



**SUPPORT
Meds**

Medicines for Sleep

You may be at risk




**if you are taking
one of the following
medicines for sleep:**

- Alprazolam (Alprax®, Kalma®)
- Clonazepam (Paxam®, Rivotril®)
- Diazepam (Antenex®, Valium®, Valpam®)
- Flunitrazepam (Hypnodorm®)
- Lorazepam (Ativan®, Loraze®)
- Nitrazepam (Alodorm®, Mogadon®)
- Oxazepam (Aleпам®, Murelax®, Serepax®)
- Temazepam (Normison®, Temaze®, Temtabs®)
- Zolpidem (Stildem®, Stilnox®)
- Zopiclone (Imoclone®, Imovane®, Imrest®)

Common brand names are listed above. Other generic brands may be available; these often start with the words APO, APX, Mylan, Sandoz, Viatrix, WGR, or other generic equivalents.

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How well do
you know your
medicine?



True or False?

1. The medicine I am taking to help me sleep has no harmful side effects. True False
2. Medicines for sleep increase sleep time by only 25 minutes on average. True False
3. This medicine is the best available option to help me sleep. True False
4. The medicine I am taking to help me sleep is effective when taken for long periods of time. True False



Answers

1. The medicine I am taking to help me sleep has no harmful side effects.

FALSE

Experts do not recommend using medicines for sleep long term to treat sleeping problems (insomnia). Why? Because people who take them are:

- » 5 times more likely to have memory and concentration problems
- » 4 times more likely to feel very tired during the day
- » 2 times more likely to experience falls and fractures (e.g. hip fractures)
- » at increased risk of a car crash.

Even if you only take a small dose, medicines for sleep may have side effects. They worsen your brain function and slow down your reflexes, especially if you are also taking other medicines like opioids, gabapentin or pregabalin.

2. Medicines for sleep increase sleep time by only by only 25 minutes on average.

TRUE

Clinical studies show that the typical person with insomnia finds they sleep only 25 minutes longer with a medicine for sleep compared to a placebo.

3. This medicine is the best available option to help me sleep.

FALSE

Cognitive behavioural therapy for insomnia (CBTi) is safer and more effective in the medium and long term than medicines for sleep - see 'Tips for sleep' on page 7. Millions of people have succeeded in slowly cutting this medicine out of their lives and finding other ways to help them sleep better.

4. The medicine I am taking to help me sleep is effective when taken for long periods of time.

FALSE

Although they may be effective for a short time, research has shown that medicines for sleep are not the best long-term treatment for insomnia. This is because they briefly cover up the symptoms without actually solving the problem, while causing many side effects.



Did you know?



Medicines for sleep can be highly addictive and can cause many side effects. Except in special cases, they should never be taken long term for sleep.



As you age, your medicine will remain in your body for longer periods of time. This means it could be making you feel tired and weak. It could also impair your balance and reduce your other senses.



Medicines for sleep can cause you to be drowsy during the day, which can lead to car accidents. They have also been linked to hip fractures and memory problems. Even if you do not notice these symptoms, these medicines are having an effect on your body and brain.



Other treatments can help improve your sleep with fewer side effects and better quality of life - see 'Tips for sleep' on page 7 for advice.



Stopping medicines for sleep suddenly can cause unpleasant withdrawal effects, including worse sleep, anxiety, or upset stomach. To avoid this, the dose should be reduced gradually with the help of your health professionals. More information about tapering is given on page 9.

Consult your doctor, nurse or pharmacist before stopping any medicine.



Ask yourself...

1. Have you been taking your medicine for a while? Yes No
2. Are you often tired and sleepy during the day? Yes No
3. Do you ever feel hungover in the morning, even though you have not been drinking? Yes No
4. Do you ever have problems with your memory or your balance? Yes No

If you answered “yes” to any of these questions, talk to your doctor, nurse or pharmacist about ways to help you sleep without medicines.

