Sedatives for Insomnia – Pharmaceutical Opinion

Safer MedsNL

Patient Information

Name: _____

DOB: _____

MCP: _____

Sedative (drug/dose): _____ (drug) (dose)

Date: _____

Prescriber: _____

Tel # _____ **Fax #** _____

Pharmacist: _____

Pharmacy: _____

Tel # _____ **Fax #** _____

The use of sedative medication for insomnia beyond four weeks is not recommended because **the effect wears off, yet the risk of adverse events remains**.[1] Did you know…?

- The risk of **motor vehicle accidents** is the same for both driving under the influence of alcohol and driving the morning after taking a sedative medication[2]

Sedative medications for insomnia are potentially inappropriate for adults aged ≥65 because:[3-5]

- **5X↑** risk of cognitive impairment
- **4X↑** risk of daytime sedation
- **2X↑** risk of falls and fractures, even with PRN use and especially if other CNS agents are prescribed

To reduce risk of harm consider deprescribing. Minimise withdrawal symptoms with a **slow taper:**[1]

- adults <65 years, if used for >4 weeks
- adults ≥65 years, regardless of duration of use

Pharmacist Report ***(Indicate all that apply by checking boxes)***

☐ To the best of my knowledge, there is no indication other than primary insomnia

☐ Patient education brochure on sedatives provided during pharmacist consultation

☐ Information booklet on cognitive behavioural therapy for insomnia (CBTi) and other non-drug approaches to help with insomnia has been provided

After talking with our patient about deprescribing their sedative medication, they are:

☐ Willing to try deprescribing

☐ Contemplating deprescribing

☐ Not willing to try deprescribing at this time

Pharmacist Comments or Recommendations ***(Optional):***

☐ Do not substitute with **trazodone or quetiapine** as these have been associated with similar risk of harm[6]

Tapering guide available at SaferMedsNL.ca/sedative-taper

Prescriber Comments to Pharmacist ***(Optional):***

Tapering tool and other resources are available at: SaferMedsNL.ca

References: 1. Pottie K, et al. *Can Fam Physician.* 2018;64(5):339-351 2. American Geriatrics Society 2019 Updated AGS Beers Criteria(R) for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc.* 2019. 3. Hansen RN, et al. *Am J Public Health*. 2015;105(8):e64-69. 4. Glass J, et al. *BMJ*. 2005;331(7526):1169. 5.Donnelly K, et al. *PLoS One*. 2017;12(4):e0174730. 6. Iaboni A, et al. *Drugs Aging*. 2016;33(7):523-533.

DRAFT: Version 1.09 18/12/19

deprescribing.org | Benzodiazepine & Z-Drug (BZRA) Deprescribing Algorithm

February 2019

December 2019: Algorithm modified by the Canadian Deprescribing Network and SaferMedsNL in accordance with the Bruyère Deprescribing Guidelines Research Team's Modification Policy. Second page has been removed. Original materials available at https://tinyurl.com/yag638uz.

Why is patient taking a BZRA?

If unsure, find out if history of anxiety, past psychiatrist consult, whether may have been started in hospital for sleep, or for grief reaction.

- Insomnia on its own OR insomnia where underlying comorbidities managed
  For those ≥ 65 years of age: taking BZRA regardless of duration (avoid as first line therapy in older people)
  For those 18-64 years of age: taking BZRA › 4 weeks

Engage patients (discuss potential risks, benefits, withdrawal plan, symptoms and duration)

Recommend Deprescribing

Taper and then stop BZRA

(taper slowly in collaboration with patient, for example ~25% every two weeks, and if possible, 12.5% reductions near end and/or planned drug-free days)

- For those ≥ 65 years of age (strong recommendation from systematic review and GRADE approach)
- For those 18-64 years of age (weak recommendation from systematic review and GRADE approach)
- Offer behavioural sleeping advice; consider CBT if available (see reverse)

Monitor every 1-2 weeks for duration of tapering

Expected benefits:

- May improve alertness, cognition, daytime sedation and reduce falls

Withdrawal symptoms:

- Insomnia, anxiety, irritability, sweating, gastrointestinal symptoms (all usually mild and last for days to a few weeks)

Use non-drug approaches to manage insomnia

Use behavioral approaches and/or CBT (see reverse)

If symptoms relapse:

Consider

- Maintaining current BZRA dose for 1-2 weeks, then continue to taper at slow rate

Alternate drugs

- Other medications have been used to manage insomnia. Assessment of their safety and effectiveness is beyond the scope of this algorithm. See BZRA deprescribing guideline for details.

- Other sleeping disorders (e.g. restless legs)
- Unmanaged anxiety, depression, physical or mental condition that may be causing or aggravating insomnia
- Benzodiazepine effective specifically for anxiety
- Alcohol withdrawal

Continue BZRA

- Minimize use of drugs that worsen insomnia (e.g. caffeine, alcohol etc.)
- Treat underlying condition
- Consider consulting psychologist or psychiatrist or sleep specialist

Pottie K, Thompson W, Davies S, Grenier J, Sadowski C, Welch V, Holbrook A, Boyd C, Swenson JR, Ma A, Farrell B. Evidence-based clinical practice guideline for deprescribing benzodiazepine receptor agonists. Can Fam Physician 2018;64:339-51 (Eng), e209-24 (Fr)

This algorithm and accompanying advice support recommendations in the NICE guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia, and medicines optimisation. National Institute for Health and Care Excellence, February 2019

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