

The Society of Behavioral Sleep Medicine (SBSM) COVID-19 Task Force:
Objectives and Summary Recommendations for Managing Sleep during a Pandemic

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Abstract

As a response to clinical observations that the pervasive stress and social/environmental disruptions from the 2020 COVID-19 pandemic have also impacted sleep, the Society of Behavioral Sleep Medicine (SBSM) convened the COVID-19 Task Force with goals to identify and disseminate information that could be useful in addressing sleep concerns during this crisis. Herein is a summary of the resources developed by the SBSM COVID-19 Task force, which includes links to online materials developed for use by providers and patients, as well as brief descriptions of key recommendations by the Task Force for specific sleep conditions (e.g., acute insomnia, nightmares) and vulnerable populations (e.g., parents, essential/healthcare workers, older adults).

The Society of Behavioral Sleep Medicine (SBSM) is an interdisciplinary organization committed to studying behavioral, psychological, and physiological dimensions of sleep and sleep disorders and the application of this knowledge to the betterment of individuals and societies through professional activities in the domains of science, practice, education, and regulation and outreach (Ong et al., 2018). In April 2020, in light of the public health crisis caused by coronavirus disease 2019 (COVID-19), a Task Force of behavioral sleep medicine experts was convened to discuss what aspects of the SBSM mission were being most impacted by the pandemic and how to best address these challenges.

The impetus for the current project was born out of observations made within our respective behavioral sleep medicine clinics since the societal disruptions of COVID-19 began. These examples illustrated how the threat of the virus to health/safety and the implementation of certain precautionary measures (e.g., social distancing, home confinement) have had real-world implications on sleep. The universality of these experiences seemed to warrant additional resources that communicate how sleep/wake patterns are likely to be disrupted due to the pandemic and practical recommendations for these issues. To address this, the SBSM COVID-19 Task Force developed two texts: a) a document for providers consisting of case vignettes accompanied by advice for improving sleep in these situations, and b) handouts for patients that contain general information and sleep recommendations during COVID-19. These resources are linked within this document and have now been made available as online-only supplements within Behavioral Sleep Medicine. In the sections below, we have included a brief summary of recommendations for the most pertinent sleep issues that may present during the COVID-19 pandemic. Additional rationale for these recommendations are included in the online supplement.

Managing new-onset (acute) insomnia. Assist patients with adopting behavioral and environmental controls: DETECT (track sleep with a sleep diary), DETACH (avoid bedroom activities; get out of bed when not sleeping), and DISTRACT (practice cognitive control and imagery distraction techniques; Ellis, Cushing, & Germain, 2015). Prioritize these strategies over use of prescription sleep aids. Assess for maladaptive coping strategies (e.g., alcohol). Enhance resources for coping with recurrent daytime stressors (e.g., for essential/healthcare employees).

Managing delayed/irregular sleep schedules. Encourage consistent bed/wake time schedule regardless of obligations, go outside for bright light exposure shortly (30-60 mins) after waking, establish exercise/meals/socialization routines, and avoid bright lights/screens at night.

Managing nightmares. Provide education on causes (increased stress), limit exposure to triggers (e.g., news reporting), practice deep breathing for use after waking from nightmares.

Parents with children/teenagers. Bedtime routines/sleep schedules may be disrupted due to stress/school closures. Interventions should prioritize parent-child relationship and consider what is most important to enforce right now (e.g., expectations for pre-bedtime grooming). Encourage activities that build sleep need (e.g., time outside, physical activity) and discourage sleep disruption (e.g., napping, screen time at night).

Considerations for older adults. Are at higher risk of sleep issues due to inactivity, social isolation, and home confinement. Establish consistent routines involving physical activities/light exposure early in the day, communication with family/friends, and avoid napping.

Telehealth. Investigations of cognitive behavioral therapy for insomnia (CBT-I) delivered via telemedicine suggest these can be effective when conducted individually via telephone, individually via video conferencing, and in groups via videoconferencing.

References

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