

Insomnia in the Geriatric Population

Medications that can lead to insomnia:

- 1) Alcohol
- 2) Antidepressants
 - a. Bupropion
 - b. SSRIs
 - Fluoxetine – most activating
- 3) Antihypertensive agents
 - a. Clonidine
 - b. Propranolol
 - c. Atenolol
- 4) Caffeine
- 5) Corticosteroids
- 6) Diuretics – can increase night time urination
 - a. Hydrochlorothiazide
 - b. Furosemide
- 7) Amphetamines
- 8) Levodopa
- 9) Nicotine
- 10) Sympathomimetics
 - a. Pseudoephedrine
 - b. Theophylline

Behaviors to avoid and encourage

- 1) Avoid excessive time in bed and daytime naps, go to bed only when sleepy.
- 2) Do not do work, eat, or watch TV in bed; only use the bed for sex and sleep.
- 3) Avoid caffeine, alcohol, and nicotine in the afternoon/evening.
- 4) Create a comfortable environment in the bedroom, comfortable temperature, low light, and low noise exposure.
- 5) Try to get out of bed the same time each day, don't sleep in after a poor night sleep.
- 6) Increase afternoon/early evening activity, but avoid activity right before bed.
- 7) Create a relaxing bedtime routine.

Pharmacotherapy recommendations:

- 1) Give sedating medications in the evening and at bedtime
- 2) Give stimulating medications in the morning
- 3) Give diuretics in the morning

Insomnia Treatments:

- 1) Trazadone – *for extended therapy (greater than 1 week) trazadone is the medication of choice for geriatric patients.*
- 2) Tricyclic Antidepressants (TCA) – these have many anticholinergic side effects that could be detrimental to a geriatric population, such as constipation. However, they can be effective treatment options when comorbid conditions such as neuropathic pain require treatment as well. *The preferred TCAs are nortriptyline and desipramine. Avoid amitriptyline.*

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- 3) **Benzodiazepines** – *long acting benzodiazepines are not recommended.*

The short acting benzodiazepine and benzodiazepine-like medications are viable treatment options for short-term treatment of insomnia in the geriatric population.

- a. Temazepam (Restoril)
- b. Triazolam (Halcion)
- c. Oxazepam (Serax)
- d. Lorazepam (Ativan)
- e. Zolpidem (Ambien)
- f. Zaleplon (Sonata)

- 4) **Diphenhydramine (Benadryl)** – also has many anticholinergic side effects (Constipation, urinary retention, dry mouth) that could complicate its use in a geriatric population. ***Not recommended***

5) **SSRI**

- a. Paroxetine (Paxil) – usually not first line but could be useful when depression is present as well.

6) **Herbals**

- a. Melatonin – a reasonable option when used in doses of 1-5 mg each night
- b. Valerian – ***not recommended***
 - i. some preparations have been found to contain many contaminants
 - ii. has similar effect as long acting benzodiazepines