

Méditation de pleine conscience et Sommeil / Insomnie

13 résumés d'articles de recherche

2. BMC Complement Altern Med. 2014 Feb 10;14:50. doi: 10.1186/1472-6882-14-50.

How mindfulness changed my sleep: focus groups with chronic insomnia patients.

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BACKGROUND: Chronic insomnia is a major public health problem affecting approximately 10% of adults. Use of meditation and yoga to develop mindful awareness ('mindfulness training') may be an effective approach to treat chronic insomnia, with sleep outcomes comparable to nightly use of prescription sedatives, but more durable and with minimal or no side effects. The purpose of this study was to understand mindfulness training as experienced by patients with chronic insomnia, and suggest procedures that may be useful in optimizing sleep benefits.

METHODS: Adults (N = 18) who completed an 8-week mindfulness-based stress reduction (MBSR) program as part of a randomized, controlled clinical trial to evaluate MBSR as a treatment for chronic insomnia were invited to participate in post-trial focus groups. Two groups were held. Participants (n = 9) described how their sleep routine, thoughts and emotions were affected by MBSR and about utility (or not) of various mindfulness techniques. Groups were audio-recorded, transcribed and analyzed using content analysis.

RESULTS: Four themes were identified: the impact of mindfulness on sleep and motivation to adopt a healthy sleep lifestyle; benefits of mindfulness on aspects of life beyond sleep; challenges and successes in adopting mindfulness-based practices; and the importance of group sharing and support. Participants said they were not sleeping more, but sleeping better, waking more refreshed, feeling less distressed about insomnia, and better able to cope when it occurred. Some participants experienced the course as a call to action, and for them, practicing meditation and following sleep hygiene guidelines became priorities. Motivation to sustain behavioral changes was reinforced by feeling physically better and more emotionally stable, and seeing others in the MBSR class improve. The body scan was identified as an effective tool to enable falling asleep faster. Participants described needing to continue practicing mindfulness to maintain benefits.

CONCLUSIONS: First-person accounts are consistent with published trial results of positive impacts of MBSR on sleep measured by sleep diary, actigraphy, and self-report sleep scales. Findings indicate that mindfulness training in a group format, combined with sleep hygiene education, is important for effective application of MBSR as a treatment for chronic insomnia.

PMCID: PMC3927626

PMID: 24512477 [PubMed - in process]

3. Sleep Med. 2014 Feb;15(2):187-95. doi: 10.1016/j.sleep.2013.10.013. Epub 2013 Dec 31.

Web- vs. telehealth-based delivery of cognitive behavioral therapy for insomnia: a randomized controlled trial.

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Comment in

Sleep Med. 2014 Feb;15(2):161-2.

OBJECTIVES: The purpose of our study was to evaluate and compare two methods of service delivery (web-based and telehealth-based) for chronic insomnia with regard to patient preference, clinical effectiveness, and patient satisfaction.

METHODS: Our study was a randomized controlled trial with manualized telehealth- and web-based delivery conditions (nonblinded). The sample comprised 73 adults with chronic insomnia. Participants received web-based delivery from their homes or telehealth-based delivery from a nearby clinic. Both interventions consisted of identical psychoeducation, sleep hygiene and stimulus control instruction, sleep restriction treatment, relaxation training, cognitive therapy, mindfulness meditation, and medication-tapering assistance.

RESULTS: Using a linear mixed model analysis, results showed that both delivery methods produced equivalent changes in insomnia severity, with large effect sizes. Attendance patterns favored telehealth, whereas homework adherence and preference data favored web-based delivery.

CONCLUSIONS: Web- and telehealth-based delivery are both helpful in treating chronic insomnia in rural-dwelling adults.

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PMID: 24461370 [PubMed - in process]

4. Early Interv Psychiatry. 2013 May;7(2):213-20. doi: 10.1111/j.1751-7893.2012.00382.x. Epub 2012 Jul 3.

Pilot study of a mindfulness-based, multi-component, in-school group sleep intervention in adolescent girls.

