

## Commentary

## A view of brief CBT for insomnia in Japan

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Insomnia is common among older people that one out of five person complain insomnia in Japan [1]. The treatment of sleep-related illness in older patients must be undertaken with an appreciation of the physiologic changes associated with aging [2].

However one out of twenty person is using a sleeping drug in Japan [3]. The Guideline of Ministry of Health, Labor and Welfare (2013) points out to problem that multiple and massive dose drug and long-term administration. It is important issue that improvement of life style in aged person with insomnia. Furthermore epidemiologic survey showed that deficiency of sleeping time increased risk of obesity [4] and concerned with prevalence and crisis rate of hypertension [5, 6]. Insomnia is important factor of lifestyle disease and influence to aging.

Insomnia is the most frequency of sleep-related illness that is caused by chronic psychological stress and anxiety in daily life [7]. Insomnia should be treat independently (International Classification of Sleep Disorders, Third edition) and Cognitive Behavioral Therapy for Insomnia (CBT-I) is recommended as the most high evidence in non-drug treatment in US [8]. CBT-I was reported to meta-analysis of randomized controlled trial that is effectively at the end of point and the follow-up point in Japan [9]. However, it is not only CBT-I but also CBT for mental illness are not diffused in clinical fields in Japan because practitioners and time for the treatment are very few. Accordingly, Japanese nurses are expected to the practical person of CBT and the educational training system have been continued by Ministry of Health, Labor and Welfare. We consider that Japanese nurses should engage to CBT-I and a simple model of CBT-I is required.

Recently, brief CBT-I has been developed in UK [10] and the effectiveness was report [11]. We try to develop of brief CBT-I Japanese-version and try to the pilot study. Standard CBT-I is five or six session and take about fifty minutes, but brief CBT-I is four or three session and take about ten minutes. Our brief CBT-I focus to individual problems, and it is very specific content. If the brief CBT-I by Japanese nurses is effectively, multiple and massive dose drug among older people will improve. At the present moment, the pilot study is producing to very good results. I will engage to randomized controlled trial in the future.

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