

## **Efficacy of Online Versus In-Person Cognitive Behavioral Therapy for Insomnia**

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**Background and Hypothesis:** Up to 30% of the adult population may suffer from insomnia symptoms. Insomnia not only diminishes the individual's quality of life, but also has a broad financial impact, costing the United States over \$100 billion per year. Systemic barriers limit access to cognitive behavioral therapy for insomnia (CBT-I), the first-line treatment for insomnia. However, newly developed internet CBT-I (iCBT-I) programs, if effective, may reduce this disparity. In this study, we hypothesized that there is no difference in the efficacy of the experimental iCBT-I and the control CBT-I interventions in reducing insomnia severity over time.

**Project Methods:** A projected 120 participants will be recruited for this non-inferiority prospective cohort study. 60 patients will be assigned to each arm of the study (CBT-I and iCBT-I). The control group will attend 6 in-person CBT-I sessions over 6 weeks. The experimental group will complete the iCBT-I program Go! To Sleep over 6 weeks. Participants will complete the Insomnia Severity Index (ISI) before and after treatment, as well as 3, 6, and 12 months after finishing the program. The Kruskal-Wallis statistical test will utilize ISI data to compare efficacy of the interventions over time.

**Results:** Based on previous literature, the projected results of this study align with the hypothesis that there will be no difference in efficacy of the CBT-I and iCBT-I interventions over time.

**Potential Impact:** If indeed there is no difference in effectiveness between the iCBT-I program and in-person CBT-I, this result would have implications in clinical decision-making. Improved access to iCBT-I may reduce prescriptions for addictive pharmacologic treatments, as well as offer an inexpensive, convenient, and effective treatment for insomnia. Future studies could compare efficacy of iCBT-I in patients with co-morbidities, such as anxiety or depression.