



Effect of Six Character Integrated Psychological Behavior Method on Chronic Insomnia

ShengZuo-Lan¹, GuoGuo-Zou¹, Lian-Wen¹, DianZhang-Xiong¹, HuaPing-He², LeiGang-Ou², GuangWen-Qiu² and Dian Zhang-Xiong^{1*}

¹The Third People's Hospital of Yichun, Jiangxi Province, China

²Zhangpu Kangning Hospital, Fujian Province, China

Abstract

Objective: To verify the efficacy of "six character integrated psychological behavior method" in the treatment of chronic insomnia.

Methods: Patients with chronic insomnia who met the inclusion criteria were divided into the study group (n=30) and the control group (n=31). The study group adopted the "six character integrated psychological behavior method", and the control group was given general "sleep hygiene guidance"; both groups of patients underwent 35 days of outpatient guidance and observation; the efficacy of the two groups was evaluated by Insomnia Severity Index (ISI). The efficacy and compliance of the two groups were recorded, evaluated and counted by outpatient follow-up or video at the time of enrollment and 3, 7, 14, 21, 28 and 35 days after enrollment.

Results: There was no significant difference in ISI between the two groups within 2 weeks after enrollment ($P>0.05$). From the third week after enrollment, the ISI of the study group was significantly better than that of the control group ($P<0.01$). There was no significant difference in compliance between the two groups.

Conclusion: The application of "six character integrated psychological behavior method" can significantly improve the sleep of chronic insomnia after 3 weeks.

Keywords: Six character integrated psychological behavior method; Chronic insomnia; Curative effect

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*Correspondence:

Dian Zhang-Xiong, The Third People's Hospital of Yichun, Yichun 336000 Jiangxi Province, China,
E-mail: 563349081@qq.com

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Introduction

With the continuous acceleration of the pace of life, there are more and more sleep disorders such as difficulty in falling asleep, difficulty in sleeping, short sleep time, intractable insomnia [1]. Insomnia can be divided into acute and chronic insomnia according to the course of disease. Generally, insomnia with a course of more than 6 months is classified as chronic insomnia [2]. At present, benzodiazepines are effective and commonly used drugs for insomnia, but most of chronic insomnia, such as long-term drug intervention, may produce adverse reactions such as dependence and dependence [2]. At present, psychobehavioral therapy is recognized as the first-class recommended therapy for the treatment of chronic insomnia at home and abroad [3], but how to improve the compliance and efficacy of psychobehavioral therapy is worth studying. In the past 20 years, the research group has been exploring and integrating a variety of psychological and behavioral technologies for the treatment of chronic insomnia [4-8], and has summarized and created the "six character integrated psychological and behavioral method". In order to verify the effectiveness of this therapy, this research report is as follows:

Object and Method

Research subjects: The outpatient insomnia patients who went to Yichun Third People's Hospital and Fujian Zhangpu County Kangning Hospital met the dsm-5 criteria for "chronic insomnia" and met one of the following criteria: 1) They did not take sedative and sleeping pills 2 weeks before enrollment; 2) if they took sleeping pills 2 weeks before enrollment, the dosage should be controlled to be less than 35 mg (less than 12.5 mg per day) tablets within 2 weeks after taking diazepam (2.5 mg/tablet), Less than 2.8 mg (less than 0.2 mg per day) within 2 weeks after taking alprazolam (0.4 mg/tablet), less than 7 Mg (less than 0.5 mg per day) within 2 weeks after taking estazolam (1 mg/tablet), and less than 4 mg (less than 0.25 mg per day) within 2 weeks after taking clonazepam. 3)

Table 1: Statistical analysis of ISI in the experimental group (n=30) and the control group (n=31) seven times in five weeks.

	Day 0	Day 3	Day 7	Day 14	Day 21	Day 28	Day 35
G1	15.7 ± 4.7	13.6 ± 4.7	12.8 ± 4.3	11.4 ± 4.0	10.2 ± 3.2	8.1 ± 3.1	6.0 ± 2.7
G2	14.1 ± 3.8	14.4 ± 3.3	13.3 ± 3.8	13.4 ± 3.6	12.9 ± 3.4	13.8 ± 3.4	14.4 ± 4.6
F	2.13	0.62	0.22	3.91	10.25	46.52	75.4
P	0.15	0.433	0.64	0.053	0.002	0	0

If the dosage slightly exceeds the above dosage, ask them to try to reduce to the above range. Those who can successfully reduce to the above range are enrolled in the group, and those who cannot reduce to the above range are not enrolled in the group. Those with single numbers were included in the study group (n=31), and those with double numbers were included in the control group (n=30).