As you age

Many changes take place in your body as you age, including:

- » changes in how your body processes medicines
- » a decrease in your liver and kidney function
- » changes related to illnesses you may have had.

This means that medicines stay in your body longer as you get older, and your risk of side effects increases. Unfortunately, patients taking this medicine are often not given this important information. Please talk to your doctor, nurse or pharmacist to discuss this further. Other treatments could improve your sleep with fewer side effects and better quality of life.



Tips for sleep



Ask your health professional about Cognitive Behavioural Therapy for Insomnia (CBTi), a safe and proven way to help sleep without medicine.



Do some deep breathing or relaxation exercises before you go to bed.



Try to get up in the morning and go to bed at night at the same time every day.



Consider physical activity during the day, but not during the last 3 hours before you go to bed.



Keep screens out of the bedroom, and read in a chair or on your couch instead of in your bed.



Try not to use any substances that may keep you awake. This includes caffeine, alcohol, tobacco or other products that contain nicotine.



Use a sleep diary to help you understand what is disrupting your sleep.

Here is an example:

www.sleepeducation.org/resources/sleepdiary



Check out the [Sleep Health Foundation](http://www.sleepeducation.org) website for more information about CBTi and other ways to help you sleep.



Helen's story



What helped most was knowing we could reduce the dose slowly.

“I’m 65 years old and took temazepam to help me sleep for about 10 years. I kept taking it without really questioning it. A few months ago, I fell in the middle of the night on my way to the bathroom and ended up in hospital. I was lucky – I only had some bruising. But it was a real wake-up call.

My pharmacist told me that temazepam puts me at risk for falls, which I didn’t know. I remember thinking, ‘How long has this been affecting me without me realising?’

I didn’t think I could live without temazepam because I’ve always had trouble falling asleep, and sometimes wake during the night.

My doctor suggested we try slowly reducing the dose, and we decided on a plan together (see the next page). It made a big difference knowing there was no rush and that we could pause if it felt too hard. My doctor also suggested a sleep therapy program (called CBTi) while reducing my medicine. I was sceptical at first, but it helped me notice things I hadn’t realised were keeping me awake.

By taking those steps, I was able to stop using temazepam. I realise now that I had not been living life to its fullest. It’s like a veil has lifted – I have more energy, I feel more alert, and I don’t have so many ups and downs. I don’t sleep perfectly every night, but I don’t feel as groggy in the morning.

Most importantly, it felt like my decision. I’m proud of myself for giving it a go. If I can do it, so can you!”



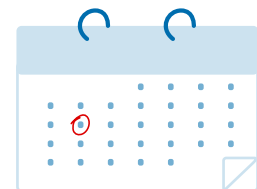
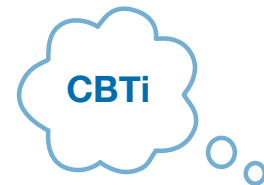
Helen's plan

Gradual reduction plan

Helen learned that the best way to stop taking medicine for sleep was to reduce the dose very gradually. This can take a few months, a year, or longer.

Helen and her doctor worked together to come up with the following dose reduction plan:

1. Helen reduced her dose gradually every 1 to 2 weeks, going slower towards the end.
2. Helen monitored how she was feeling and allowed for some flexibility (e.g. the option to pause or go a little slower than planned if withdrawal symptoms became troublesome).
3. Helen used other ways to help her sleep, like Cognitive Behavioural Therapy for Insomnia (CBTi), so she could sleep without medicine.
4. Helen booked regular follow-up visits with her health professional.



Talk to your doctor, nurse or pharmacist about the best reduction plan for you.



Questions to ask

5 questions to ask your health professional

1. Do I still need this medicine?
2. How can we work together to reduce my dose?
3. Is there a safer option?
4. What symptoms should I look for when I stop my medicine?
5. Who do I follow up with and when?

Questions I want to ask my health professional about my medicine

Use this space to write down other questions you want to ask:



This brochure can be found online on the
SUPPORT-Meds website
www.monash.edu/mips/support-meds

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