The authors have declared no conflicts of interest.

tools such as sleep and pain diary, questionnaires, and behavioural
the specific CBT-I components and to introduce useful therapeutic
discussion that follows will provide the opportunity to elaborate upon
the core treatment components: stimulus control, sleep restriction,
better manage their sleeping difficulties. The ten-minute presentation
myalgia and osteoarthritis. The aim of the workshop session will be to
factors of sleep disturbance, can significantly improve sleep for
ioural therapy for insomnia (CBT-I), which targets the perpetuating

cognitive behavioural theories suggest that persistent problems
sleepless is maintained by a combination of physical and psycho-
logical factors, such as pain severity, lifestyle, rumination and beliefs
about sleep. Recent trials have demonstrated that cognitive behav-
ioral therapy for insomnia (CBT-I), which targets the perpetuating
factors of sleep disturbance, can significantly improve sleep for

The prevalence of sleep disturbance is high in a variety of chronic
conditions where pain is a prominent symptom. For instance, at least
50% of patients with rheumatoid arthritis report difficulties with
sleeping at night. Although pain is often the precipitating factor, cog-
nitive behavioural theories suggest that persistent problems
sleeplessness is maintained by a combination of physical and psycho-
logical factors, such as pain severity, lifestyle, rumination and beliefs
about sleep. Recent trials have demonstrated that cognitive behav-
ioral therapy for insomnia (CBT-I), which targets the perpetuating
factors of sleep disturbance, can significantly improve sleep for

The literature suggests that RA fatigue is likely to be caused by
varying combinations of clinical factors (inflammation, pain, disability)
and psychosocial issues (coping, mood, illness beliefs). Rheumatology
teams want to help patients manage their RA fatigue but there is
limited evidence for interventions. Anti-tumour necrosis factor therapy
might reduce fatigue in RA, but it is an expensive drug with potentially
significant side-effects and in some areas access to the treatment is
restricted. Glucocorticoids might also reduce fatigue in RA but efficacy
is short-lived and there are potentially serious side-effects with
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