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AIM: Existing literature links poor sleep and anxiety symptoms in adolescents. This pilot study aimed to develop a practical method through which a program to improve sleep could reach adolescents in need and to examine the feasibility of a mindfulness-based, multi-component group sleep intervention using sleep and anxiety as outcome measures.

METHODS: Sixty-two grade 9 students (aged 13-15) at a girls' school were screened with the Pittsburgh Sleep Quality Index (PSQI) and Spence Children's Anxiety Scale (SCAS). Ten participants with self-reported poor sleep were enrolled into a six-session program based on Bootzin & Stevens, with added stress/anxiety-specific components. Sessions covered key aspects of basic mindfulness concepts and practice, sleep hygiene, sleep scheduling, evening/daytime habits, stimulus control, skills for bedtime worries and healthy attitudes to sleep. Treatment changes were measured by pre-post scores on the PSQI, SCAS and 7-day actigraphy-measured sleep.

RESULTS: The program demonstrated high acceptability, with a completion rate of 90%. Based on effect-size analysis, participants showed significant improvement on objective sleep onset latency (SOL), sleep efficiency and total sleep time; actigraphy data also showed significantly earlier bedtime, rise time and smaller day-to-day bedtime variation. Post-intervention global PSQI scores were significantly lower than that of pre-intervention, with significant improvement in subjective SOL, sleep quality and sleep-related daytime dysfunction. There were small improvements on some subscales of the SCAS, but change on its total score was minimal.

CONCLUSIONS: A mindfulness-based, multi-component, in-school group sleep intervention following brief screening is feasible, and has the potential to improve sleep. Its impact on anxiety needs further investigation.

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PMID: 22759744 [PubMed - indexed for MEDLINE]

5. Behav Res Ther. 2012 Nov;50(11):651-60. doi: 10.1016/j.brat.2012.08.001. Epub 2012 Aug 20.

Improving sleep with mindfulness and acceptance: a metacognitive model of insomnia.

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While there is an accumulating evidence to suggest that therapies using mindfulness and acceptance-based approaches have benefits for improving the symptoms of insomnia, it is unclear how these treatments work. The goal of this paper is to present a conceptual framework for the cognitive mechanisms of insomnia based upon mindfulness and acceptance approaches. The existing cognitive and behavioral models of insomnia are first reviewed and a two-level model of cognitive (primary) and metacognitive (secondary) arousal is presented in the context of insomnia. We then focus on the role of metacognition in mindfulness and acceptance-based therapies, followed by a review of these therapies in the treatment of insomnia. A conceptual framework is presented detailing the

mechanisms of metacognition in the context of insomnia treatments. This model proposes that increasing awareness of the mental and physical states that are present when experiencing insomnia symptoms and then learning how to shift mental processes can promote an adaptive stance to one's response to these symptoms. These metacognitive processes are characterized by balanced appraisals, cognitive flexibility, equanimity, and commitment to values and are posited to reduce sleep-related arousal, leading to remission from insomnia. We hope that this model will further the understanding and impact of mindfulness and acceptance-based approaches to insomnia.

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PMCID: PMC3466342

PMID: 22975073 [PubMed - indexed for MEDLINE]

6. Psychother Psychosom. 2012;81(5):296-304. doi: 10.1159/000332755. Epub 2012 Jul 20.

Mindfulness-based cognitive therapy improves polysomnographic and subjective sleep profiles in antidepressant users with sleep complaints.

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BACKGROUND: Many antidepressant medications (ADM) are associated with disruptions in sleep continuity that can compromise medication adherence and impede successful treatment. The present study investigated whether mindfulness meditation (MM) training could improve self-reported and objectively measured polysomnographic (PSG) sleep profiles in depressed individuals who had achieved at least partial remission with ADM, but still had residual sleep complaints.

METHODS: Twenty-three ADM users with sleep complaints were randomized into an 8-week Mindfulness-Based Cognitive Therapy (MBCT) course or a waitlist control condition. Pre-post measurements included PSG sleep studies and subjectively reported sleep, residual depression symptoms.

RESULTS: Compared to controls, the MBCT participants improved on both PSG and subjective measures of sleep. They showed a pattern of decreased wake time and increased sleep efficiency. Sleep depth, as measured by stage 1 and slow-wave sleep, did not change as a result of mindfulness training.

