

PharmaNotes

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Dealing with Insomnia: What Are Sedatives & Hypnotics?

Winter nights, warm fires, and cozy blankets make it easier to get to sleep, right? That would be nice if it were true. In reality, 12 to 25% of healthy older adults have trouble sleeping. Insomnia is defined as difficulty falling asleep or staying asleep, waking up too early, or not feeling rested.

Sleep Myth #1:
Daytime drowsiness is normal in later years.

Fact: Not sleeping well at night is a common complaint, but often is caused by medical conditions or

What causes insomnia? Some sources suggest that older adults get less sleep than younger adults. However, there is controversy over how much sleep older adults actually need. Sources agree that there are several natural changes to sleep patterns that occur with aging. Older adults are more likely to awaken throughout the night and spend more time in bed, but not necessarily sleeping. Older adults spend more time in the stages of light sleep and less time in the stages of deeper, more restful sleep. Finally, there is a shift towards earlier bedtime and earlier awakening time, as well as an increase in daytime napping.

In many cases, insomnia is a symptom of another problem, such as respiratory disease, depression, arthritis, need for nighttime urination, or medications (including nicotine and alcohol). Therefore, it is important to discover and treat the cause of sleep difficulties. Insomnia that is caused by a sleep disorder such as apnea or restless leg syndrome needs to be diagnosed by a physician and properly treated. A review of a medication regimen by a pharmacy ex-

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Falls become less likely with the following suggestions.

- ◇ Keep active with regular, moderate physical activity.
- ◇ Eat a sensible, balanced diet.
- ◇ Have a pharmacy expert review all the medications you are taking.
- ◇ Eliminate hazards, such as poor lighting, floor rugs, and clutter.
- ◇ Take your time, for example when you rise from your chair or bed.
- ◇ Wear sturdy, low-heeled shoes with

Tips for Preventing Falls



rubber soles

- ◇ Consider getting a personal response service, especially if you live alone, to provide prompt help at the push of a button.

Contributed by Jean Romine, American Red Cross Lifeline. For more information about Lifeline, call 314-516-2732 or 1-800-959-6989.

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pert can identify medications that might affect sleep. Patients should talk to their pharmacist or physician to adjust the timing of medications or switch to medications that do not affect sleep.

Are there non-drug ways to treat insomnia? For patients without a medical cause of insomnia, good “sleep hygiene” is the most important treatment tool. Sleep hygiene tips should always be tried first. These include suggestions to avoid caffeine or alcohol after dinner, quit smoking, stay active during the day, minimize daytime naps, and keep your bedroom comfortable (a complete list can be obtained from HbL PharmaConsulting, see page 3 for contact information). A recent study found that behavioral changes, which included sleep hygiene along with relaxation techniques and other therapies, were more effective than drug treatment in improving insomnia.

Sleep Myth #2:

Having a “nightcap” or small drink of alcohol will help you sleep better.

Fact: A little alcohol before bed might help you fall asleep initially, but it causes early awakening. Alcohol is one of the causes of insomnia.

room comfortable (a complete list can be obtained from HbL PharmaConsulting, see page 3 for contact information). A recent study found that behavioral changes, which included sleep hygiene along with relaxation techniques and other therapies, were more effective than drug treatment in improving insomnia.

What types of medications can be used? When insomnia lasts longer than a few weeks, medications called sedatives or hypnotics can be considered (Table). Nonprescription sleep remedies lose their effectiveness over time and have problematic side effects in older adults. Thus, they should be avoided. More effective agents for sleep are from the “benzodiazepine” and “non-benzodiazepine” drug classes. When deemed necessary, short-acting choices, such as zolpidem (Ambien®) and zaleplon (Sonata®), are preferred for the older patient.

Temazepam (Restoril®) has an intermediate duration of action and is another good choice for older adults. Longer-acting agents like flurazepam (Dalmane®) can accumulate in the body causing a much higher risk of side effects and should be avoided. Ramelteon (Rozerem®) works in a different way than the other sleep medications. It has been studied in older adults and might be a reasonable option. There are mixed data on the effectiveness of the herb Valerian. There are some safety concerns as well, so valerian should be used only with physician supervision.

What are the safety issues? Most of the sleep medications have been studied only for 30 days. The exceptions are Lunesta and Rozerem, which are approved to be used longer than 1 month. Regardless, any medicine for sleep should be used only when needed and for the shortest duration possible. This will help prevent drug dependence and rebound insomnia, both of which make it difficult to stop taking a sleep medication after taking it for a long time. Side effects include drowsiness, dizziness, decreased memory, and falls. One recent study found that in patients over 65 years old, benzodiazepine use was associated with decreased physical abilities, such as the ability to climb stairs, bathe, or dress. Another recent study found that the benefits of using medications for sleep do not always outweigh the risk of side effects. It is clear that sedatives should be used only after careful consideration, especially in older adults.

When should you talk with your physician about sleep difficulties? Poor quality of sleep is not a normal part of aging. Often, physicians are not aware of their patients’ sleep issues. Whenever poor sleep patterns affect daytime activities, social relationships, memory or concentration, it is time for you, your doctor, and your pharmacist to explore what might be affecting your sleep.

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TABLE: Types of Sedatives and Hypnotics

Type and Medication Examples	Comments
Benzodiazepines, short acting	
Triazolam (Halcion®)	Important to use lowest dose possible to avoid side effects
Benzodiazepines, intermediate to long acting	
Estazolam (ProSom®) Flurazepam (Dalmane®) Quazepam (Doral®) Temazepam (Restoril®)	Only <u>temazepam</u> recommended for older adults. The others in this group have too long duration of action.
Non-benzodiazepines	
Eszopiclone (Lunesta®) Zaleplon (Sonata®) Zolpidem (Ambien®, Ambien CR®)	Eszopiclone newest agent in this group; good for helping patients maintain sleep; longer duration of action in older adults could be a concern. Zaleplon and zolpidem have shorter durations of action and are preferred for helping patients fall asleep. Ambien or Ambien CR also can help maintain sleep.
Melatonin-receptor agonist	
Ramelteon (Rozerem®)	Approved in 2005; does not cause drug dependence; good for helping patients fall asleep.
Other	
Trazodone (Desyrel®)	It is an antidepressant at higher doses; used for sedation at lower doses. Not FDA approved as sedative; not well studied for this use.
Nonprescription products	
Diphenhydramine (Tylenol PM® Benadryl®, others) Valerian	Diphenhydramine not recommended, especially in older adults. Becomes less effective with continued use. Side effects include dry mouth, dry eyes, difficulty urinating and constipation; can cause confusion. Valerian can interact with other medications that cause sedation; data on effectiveness and safety limited.

About HbL PharmaConsulting

H bL PharmaConsulting offers professional consultations to patients who take multiple medications. The goals of each consult include preventing and correcting medication-related problems, improving patient quality of life, and identifying ways to reduce drug costs. For more information, contact Dr. Levy.

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