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Waitemata District Health Board
Best Care for Everyone

HYPNOTICS - SAFE PRESCRIBING - SLEEP ON IT

- 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.[1] Before medication is prescribed, possible causes of insomnia should be investigated and any underlying factors addressed.[2] Develop an individualized plan taking into account symptom severity and their specific needs.[3] Psychological and behavioural approaches including sleep restriction, relaxation-based interventions and cognitive therapy can be effective[1] and should be discussed first. See SLEEP HYGEINE box (over).

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.

Note: Anxiety is often associated with chronic primary insomnia; offer specific strategies to help with this, or refer to a psychologist familiar with insomnia.

CONSIDER UNDERLYING CAUSES OF INSOMNIA

To accurately diagnose insomnia and identify any underlying causes, a thorough history is essential.[4,5] Chronic insomnia may be secondary to underlying medical conditions such as depression, anxiety, sleep apnoea, restless legs syndrome, medication or substance use (including caffeine). Only 15-20% of people have insomnia without an identified underlying cause.[6] As per sleep hygiene recommendations, lifestyle factors such as caffeine and alcohol intake and sleep environment should be investigated.

Medicines that can cause insomnia include:[6]

- 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

Note: If there are any concerns about patient safety or the diagnosis, refer to a sleep specialist, neurologist or psychiatrist as appropriate.[5]

DISCUSS RISK VS BENEFIT OF HYPNOTICS

Discuss the benefits and potential harms of hypnotics clearly with the patient. Make sure they understand before prescribing and document these discussions in the patient notes.

Lack of sleep can affect many aspects of health, including psychiatric problems (depression and anxiety), reduced quality of life and cognitive impairment.[6,7] Untreated insomnia may be a risk factor for new or recurrent depression.[4] If hypnotics are considered necessary, it is generally preferable to begin with the lowest effective dose for the shortest possible duration.[6]

If a hypnotic is chosen, be clear about when it is to be taken, such as in the evening before bed, rather than during an early morning awakening when the next-day effects will be more prominent. Zopiclone has a similar efficacy and adverse effect profile to temazepam.[2,8] Although zopiclone is only indicated for short-term use in New Zealand, there is evidence that eszopiclone (the active stereoisomer of zopiclone) is effective long-term provided there is regular patient follow up.[4]

Inform patients about 'next-day impairment'. Some hypnotics can cause daytime sleepiness, impair coordination and decrease mental sharpness which can increase the risk of falls and affect the ability to drive safely the following day.[9,10,11] Alcohol should be avoided when using hypnotics because it can compound the sedative effect and the combination has been associated with some unusual night time behaviours.[5] Alcohol also reduces quality of sleep and can cause early wakening.

Pharmacologic treatment may not be suitable for everyone.[4] Hypnotics should be avoided if there is a history of myasthenia gravis, respiratory impairment, sleep apnoea, substance abuse or falls.[8,12,13] Benzodiazepines are best

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avoided if the patient has hepatic impairment. Sleep hygiene and cognitive-behavioural methods may be sufficient for some patients.[5,14] Sleep hygiene plus behavioural techniques such as stimulus control, bedtime restriction, relaxation and meditation appear to be effective for chronic primary insomnia.[1,15]

Note: Patient surveys suggest that they do not always expect a prescription for a hypnotic, and are often open to other methods of treatment.[16]

TAKE SPECIAL CARE WITH OLDER ADULTS

Studies including older adults are lacking, and investigations from younger adults are likely to underestimate the adverse effects and interactions that are usually seen in the elderly.[3] In addition, there are conflicting results; some studies only found small, subtle and reversible adverse effects of long-term benzodiazepines with older adults, and others have found significant cognitive deficits.[4]

It is generally recommended to avoid prescribing hypnotics to older adults if possible because of their susceptibility to the sedative effects and the risk of falls.[2,16] If hypnotics are prescribed, initiate at a lower dose, and use short-acting formulations[1] because the half-life is usually prolonged in older adults.

There is some evidence to suggest that hypnotics can increase the risk of cognitive impairment, slow reaction time and decrease energy.[6] Hypnotics can potentially exacerbate delirium; make sure adequate monitoring is in place to assess this. Potential risks associated with long-term use include Alzheimer's disease.[17]

Inform older adults and caregivers about the expectations and possible adverse effects of hypnotics before prescribing. The benefits may not always outweigh the risks (see plot overleaf).