CONCLUSIONS: MM is associated with increases in both objectively and subjectively measured sleep continuity in ADM users. MM training may serve as more desirable and cost-effective alternative to discontinuation or supplementation with hypnotics, and may contribute to a more sustainable recovery from depression.

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PMCID: PMC3495555

PMID: 22832540 [PubMed - indexed for MEDLINE]

7. Menopause. 2011 Jun;18(6):611-20. doi: 10.1097/gme.0b013e318204a05c.

Mindfulness training for coping with hot flashes: results of a randomized trial.

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Comment in

Menopause. 2011 Jun;18(6):596-8.

OBJECTIVE: The aim of this study was to analyze the effect of participation in a mindfulness training program (mindfulness-based stress reduction, [MBSR]) on the degree of bother from hot flashes and night sweats.

METHODS: This study was a randomized trial of 110 late perimenopausal and early postmenopausal women experiencing an average of 5 or more moderate or severe hot flashes (including night sweats)/day. A wait-list control (WLC) was used with 3-month postintervention follow-up. The main outcome was the degree of bother from hot flashes and night sweats in the previous 24 hours. Secondary measures were hot flash intensity, quality of life, insomnia, anxiety, and perceived stress.

RESULTS: Baseline average (SD) hot flash frequency was 7.87 (3.44) and 2.81 (1.76) night sweats/day. Mean (SD) bothersomeness score was 3.18 (0.55; "moderately bothered/extremely bothered"). All analyses were intention to treat and were controlled for baseline values. Within-woman changes in bother from hot flashes differed significantly by treatment arm (week \times treatment arm interaction, $P = 0.042$). At completion of the intervention, bother in the MBSR arm decreased on average by 14.77% versus 6.79% for WLC. At 20 weeks, total reduction in bother for MBSR was 21.62% and 10.50% for WLC. Baseline-adjusted changes in hot flash intensity did not differ between treatment arms (week \times treatment arm interaction, $P = 0.692$). The MBSR arm made clinically significant improvements in quality of life ($P = 0.022$), subjective sleep quality ($P = 0.009$), anxiety ($P = 0.005$), and perceived stress ($P = 0.001$). Improvements were maintained 3 months postintervention.

CONCLUSIONS: Our data suggest that MBSR may be a clinically significant resource in reducing the degree of bother and distress women experience from hot flashes and night sweats.

PMCID: PMC3123409

PMID: 21372745 [PubMed - indexed for MEDLINE]

8. Explore (NY). 2011 Mar-Apr;7(2):76-87. doi: 10.1016/j.explore.2010.12.003.

Mindfulness-based stress reduction versus pharmacotherapy for chronic primary insomnia: a randomized controlled clinical trial.

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OBJECTIVE: The aim of this study was to investigate the potential of mindfulness-based stress reduction (MBSR) as a treatment for chronic primary insomnia.

DESIGN: A randomized controlled trial was conducted.

SETTING: The study was conducted at a university health center.

PATIENTS: Thirty adults with primary chronic insomnia based on criteria of the Diagnostic and Statistical Manual of Mental Disorders, Text Revision, 4th Edition were randomized 2:1 to MBSR or pharmacotherapy (PCT).

INTERVENTIONS: Mindfulness-based stress reduction, a program of mindfulness meditation training consisting of eight weekly 2.5 hour classes and a daylong retreat, was provided, with ongoing home meditation practice expectations during three-month follow-up; PCT, consisting of three milligrams of eszopiclone (LUNESTA) nightly for eight weeks, followed by three months of use as needed. A 10-minute sleep hygiene presentation was included in both interventions.

MAIN OUTCOMES: The Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index (PSQI), sleep diaries, and wrist actigraphy were collected pretreatment, posttreatment (eight weeks), and at five months (self-reports only).

RESULTS: Between baseline and eight weeks, sleep onset latency (SOL) measured by actigraphy decreased 8.9 minutes in the MBSR arm ($P < .05$). Large, significant improvements were found on the ISI, PSQI, and diary-measured total sleep time, SOL, and sleep efficiency ($P < .01$, all) from baseline to five-month follow-up in the MBSR arm. Changes of comparable magnitude were found in the PCT arm. Twenty-seven of 30 patients completed their assigned treatment. This study provides initial evidence for the efficacy of MBSR as a viable treatment for chronic insomnia as measured by sleep diary, actigraphy, well-validated sleep scales, and measures of remission and clinical recovery.

