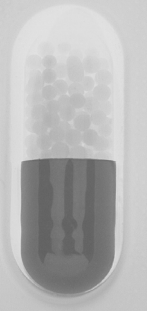


Medications for Treatment of Insomnia



Benzodiazepines

Dalmane (flurazepam)
Halcion (triazolam)
ProSom (estazolam)
Restoril (temazepam)

Nonbenzodiazepines

Ambien (zolpidem)
Sonata (zaleplon)
Trazodone (Desyrel)

Medications for treating **insomnia** are known as **sedative-hypnotics**, or simply **hypnotics**. With insomnia, the person may have difficulty falling asleep or staying asleep or may not feel rested after sleeping. Frequently, insomnia is caused by worry, tension, and stress of daily life. Sleep difficulties may occur with physical pain, discomfort, or illness. Certain medications and substances, including alcohol, stimulants, caffeine, selective serotonin reuptake inhibitor (SSRI) antidepressants, and illicit drugs can cause insomnia or upset sleep rhythm and disturb the quality of sleep. Some individuals may have a primary sleep disorder that causes sleep disruption, resulting in excessive sleepiness during the day and wakefulness at night. **Sleep apnea**, for example, is a breathing-related sleep disorder in which the sleeping patient stops breathing during the respiratory cycle and then suddenly snorts and gasps for air the next moment. This stop/start breathing rhythm prevents the person from getting a restful sleep. Insomnia may also be a symptom of an underlying mental disorder. Insomnia is a common symptom of depression, anxiety disorders, schizophrenia, and bipolar disorder. Depressed individuals, for example, have characteristic changes in their sleep pattern, and they may have marked difficulty falling asleep, sleep too much, sleep fitfully after falling asleep, or experience early morning awakening.

Commonly, individuals treat their insomnia early on with nonprescription, over-the-counter sleep aids and then see their physician when their insomnia becomes unmanageable. Antihistamines are the primary hypnotic ingredients in over-the-counter sleep aids, such as Sominex (diphenhydramine) and Unisom (doxylamine), and many of these products come in combination with a mild analgesic, acetaminophen, to reduce minor aches and pains.

When individuals seek medical help for their insomnia, the physician evaluates the cause of their troublesome insomnia to determine whether it is related to an underlying mental disorder or physical condition. It is not simply a matter of prescribing a sleep medication for the patient but rather diagnosing and treating the underlying problem causing the insomnia.

The sedative-hypnotic medications frequently prescribed by physicians can be broadly divided into two categories: the **benzodiazepines** and the **nonbenzodiazepines**. The benzodiazepines denote a chemical class of medications with similar chemical structure and pharmacological action. The nonbenzodiazepine hypnotics include medications other than the benzodiazepines used for sleep. Physicians frequently prescribe medications not officially approved for hypnotic use and exploit a medication's sedating effects when it has

been shown to be safe in treating insomnia. The antidepressant Desyrel (trazodone), for example, is widely used in low dosages to induce sleep, especially when sleep difficulty is caused by SSRIs. Antihistamines, including Benadryl (diphenhydramine) and Atarax or Vistaril (hydroxyzine), are also commonly used as sedative-hypnotics.

At one time, barbiturates were widely used for sleep. However, barbiturates have a number of serious problems. Barbiturates can be lethal in overdose or when mixed with other depressants, such as alcohol. With chronic use of barbiturates, patients may develop tolerance to the barbiturate, requiring higher and higher doses to achieve sleep, which may lead to dependence. With the introduction of safer benzodiazepines and other hypnotics, physicians today rarely prescribe barbiturates for sleep. Moreover, other older sedative-hypnotics, such as chloral hydrate (Noctec) and glutethimide (Doriden), have fallen by the wayside as safer hypnotics have been introduced.

Benzodiazepines

The distinction of a benzodiazepine for use as an **anxiolytic** (i.e., a medication that relieves anxiety) or **hypnotic** (i.e., a medication that induces sleep) is somewhat arbitrary because any benzodiazepine can be used to treat anxiety or sleep problems, depending on the dosage. Valium (diazepam), for example, is well known for its use in treating anxiety but can also be used to treat insomnia. Benzodiazepines prescribed primarily for anxiety are discussed in separate handouts under “Antianxiety Medications.”

Nonbenzodiazepine Hypnotics

In the group of nonbenzodiazepine hypnotics, Ambien (zolpidem) and Sonata (zaleplon) have official approval from the U.S. Food and Drug Administration for short-term treatment of insomnia. These agents have chemical structures unrelated to benzodiazepines or barbiturates, and they represent a unique class of medications developed for safe and effective treatment of insomnia.

Antidepressants

Antidepressants with sedating effects are frequently prescribed at bedtime to induce sleep. Besides Desyrel (trazodone), which was discussed earlier, tricyclic antidepressants (TCAs) such as Elavil (amitriptyline) and Sinequan (doxepin) are often prescribed to help overcome insomnia, especially when the underlying cause is depression. Remeron (mirtazapine) is sedating at low dosages and can also be used for insomnia.

Antipsychotics

When treating patients with schizophrenia or bipolar disorder whose insomnia is due to agitation, the administration of a sedating antipsychotic at bedtime, in conjunction with routine psychotropic medications, may provide the dual benefits of antipsychotic and hypnotic effects to manage the patient’s mental disorder. Thorazine (chlorpromazine) is widely used for its sedative effects at bedtime to induce sleep in agitated patients. Seroquel (quetiapine) at low doses is effective for treating insomnia in schizophrenic patients.

For more information on specific medications used to treat insomnia, refer to the handouts.