

EFFICACY OF SOPHROLOGY IN THE TREATMENT OF CHRONIC INSOMNIA

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INTRODUCTION

Sophrology is a non medical original synthesis treatment between occidental relaxation techniques (Jacobson, Shultz) and oriental methods like Buddhism and Zen. It was created by A. Caycedo in the sixties. At present, sophrology has not been evaluated in the treatment of chronic insomnia, unlike other methods such as behavioural therapy or classical relaxation (1,2,3).

METHODS

Between January 1999 and June 2000, 50 patients (18-60 years old) with a DSM-IV diagnosis of primary insomnia and insomnia with anxiety, were included in this study, following an out-patient visit to our sleep center. Five one-hour sessions of sophrology, once a week, were proposed to the patients.

The evaluation was based on subjective and objective tests one month before and one month after treatment. Subjective tools were visual analogical scales VAS (sleep quality, morning clarity, dynamism and diurnal alertness) and sleep questionnaires (Spiegel and the Pittsburgh Sleep Quality Index *PSQI*). Anxiety and depression were assessed according to the Hamilton Anxiety Scale (*HAS*) and the MADRS. The objective assessment was a seven day wrist actimetry concomitantly with a sleep log. Patients under hypnotic drugs had their treatments monitored both before and after all the sophrology sessions. We used a paired t-test to compare the results.

RESULTS (See table)

Only information on 33 subjects was gathered because 17 patients did not respond to the post-treatment evaluation. The analysis of the results showed a significant improvement in all the subjective parameters (see table). We also observed a significant decrease in the level of anxiety and depression after treatment. However, no significant difference was noted regarding actimetry (total sleep time and number of arousals). Finally, one third (11 of 33) of the patients were able to reduce or completely stop their use of hypnotic medications.

	BEFORE SOPHROLOGY	AFTER SOPHROLOGY	PAIRED T-TEST
	MEAN (SD)	MEAN (SD)	P Value
SLEEP QUESTIONNAIRES			
SPIEGEL	18 (4)	21 (4)	P < 0.01
PSQI	11.7 (3)	9.2 (4)	P < 0.01
VISUAL ANALOGICAL SCALES			
Sleep quality	0.4 (0.2)	0.6 (0.2)	P < 0.001
Morning quality	0.5 (0.2)	0.7 (0.2)	P < 0.05
Dynamism	0.5 (0.2)	0.6 (0.2)	P < 0.01
Diurnal alertness	0.5 (0.2)	0.7 (0.2)	P < 0.01
ANXIETY AND DEPRESSION SCALES			
HAMILTON	15.1 (6)	11.9 (6)	P < 0.01
MADRS	12.8 (6)	11.4 (7)	P < 0.05
ACTIGRAPHY DATA			
Total sleep time (mn)	428 (76)	459 (118)	NS
Arousal Number	1.4 (0.9)	1.2 (0.9)	NS

DISCUSSION AND CONCLUSIONS

The absence of improvement on actigraphy data may be related to the small number of subjects and the limited number of the sessions. However, sophrology appears to be useful in the treatment of chronic insomnia and in the withdrawal of hypnotics-drugs-intake. It allows not only an improvement in the patients' perception of quality of their sleep but also a better diurnal functioning. Sophrology may also help patients to perceive more positively their insomnia. But, it seems necessary to follow the patients over a longer period to assess the continuous success of this treatment.

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References:

- (1) Means MK, Lichstein KL, Epperson MT, Johnson CT, Relaxation therapy for insomnia: nighttime and day time effects. *Behav. Res.ther.*, 2000; 38 (7°) : 665-678.
- (2) Morin CM, Hauri PJ, Espie CZA, Spielman AJ, Buysse DJ, Bootzin RR Non pharmacologic treatment of chronic insomnia. An American Academy of Sleep Medicine review. *Sleep*, 1999; 22 (8) : 1134 – 1156.
- (3) Lichstein KL, Peterson BA, Riedel BW, Means MK, Epperson MT, Aguillard RN Relaxation to assist sleep meditation withdrawal. *Behav. Modif.*, 1999 : 23 (3) : 379-402.