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PMCID: PMC3077056

PMID: 21397868 [PubMed - indexed for MEDLINE]

9. J Clin Psychol. 2010 Nov;66(11):1175-84. doi: 10.1002/jclp.20736.

A mindfulness-based approach to the treatment of insomnia.

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Mindfulness meditation has emerged as a novel approach to emotion regulation and stress reduction that has several health benefits. Preliminary work has been conducted on mindfulness-based therapy for insomnia (MBT-I), a meditation-based program for individuals suffering from chronic sleep disturbance. This treatment integrates behavioral treatments for insomnia with the principles and practices of mindfulness meditation. A case illustration of a chronic insomnia sufferer demonstrates the application of mindfulness principles for developing adaptive ways of working with the nocturnal symptoms and waking consequences of chronic insomnia.

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PMCID: PMC3060715

PMID: 20853441 [PubMed - indexed for MEDLINE]

11. Explore (NY). 2009 Jan-Feb;5(1):30-6. doi: 10.1016/j.explore.2008.10.004.

Mindfulness meditation and cognitive behavioral therapy for insomnia: a naturalistic 12-month follow-up.

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A unique intervention combining mindfulness meditation with cognitive behavioral therapy for insomnia (CBT-I) has been shown to have acute benefits at posttreatment in an open label study. The aim of the present study was to examine the long-term effects of this integrated intervention on measures of sleep and sleep-related distress in an attempt to characterize the natural course of insomnia following this treatment and to identify predictors of poor long-term outcome. Analyses were conducted on 21 participants, who provided follow-up data at six and 12 months posttreatment. At each time point, participants completed one week of sleep and meditation diaries and questionnaires related to mindfulness, sleep, and sleep-related distress, including the Pre-Sleep Arousal Scale, the Glasgow Sleep Effort Scale, the Kentucky Inventory of Mindfulness Skills, and the Insomnia Episode Questionnaire. Analyses examining the pattern of change across time (baseline, end of treatment, six months, and 12 months) revealed that several sleep-related benefits were maintained during the 12-month follow-up period. Participants who reported at least one insomnia episode (≥ 1 month) during the follow-up period had higher scores on the Pre-Sleep Arousal Scale ($P < .05$) and the Glasgow Sleep Effort Scale ($P < .05$) at end of treatment compared with those with no insomnia episodes. Correlations between mindfulness skills and insomnia symptoms revealed significant negative correlations ($P < .05$) between mindfulness skills and daytime sleepiness at each of the three time points but not with nocturnal symptoms of insomnia. These results suggest that most sleep-related benefits of an intervention combining CBT-I and mindfulness meditation were maintained during the 12-month follow-up period, with indications that higher presleep arousal and sleep effort at end of treatment constitute a risk for occurrence of insomnia during the 12 months following treatment.

PMID: 19114261 [PubMed - indexed for MEDLINE]

12. Behav Ther. 2008 Jun;39(2):171-82. doi: 10.1016/j.beth.2007.07.002. Epub 2007 Nov 14.

Combining mindfulness meditation with cognitive-behavior therapy for insomnia: a treatment-development study.

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This treatment-development study is a Stage I evaluation of an intervention that combines mindfulness meditation with cognitive-behavior therapy for insomnia (CBT-I). Thirty adults who met research diagnostic criteria for Psychophysiological Insomnia (Edinger et al., 2004) participated in a 6-week, multi-component group intervention using mindfulness meditation, sleep restriction, stimulus control, sleep education, and sleep hygiene. Sleep diaries and self-reported pre-sleep arousal were assessed weekly while secondary measures of insomnia severity, arousal, mindfulness skills, and daytime functioning were assessed at pre-treatment and post-treatment. Data collected on recruitment, retention, compliance, and satisfaction indicate that the treatment protocol is feasible to deliver and is acceptable for individuals seeking treatment for insomnia. The overall patterns of change with treatment demonstrated statistically and clinically significant improvements in several nighttime symptoms of insomnia as well as statistically significant reductions in pre-sleep arousal, sleep effort, and dysfunctional sleep-related cognitions. In addition, a significant correlation was found between the number of meditation sessions and changes on a trait measure of arousal. Together, the findings indicate that mindfulness meditation can be combined with CBT-I and this integrated intervention is associated with reductions in both sleep and sleep-related arousal. Further testing of this intervention using randomized controlled trials is warranted to evaluate the efficacy of the intervention for this population and the specific effects of each component on sleep and both psychological and physiological arousal.

