

## Insomnia in the Older Adult (For Pharmacists)

### Risks associated with insomnia:

- Daytime sleepiness
- Fatigue
- Decreased ability to concentrate
- Risk factor for developing:
  - Depression
  - Anxiety disorders
  - Substance abuse disorders

### Medications that can lead to insomnia:

1. Alcohol
2. Amphetamines
3. Antidepressants: bupropion, SSRI's (especially fluoxetine)
4. Antihypertensives: clonidine, propranolol, atenolol
5. Caffeine
6. Corticosteroids
7. Diuretics: can increase nighttime urination
8. Levodopa
9. Nicotine
10. Sympathomimetics: pseudoephedrine, theophylline

### Management (non-pharmacologic):

#### Stimulus Control:

- Only go to bed when sleepy
- Use the bed/bedroom only for sleep and sex
- Get out of bed and go into another room when unable to fall asleep or return to sleep for more than 20 minutes
- Stick to a schedule – go to bed and get up at the same time every night

#### Sleep hygiene:

- Limit daytime naps'
- No caffeine or nicotine within 4 to 6 hours of bedtime
- Do not engage in heavy exercise within 4 to 6 hours of bedtime
- Utilize ear plugs, dark window shades, electric blanket, and/or air conditioning to minimize light, noise, and temperature disturbances

### Medication treatments:

- A. **Trazodone:** for extended therapy (greater than 1 week), trazodone is the medication of choice for geriatric patients
- B. **Benzodiazepines and benzodiazepine receptor agonists:** these agents reduce sleep latency (time to fall asleep) and reduce intermittent wakefulness during sleep.

**Short-acting** agents are preferred:

- Temazepam (Restoril)
- Triazolam (Halcion)
- Oxazepam (Serax)
- Lorazepam (Ativan)
- Zolpidem (Ambien)
- Zaleplon (Sonata)
- Eszopiclone (Lunesta)

C. **Antidepressants:** usually not first line but can help when depression is present as well

- Paroxetine (Paxil<sup>®</sup>): SSRI
- Nortriptyline (Pamelor<sup>®</sup>): TCA; anticholinergic effects
- Desipramine (Norpramin<sup>®</sup>): TCA; anticholinergic effects

D. **Herbals** (OTC): melatonin is a reasonable option when used in doses of 1 – 5 mg each night

Other medication treatments – not recommended:

1. Diphenhydramine (OTC): produces sedative effect due to anti-cholinergic effects. Not recommended due to side effects of constipation, urinary retention, and dry mouth that could aggravate conditions in the geriatric population
2. Valerian (OTC): has a long-lasting effect like benzodiazepines; some preparations have been found to contain many contaminants
3. Barbiturates, chloral hydrate: associated with relatively high risks of dependence and toxicity
4. Alcohol: many people will self-medicate with alcohol, but it can produce abnormal sleep architecture patterns and can cause the patient to wake too early

References:

Treatments of Psychiatric Disorders – 3rd Ed. [book on CD ROM]. Jackson: Teton Data Systems; 2004. Treatments of Psychiatric Disorders – 3rd Ed. Washington, D.C.: American Psychiatric Press, Inc.; 2001. STAT!-Ref Electronic Medical Library.

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