Before prescribing perform a medication review to ensure sleep-disrupting medications are minimised, and discuss appropriate bed and waking times.[1] Exposure to early morning light for 30 minutes on awakening along with other behavioural and cognitive techniques may be effective.[18]

EXPLAIN THAT ALL HYPNOTICS HAVE A RISK OF DEPENDENCE

All hypnotics have the potential to cause symptoms of withdrawal and dependence.[8] 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.[19] Abrupt termination of treatment can lead to symptoms of withdrawal, including agitation, anxiety, confusion and rebound insomnia.[6] To minimise these symptoms, reduce the dose slowly over weeks or months.[6] Taper as per individual patient response (eg taper by 25% of the daily dose every week, or slower).[20]

To clarify dose reduction, it may be effective to follow up the consultation with a personalised letter to the patient explaining why and how to taper the dose.[6] Consider referral to addiction services if there are patients who have particular difficulty with withdrawal.[21]

SLEEP HYGIENE[21]

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

Alcohol, caffeine and nicotine should be avoided, especially in the evening

Sleep and sex should be the only uses of the bed; have a comfortable bed

Leave laptops, TV and paperwork out of the bedroom and keep clocks out of sight; blue light from phones, computers and TV can exacerbate insomnia

Exercise regularly and be active outdoors during the day

Early rising – avoid sleeping-in or daytime naps; get up at the same time each day

Plan 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.

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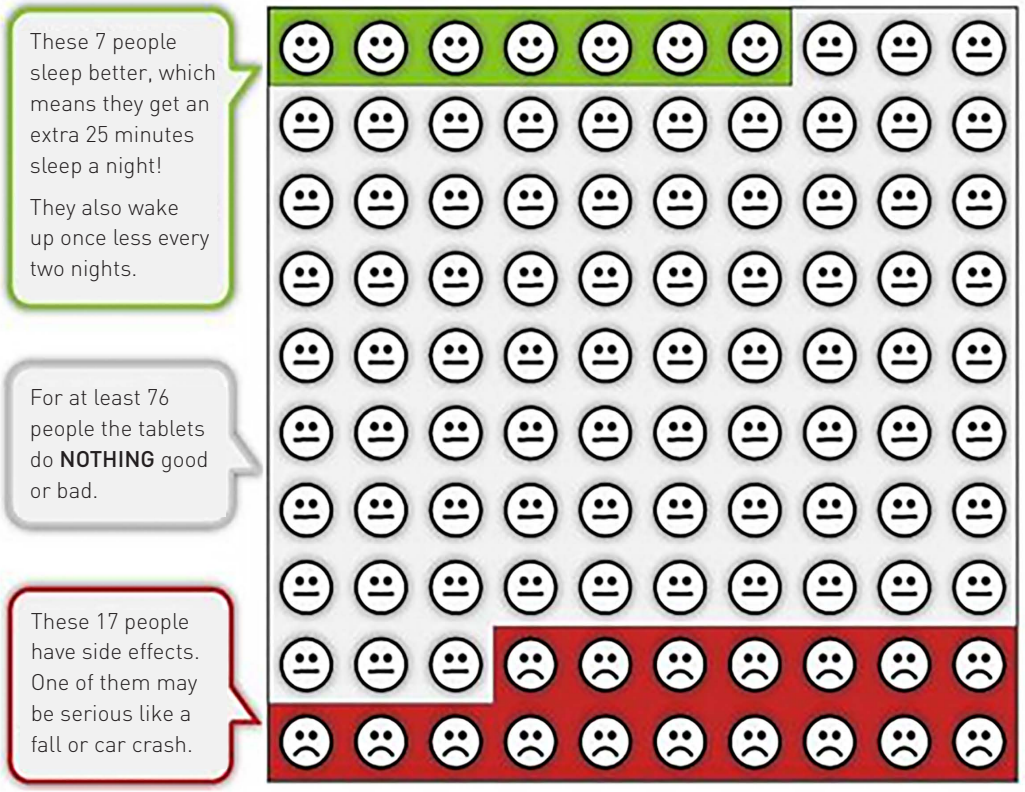
WHAT WOULD HAPPEN IF 100 PEOPLE OVER 60 YEARS OF AGE TAKE SLEEPING TABLETS FOR MORE THAN A WEEK?[23]



Adapted from Glass J et al BMJ 2005;331:1169-75

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