PMCID: PMC3052789

PMID: 18502250 [PubMed - indexed for MEDLINE]

13. J Nerv Ment Dis. 2008 Jun;196(6):501-3. doi: 10.1097/NMD.0b013e31817762ac.

Usefulness of mindfulness-based cognitive therapy for treating insomnia in patients with anxiety disorders: a pilot study.

Yook K(1), Lee SH, Ryu M, Kim KH, Choi TK, Suh SY, Kim YW, Kim B, Kim MY, Kim MJ.

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The objective of this study was to examine the usefulness of a mindfulness-based cognitive therapy (MBCT) for treating insomnia symptoms in patients with anxiety disorder. Nineteen patients with anxiety disorder were assigned to an 8-week MBCT clinical trial. Participants showed significant improvement in Pittsburgh Sleep Quality Index ($Z = -3.46$, $p = 0.00$), Penn State Worry Questionnaire ($Z = -3.83$, $p = 0.00$), Ruminative Response Scale ($Z = -3.83$, $p = 0.00$), Hamilton Anxiety Rating Scale ($Z = -3.73$, $p = 0.00$), and Hamilton Depression Rating Scale scores ($Z = -3.06$, $p = 0.00$) at the end of the 8-week program as compared with baseline.

Multiple regression analysis showed that baseline Penn State Worry Questionnaire scores were associated with baseline Pittsburgh Sleep Quality Index scores. These findings suggest that MBCT can be effective at relieving insomnia symptoms by reducing worry associated sleep disturbances in patients with anxiety disorder. However, well-designed, randomized, controlled trials are needed to confirm our findings.

PMID: 18552629 [PubMed - indexed for MEDLINE]

14. Psychother Psychosom. 2006;75(3):188-9.

Mindfulness-based cognitive therapy for persistent insomnia: a pilot study.

Heidenreich T, Tuin I, Pflug B, Michal M, Michalak J.

PMID: 16636636 [PubMed - indexed for MEDLINE]

15. Prog Transplant. 2005 Jun;15(2):166-72.

Longitudinal impact of mindfulness meditation on illness burden in solid-organ transplant recipients.

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BACKGROUND: In 2001, more than 24000 solid-organ transplant surgeries were performed in the United States. Although survival rates have steadily risen over the past 2 decades, transplant recipients commonly experience a myriad of symptoms after transplantation that compromise quality of life. Anxiety, depression, and insomnia frequently occur despite excellent function of the transplanted organ. Use of complementary and alternative medicine has risen sharply over the past 10 years, particularly among people with chronic illnesses. **METHODS:** Twenty solid-organ transplant recipients were enrolled in a clinical trial of mindfulness-based stress reduction. During the 8-week course, subjects learned various forms of meditation and gentle hatha yoga. Participants were given audiotapes for home practice and maintained practice diaries. Longitudinal analysis focused on the impact of mindfulness-based stress reduction on symptom management, illness intrusion, and transplant-related stressors.

RESULTS: Significant improvements in the quality and duration of sleep continued for 6 months after completion of the mindfulness-based stress reduction course. Improvements after the completion of the course were also noted in self-report measures of anxiety and depression.

CONCLUSIONS: Mindfulness-based stress reduction is an effective treatment in improving the quality and duration of sleep. Because sleep is highly correlated with positive mental health and overall well-being, these findings suggest that mindfulness-based stress reduction has the potential of being an effective, accessible and low-cost intervention that could significantly change transplant recipients' overall health and well-being.