



## INSOMNIA MEDICATIONS

You have been prescribed a medication to help with your insomnia. Please review this summary of the commonly prescribed medications, that may include the one that you were prescribed.

1. **“Z Drugs”**: these medications include Sonata (zaleplon), Ambien (zolpidem), and Lunesta (eszopiclone). This class of medications provides advantage to the older generation of sleep medications known as Benzodiazepines (Valium, Ativan, Xanax, Klonopin). On the other hand there are risks involved with these medications including sleepwalking, and sleep eating, and the medication should not be used in patients with a history of such.

Of these medications, Zaleplon is the shortest acting (3-5 hours) and therefore unlikely to cause morning drowsiness, and has a lower incidence of these undesirable effects. Also it has less potential for drug interaction than the others. Zolpidem is a longer-acting hypnotic medication, and Lunesta even longer acting (often lasting more than 8 hours) with some reporting a metallic taste. These medications can be used on nights required, although can result in withdrawal symptoms or rebound insomnia when discontinued if previously used nightly.

These medications should be taken 20 minutes before desired bedtime, and no driving or dangerous activity should be undertaken until the next day. These medications ideally should not be used for more than 6 weeks although your physician/practitioner may be using them longer because of the lack of good alternative solutions.

2. **Sedating antidepressants**- at least three medications in this class have been used over time for patients with more chronic insomnia. While effective for many patients with insomnia, there are potential adverse reactions that can be encountered.
  - A. **Trazodone (Desyrel)**: the most common anti-depressant used for treating insomnia- it can be very effective for short or long-term use. It has relatively small risk of interacting with other medications but does have potential side effects including headache, dizziness, morning drowsiness, nausea, and in men, a very rare risk of priapism (sustained painful erection). This medication is typically started at a low dose of 50 mg and advanced to a maximum dose of 300 mg. The average effective dose is 75-100 mg at bedtime. The lowest dose that is effective is the one that is desired, and there will be risk of morning drowsiness by exceeding that dose. The medication is usually prescribed nightly, but can be used nightly as needed.



- B. **Mirtazapine (Remeron):** a very good alternative to trazodone although the main limiting factor for many is that it can cause weight gain. Other potential side effects can include dizziness and morning drowsiness. Typically a dose of 7.5-15 mg is a good starting dose and often higher doses may not add much to the benefit of helping with sleep onset.
  - C. **Doxepin (Silenor):** the only FDA approved “antidepressant” medication for insomnia in this class, although as a tricyclic antidepressant it is prone to anticholinergic side effects such as dryness and altered mental status. The dose of 6 mg or lower however is associated with minimal problems in this regard. This medication is also very long-acting and therefore can help with problems staying asleep and generally at the dose of 3 or 6 mg is significantly out of the system by morning.
3. Other categories of sleep aids. Both of these are FDA approved for treating insomnia.
- A. **Belsomra (suvorexant):** works through a unique mechanism, which may provide a valuable alternative in some patients who have had difficulties or poor results with the other meds. The medication works by binding the receptors that are available for a stimulating neurotransmitter known as orexin (hypocretin). The medication can cause headache, morning drowsiness, dizziness, dry mouth, and cough. It is available in 10 mg, 15 mg, and 20 mg tablets. Although generally well tolerated, the medicine has more potential drug interactions than other medicines on this list so the other medications you take need to be carefully reviewed. (eg verapamil, cardizem, antifungal and antiviral medications just to name a few).
  - B. **Rozerem (ramelteon):** works by binding to melatonin receptors and provides a more potent signal than melatonin itself. The medication is often judged to be marginally affected because it does not create a sedating feeling yet can help in initiating sleep despite this. It comes in an 8 mg tablet. Common side effects are dizziness, nausea, and morning drowsiness.

Please contact our office urgently if any side effects develop with these medications. If any of these medications are newly initiated, please call our office within 2-3 weeks to let one of our clinicians know how effective the medication is so that we are aware of this before the next office visit. Remember, the best dose of any of these medications is the lowest dose.

*PCCAB Sleep Team*

410-832-3400, Press Option 4 for General Questions