

HYPNOTICS - SAFE PRESCRIBING - SLEEP ON IT

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- ▶ CONSIDER UNDERLYING CAUSES OF INSOMNIA
- ▶ DISCUSS RISK VS BENEFIT OF HYPNOTICS
- ▶ TAKE SPECIAL CARE WITH OLDER ADULTS
- ▶ EXPLAIN THAT ALL HYPNOTICS HAVE A RISK OF DEPENDENCE

There are several treatment options available for insomnia, including psychological and behavioural approaches and medication. Before medication is prescribed, possible causes of insomnia should be investigated and any underlying factors addressed.

If sleep hygiene and behavioural strategies fail, or if there is a high level of sleep deprivation, consider hypnotics in combination with behavioural techniques. Short-term use of hypnotics is usually advised initially whilst the effect of the behavioural techniques is strengthening, but some patients will require longer term treatment.

CONSIDER UNDERLYING CAUSES OF INSOMNIA

To accurately diagnose insomnia and identify any underlying causes, a thorough history is essential. Chronic insomnia may be secondary to underlying medical conditions such as depression, anxiety, sleep apnoea, restless legs syndrome, medication or substance use (including caffeine). Lifestyle factors such as caffeine and alcohol intake and sleep environment should be investigated.

Medicines that can cause insomnia include:

- appetite suppressants
- chronic benzodiazepine use
- SSRIs (selective serotonin reuptake inhibitors)
- thyroid hormones
- pseudoephedrine
- corticosteroids - recommend morning dosing
- diuretics - causing nocturia
- beta-blockers - causing bad dreams

DISCUSS RISK VS BENEFIT OF HYPNOTICS

Clearly discuss the benefits and potential harms of hypnotics before prescribing, and document this in the patient notes. Lack of sleep can impair quality of life, and cognition; untreated insomnia can be a risk factor for depression and anxiety.

If hypnotics are prescribed, it is generally preferable to begin with the lowest effective dose for the shortest possible duration. Be clear about when it is to be taken, such as in the evening before bed, rather than during an early morning

awakening. Although zopiclone is only indicated for short-term use, there is evidence that eszopiclone (the active stereoisomer of zopiclone) is effective long-term provided there is regular patient follow up.

Discuss the possibility of 'next-day impairment'. Daytime sleepiness, impaired coordination and decreased mental sharpness can increase the risk of falls and affect driving. Alcohol should be avoided because it can compound the sedative effect of hypnotics and reduce the quality of sleep.

Note: Patient surveys suggest that they do not always expect a prescription for a hypnotic, and are often open to other methods of treatment.

TAKE SPECIAL CARE WITH OLDER ADULTS

Discuss risks and benefits of hypnotics with older adults and their caregivers before prescribing. Review current medicines, minimise any that disrupt sleep, and discuss appropriate bed and waking times.

Older adults are generally more susceptible to the sedative effects of hypnotics, increasing the risk of falls. If hypnotics are prescribed, initiate at a lower dose, and use short-acting formulations.

Hypnotics may increase the risk of cognitive impairment, slow reaction time, decrease energy and potentially exacerbate delirium; make sure adequate monitoring is in place to assess this.

EXPLAIN THAT ALL HYPNOTICS HAVE A RISK OF DEPENDENCE

The risk of dependence is greater with higher doses and longer durations of treatment, and if there is a history of alcohol or drug abuse. Abrupt termination of treatment can lead to symptoms of withdrawal, including agitation, anxiety, confusion and rebound insomnia. To minimise this, reduce the dose slowly over weeks or months, and provide the patient with a personalised letter explaining how to taper the dose. Consider referral to addiction services if there are patients who have particular difficulty with withdrawal.

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HYPNOTICS

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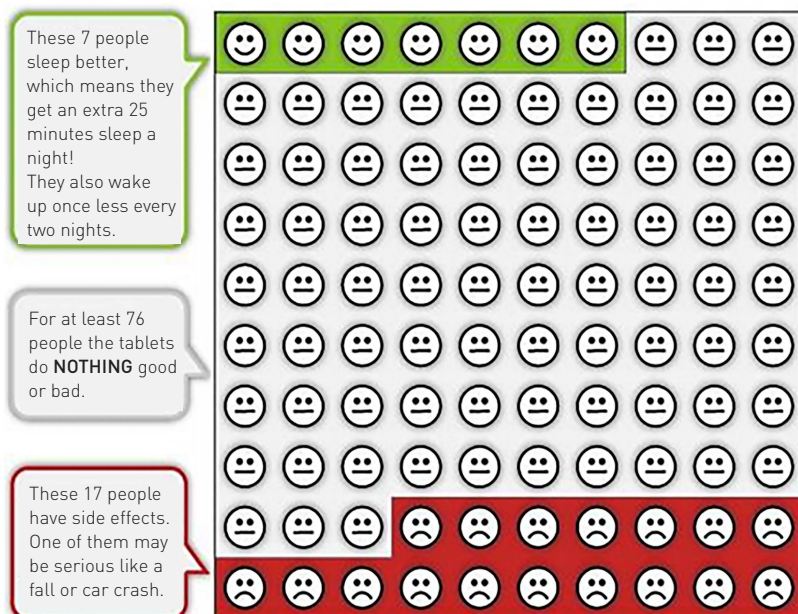
SLEEP HYGIENE

ASLEEP is a useful acronym for remembering sleep hygiene tips for primary insomnia.

- A**lcohol, caffeine and nicotine should be avoided, especially in the evening
- S**leep and sex should be the only uses of the bed; have a comfortable bed
- L**eave laptops, TV and paperwork out of the bedroom and keep clocks out of sight; blue light from phones, computers and TV can exacerbate insomnia
- E**xercise regularly and be active outdoors during the day
- E**arly rising – avoid sleeping-in or daytime naps; get up at the same time each day
- P**lan for bedtime – establish a bedtime routine to wind down; have a warm drink or a bath, avoid going to bed until you are drowsy.

Talk to your doctor about habits which may affect your sleep. Relaxation skills, sleep restriction or cognitive behavioural therapy with a psychologist or sleep specialist can be very helpful.

What would happen if 100 people over 60 years of age take sleeping tablets for more than a week?



KEY REFERENCES

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[CLICK HERE FOR FURTHER INFORMATION ON HYPNOTICS AND A FULL REFERENCE LIST](#)

For further information on other high-risk medicines visit our website at: www.saferx.co.nz