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Patients' perspectives on implementation of remote cognitive behavioral therapy for insomnia: a qualitative study

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Introduction: Insomnia is the most frequent sleep disorder, and it has an enormous economic cost. Cognitive behavioral therapy for insomnia (CBT-I) is a highly effective nonpharmacologic treatment, and treatment guidelines for insomnia in various countries place CBT-I as the most recommended treatment (Sateia et al., 2017; Qaseem et al., 2016). However, implementation of CBT-I has not progressed and physicians rarely refer individuals with insomnia disorder to CBT-I. Examining the perspectives of insomniac patients toward CBT-I will help to identify factors that promote its implementation. Furthermore, the recent COVID-19 pandemic and the lack of therapists have increased the demand for remote CBT-I using information and communication technology (ICT) (Lee & Yu, 2021). However, most individuals with insomnia disorder are elderly and tend to have difficulty using ICT themselves to receive remote CBT-I. Therefore, it is necessary to investigate not only the CBT-I itself but also the patient's perspective on remote CBT-I. The aim of this study was to examine patients' perspectives on the implementation of CBT-I and remote CBT-I and discuss strategies for enhancing CBT-I accessibility. **Method:** Semi-structured interviews were conducted before implementing remote CBT-I with 12 insomniac patients who agreed to receive remote CBT-I. Patients visited the clinic and receive remote interview in the form of a video conference with an interviewer in another area using a PC. CBT-I were also to be conducted remotely in the same system (Japan Registry of Clinical Trials: 11000187). Researchers with a master's degree or a clinical psychologist conducted the interviews. The interviewers asked about the patient's understanding of CBT-I, their concerns about remote CBT-I, and their motivation to undergo remote CBT-I. We used a thematic analysis approach (Braun & Clarke, 2006) in which common ideas were identified across interviews and then grouped into larger conceptual themes. **Results:** The interviews revealed motivation regarding resistance to pharmacotherapy and acceptability to remote CBT-I. In addition, most patients do not know what kind of treatment CBT-I is, and increasing awareness is a challenge. **Discussion:** More efforts are needed to make more people aware of CBT-I and to raise their expectations of CBT-I's effectiveness. The lack of knowledge about CBT-I is consistent with the findings of previous study (Koffel et al., 2020). Koffel et al.,(2020) stated that patients have expressed concerns about CBT-I using web-based or online application, but this study suggests that no concerns were expressed because the patients came to the clinic to receive remote CBT. In order to promote CBT-I, it is necessary to incorporate various forms of delivery, such as remote settings as well as face-to-face. **Acknowledgments:** We are grateful to Hiroaki Yamamoto, Yuri Miyazaki and Madoka Komoto for collaboration of this study. This study was supported by JSPS KAKENHI Grant Numbers JP20K22280, JP21K13722, JP21H00956, JP22K03165.

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