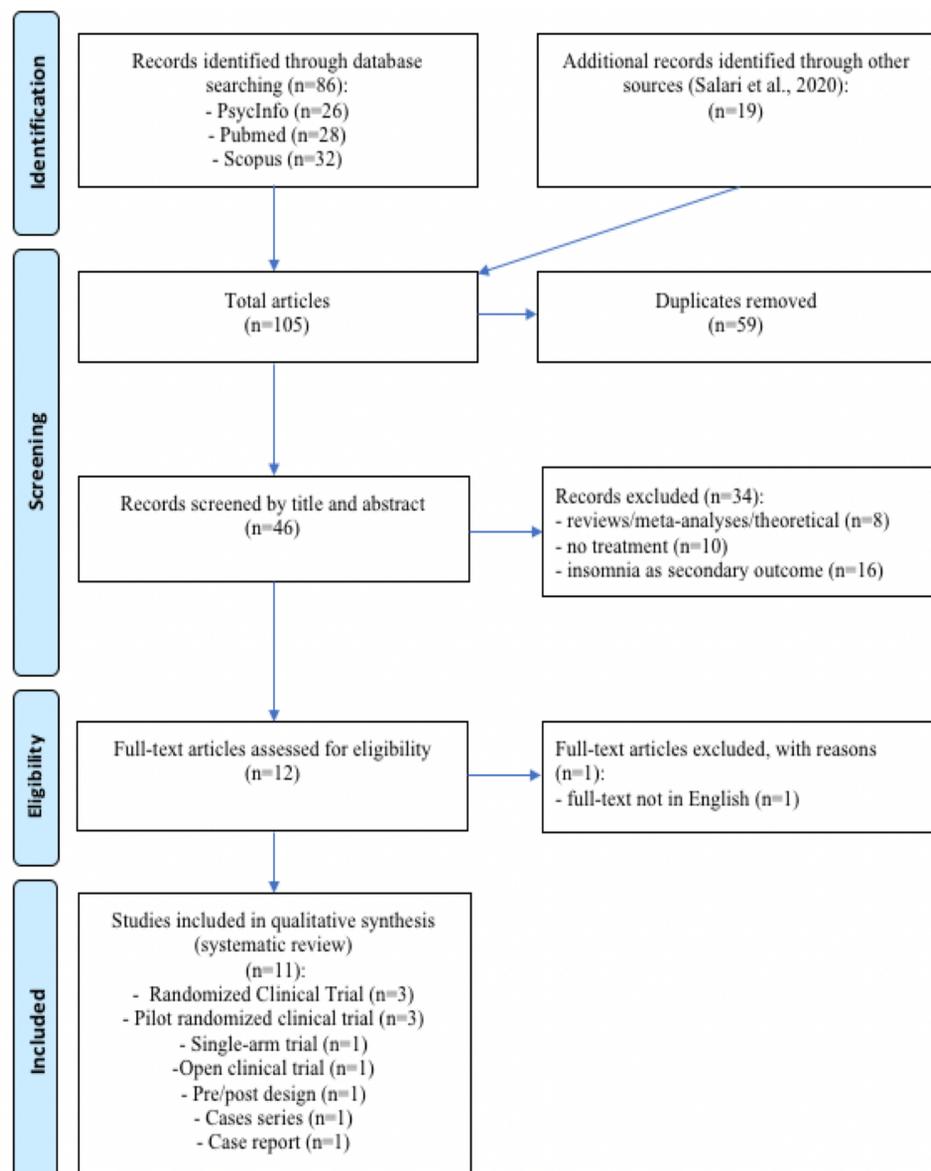
RESULTS

- 7 articles combined behavioral components with ACT
- 4 articles used only ACT
- 1 study compared ACT plus behavioral components with CBT-I, no significant difference between groups were found
- **Sleep-related results**:
    - decrease of the insomnia severity, sleep latency and number of wakes
    - increase in the subjective sleep quality, total time of sleep and sleep efficiency
- **Other results**:
    - decrease of experiential avoidance, thought suppression, dysfunctional beliefs, use of hypnotics and levels of anxiety, depression and chronic pain
    - increase in psychological flexibility, acceptance to sleep and quality of life

Article	Nº of participants/ Groups
Chapoutot et al., (2021)	N=32 (ACT-E-CBT=16; WLC=16)
Dalrymple et al., (2010)	N=1
El Rafihi-Ferreira et al., (2020)	N=45 (ACT-BBI-I=23; CBT-I=22)
Hertenstein et al., (2014)	N=10
Païvi et al., (2019)	N=86 (iACT=43; WLC=43)
Rollinson et al., (2021)	N=15
Wiklund et al., (2018)	N=232 (ACT-bsm=81; Exercise=78; Control=73)
Wells-Di Gregorio et al., (2018)	N=28 (CBT-ACT=17; WLC=11)
Zakiei & Khazaie, (2019)	N=4
Zakiei et al., (2021)	N=35 (ACT=17; Control=18)
Zetterqvist et al., (2018)	N=16

DISCUSSION

Despite the promising results, studies with more subjects, quantitative measures, randomized designs and comparison groups mainly with CBT-I are needed. It is also important to distinguish between the role of the ACT and the behavioral components in the outcomes.

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