The study group was treated with "six character integrated psychological behavior method", and the control group was treated with "sleep hygiene guidance". (1) Six character integrated psychological behavior method: "Six characters: Up, down, don't, change, move and quiet" refers to the psychological behavior technologies respectively as follows: (1) "Up, down and don't": That is, to control sleep behavior. The time to go to bed is 10:30 p.m. and the time to get out of bed is 5:30 a.m. during the day, you should be alert and don't doze off and don't treat yourself as a patient. (2) "Change": Change the cognition of insomnia, do not treat yourself as a patient, do not care about the amount of sleep time, and adhere to normal work and life during the day. After adhering to this method for a period of time, sleep will be better. (3) "Movement": A kind of sport "easy to sleep exercises" created by the first person in charge of this subject. Insomniacs should exercise for half an hour in the morning and afternoon every day. They should exercise to the degree of "comfort", "pleasure" and "slight sweating". They must not have the feeling of "fatigue", "weakness", "weakness" and "soft feet". Easy sleeping exercises can be taught or learned by watching videos. It is easy to learn. (4) "Quiet": quiet the brain, relax and reduce pressure. Practice when you fall asleep or wake up in the middle of sleep. You can download the "now meditation" app in the Huawei application market with an ordinary smart phone to find the "mindfulness meditation foundation course", and listen to it with your mobile phone every day after going to bed and before going to bed. After training for 1 to 7 sessions, only repeat training section 2 "feel breathing" or section 3 "body scanning". After mastering it, you can practice yourself when you fall asleep or wake up in the middle of sleep.

Efficacy observation: (1) the patients who can be referred to the clinic as required shall be referred to the clinic as required. If it is inconvenient for the clinic, the researchers shall be asked to add mobile phone Wechat for further consultation. They shall be referred to the clinic or Wechat video at the time of enrollment, 3, 7, 14, 21, 28 and 35 days after enrollment, and the Insomnia Severity Index (ISI) scale shall be tested.

Results

After 35 days of study and observation for each enrolled patient, the efficacy of the two groups was evaluated by Sleep Efficiency (SE) and Insomnia Severity Index (ISI), and the compliance was judged by the number of cases who completed the subject. Data of two groups of cases were input into spss10 the results are as follows:

In the study group, 43 patients were enrolled and 31 patients completed the 35-day observation, including 13 males, aged (53.4

± 4.3) years and 18 females, aged (45.9 ± 4.2) years. In the control group, 43 patients were enrolled and 30 patients completed the 35-day study, including 13 males, aged (52.9 ± 5.1) years and 17 females, aged (46.1 ± 4.2) years. There was no significant difference in age and sex between the two groups ($\chi^2=0.1$, $P>0.05$). There was no significant difference in compliance between the two groups ($\chi^2=0.06$, $P>0.05$).

The statistical comparison of Insomnia Severity Index (ISI) at 0, 3, 7, 14, 21, 28 and 35 days after enrollment is shown in Table 1. According to variance analysis, before the second week of the study, most insomnia patients had more serious insomnia than before the drug withdrawal. However, compared with the control group, there was no significant difference in ISI between the two groups before the second week (14 days) of the study ($P>0.05$). From the third week (21 days) after the study, the insomnia in the study group was significantly improved, and there was significant difference in ISI between the two groups ($P<0.05$).

Discussion

Anti-anxiety drugs have a positive effect on the treatment of insomnia. Slow reduction is one of the methods to stop drugs, but some patients will still be dependent on drugs [2,3]. Compared with drug therapy, psychobehavioral therapy has great advantages in the treatment of chronic insomnia, especially cognitive behavioral therapy [2,4,5]. In 2017, the sleep disorders group of the neurology branch of the Chinese Medical Association took psychobehavioral therapy as the first-class recommended therapy for the treatment of chronic insomnia [2], but how to use psychobehavioral therapy has different operating techniques, such as "sleep hygiene education", "stimulation control therapy", "sleep restriction therapy", "cognitive therapy", "relaxation therapy", "contradictory intention", "mindfulness meditation", etc. These methods have also been studied and summarized in many treatises and papers written by LAN Shengzuo [6-11]. The core of these therapies is "conforming to nature, sleeping regularly, not afraid of insomnia, moderate exercise, removing distractions, relaxing body and mind, and reshaping sleep". Shunwei of the Sixth Hospital of Peking University summarized the psychological and behavioral therapy for chronic insomnia with the "five steps" [12,13]. In order to make the operation of these psychological and behavioral therapies simpler and more effective, our research group integrated and summarized these psychological and behavioral technologies, and verified them in the insomnia clinic for many years, forming the "six character integrated psychological and behavioral therapy". The observation of this study shows that the application of "six character integrated psychological behavior method" to chronic insomnia for 3 weeks can significantly improve the sleep of chronic insomnia patients.

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