



CBTi vs. Sleeping Pills for treating Insomnia



CBTi

**FIRST-LINE EVIDENCE-BASED
TREATMENT FOR INSOMNIA**



Sleeping Pills

**ANY MEDICATION OR SUBSTANCE
USED TO MAKE YOU SLEEPY**

Extensive, high-quality research to support its use; adolescents to older adults; presence of multiple physical and/or mental health problems; available in multiple formats

High-quality sleep studies demonstrate sleeping pills to be more effective than placebo pills. On average, get to sleep 7 minutes faster and sleep for 15 minutes longer.

Designed to fix the causes of insomnia.

Improves sleep, often temporarily, without addressing the underlying cause. Frequently leads to new problems with sleep.

Short-term treatment course for long-term sleep benefits.

Initial plans for short-term use frequently lead to chronic use and dependence.

Courses are 5-6 weeks in duration.

Duration of sleeping pill use is often many years.

Takes 1-2 weeks before benefits become obvious. Benefits increase over time, even after treatment ends.

Sedating effect with first use. Benefits often decrease over time with continued use, resulting in the need for larger doses.

Improves insomnia, well-being, and quality of life. Symptoms of anxiety and depression improve in people with those conditions.

Not beneficial for depression. Early benefits on quality-of-life can reverse due to dependence and other side effects.

More effective than sleeping pills long-term.

Only more effective than CBTi during the first week of treatment

Benefits continue after treatment course ends

Rebound insomnia is caused by stopping sleeping pills too fast.

Safe, with very few restrictions on who can use it. Time-in-bed therapy can lead to temporary sleepiness, reduced alertness and delayed reaction time.

Serious risks include memory problems, falls, injuries, driving impairment, medication dependence and withdrawal, flu-related pneumonia and death, drug interactions, overdose.

No withdrawal when treatment ends.

Sleeping pill withdrawal causes sleep and other problems, reinforcing their long-term use.

Preventative – reduces the chance for insomnia returning after the program is over.

Not preventative. Once the treatment ends, there is nothing to prevent insomnia from coming back.

No impact on medication selection for other medical conditions.

Risk for drug interactions force different treatment choices for some health conditions.

Some health care professionals are currently less familiar with CBTi.

Recommended second-line for the treatment of insomnia, though often used first.

Available in multiple formats, including self-guided and therapist-based program.

Available from any prescriber.

For adolescents to people over 65.

Not recommended for children or people over 65.