



Sleep Aids—Safe or Not?

What is insomnia?

Insomnia is a sleeping disorder in which a person has continual difficulty falling asleep or staying asleep.

What are the dangers of treating insomnia with sleep medications?

Unfortunately, sleep medications do not cure insomnia, and they can actually make it worse in the long run. Other concerns about the use of both over-the-counter (OTC) and prescription sleep medications include side effects, drug interactions, withdrawal symptoms, rebound insomnia and drug tolerance and dependence.

About OTC sleep aids

In general, OTC sleep medications may not be a good choice because they are not intended for long-term use. They can also interfere with mental alertness during the day, so driving and similar tasks should be avoided. Sleep medications can actually reduce the quality of sleep by reducing the amount of time spent in deep sleep. OTC sleep aids should only be used for short-term insomnia. Common side effects include drowsiness the next day, dizziness, lack of coordination, forgetfulness, constipation, urinary retention, blurred vision and dry mouth. Also, tolerance can develop for these medications. As with any medication, patients should talk with a doctor or pharmacist before taking OTC sleep medications.

Types of OTC sleep aids

- Diphenhydramine (Sominex[®], Nytol[®])
- Doxylamine (Unisom[®])
- Melatonin is thought to help control the body's internal clock. Side effects include daytime drowsiness, headaches, dizziness, stomach discomfort, mild tremor, mild anxiety, irritability and confusion.
- Valerian may reduce the amount of time it takes to fall asleep and help patients sleep better. Side effects may include headache, excitability, nervousness and heart disturbances.

Types of prescription sleep medications

Short-acting sedative-hypnotics (non-benzodiazepines) are more effective and safer for long-term, nightly use than benzodiazepines. However, they may still lead to dependence. The three main drugs in this class are eszopiclone (Lunesta[®]), zolpidem (Ambien[®]) and zaleplon.

Benzodiazepines (tranquilizers) are effective only for a few weeks and may lead to drug-dependence and memory and movement problems, as well as a "hangover" the next day. The three main drugs in this class are triazolam (Halcion[®]), temazepam (Restoril[®]) and estazolam (Prosom[™]).

Melatonin receptor agonists are used to help patients fall asleep. These medications are not narcotics and are not effective for patients struggling to stay asleep. Ramelteon (Rozerem[™]) is the only drug currently in this class.

Sedating antidepressants are sometimes prescribed for insomnia. Sedating antidepressants have more negative effects than the other prescription medications. They are best prescribed for insomnia in patients who also suffer from depression. Some examples of these are amitriptyline (Elavil[®]), nortriptyline (Pamelor[®]) and trazadone (Desyrel[®]).

What is the best option?

Cognitive behavioral therapy, or training the body to overcome insomnia, is the best option. Some steps in becoming a better sleeper include:

- exercising regularly, about six hours before going to sleep.
- avoiding napping.
- going to sleep and waking at the same time every day.
- relieving stress during the day as much as possible.
- selecting a relaxing bedtime habit.

For more information, ask your pharmacist!

This information provided by the Michigan Pharmacists Association and:

