Background: Insomnia is highly prevalent in patients with rheumatoid arthritis (RA) and may exacerbate symptoms and burdens, such as fatigue, depressive symptoms, and pain. Cognitive behavioural therapy for insomnia (CBT-I) has been shown to produce positive effects on sleep in other clinical populations. However, CBT-I has not previously been investigated in patients with RA.

Objectives: The primary objective was to compare the effect of nurse-led group-based CBT-I to usual care on sleep efficiency, measured by polysomnography (PSG) immediately after the intervention (i.e. seven weeks after baseline) in patients with RA. Secondary objectives included comparing the longer-term effect of CBT-I on sleep and RA-related outcomes at 26 weeks' follow-up.

Methods: In a randomised controlled trial, using a parallel group design, the experimental intervention was six weeks' CBT-I, the control comparator was usual care. CBT-I was delivered face-to-face by a CBT-I trained nurse. The primary analyses were based on the intention-to-treat (ITT) population; missing data were statistically handled using repeated-measures linear mixed effects models adjusted for the level at baseline.

Results: The ITT population consisted of 62 patients (89% women), with an average age of 58 years (SD 10), DAS28-CRP of 3.4 (SD 1.0), Insomnia Severity Index (ISI) score of 18.9 (SD 4.4) and median Patient Global Assessment score of 55 (IQR 28;71). When primary outcome was measured by PSG at week seven, sleep efficiency was 88.7% in the CBT-I group, compared to 83.7% in the control group (difference: 5.0 [95% CI -0.4 to 10.4]; p=0.068) (See Table 1). Secondary outcomes measured by PSG had not improved at week 26 either. However, for all secondary sleep and RA-related patient-reported outcomes, there were statistically highly significant differences between CBT-I and usual care e.g. insomnia (ISI: -9.8 [95% CI -11.8 to -7.9]), RA impact of disease (RAID: -1.4 [95% CI -1.9 to -0.8]) and Patient Global Assessment (-13.0 [95% CI -20.9 to -5.1]) at 26 weeks' follow-up.

Conclusion: Nurse-led, group-based CBT-I for two hours per week for six weeks, did not improve objectively measured sleep efficiency or any other outcomes measured by PSG. However, CBT-I showed long-term improvement on patient-reported outcomes such as fatigue, impact of disease, depression, pain, and Patient Global Assessment – a finding that could have important clinical implications.

REFERENCES:
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[2] PMID: 16804151
[3] PMID: 26434673

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Disclosure of Interests: None declared


Sjögren syndrome: from biopsy to lymphoma

Reference:
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Background: Histologic findings of salivary gland biopsy are a crucial part of the current ACR-EULAR classification criteria of Sjögren’s syndrome (SS) (1). Particularly, the finding of a focal lymphocytic sialadenitis (focus