

# Sleep Management in Parkinson's

## Booklet 5

### Sleep Medications



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## **Sleep Management in Parkinson's**

If you have long-term difficulties with your sleep, then it is quite likely that you are either taking, or have thought about taking, some form of sleep medication ('sleeping tablet'). The aim of this booklet is to provide important and useful information about the different types of medication available for insomnia, and the effects these medications can have on your sleep and your behaviour during the daytime.

The booklet also offers advice to those who have been taking sleep medication for a long period (say, 3 months or more), and would like to stop.

## Types of sleep medication

Before we start, it would be helpful to clarify some of the terms used to describe sleep medications. Medicines which are designed to help you get to sleep are technically referred to as 'hypnotic drugs' or just 'hypnotics'. More usually, however, they are called 'sleeping tablets' (or 'sleeping pills'). Throughout this booklet we will use the terms 'sleeping tablet' or 'hypnotic' to refer to these drugs. In Britain, the National Health Service issues over 10 million prescriptions each year for sleeping tablets, mostly for the drugs **zopiclone**, **zolpidem**, **zaleplon** or **temazepam**. (These may not be the names you are familiar with, since different drug companies may give the same drug a different name. But if you read the packet or the information leaflet which comes with your prescription, you will find the 'official' drug name). Sleeping tablets are usually taken only at night, typically when you are going to bed, or when you are in bed. However, some drugs used to treat anxiety can also 'double-up' as sleeping tablets.

In addition to those sleeping tablets prescribed by your doctor, there are also sleep medications that can be bought from a pharmacy without a prescription. These are often referred to as 'over the counter' drugs. Most of these tablets contain the drug **diphenhydramine**, an antihistamine which causes drowsiness. It is worth keeping in mind that there is no scientific evidence that these 'over the counter drugs' are safe and effective in the treatment of chronic insomnia. Some people can become dependent on over-the-counter sleeping drugs.

Some herbal or 'natural' products are also sold as sleeping aids. Many of these products contain extracts from the valerian plant. In general, however, there is little evidence that these products have any effect on sleep, or are of any value in treating insomnia.

## How do prescription sleeping tablets affect sleep?

Sleeping tablets can help you to feel relaxed and drowsy, but they generally don't make you feel sleepy (for example, they don't make us yawn or make our eyes feel heavy the way they do when we are 'healthily sleepy'). Prescription sleep medications can help you to sleep better in the short-term, perhaps 2 – 4 weeks, by helping you get to sleep quicker, and by reducing the amount of time you spend awake during the night. The strength of these effects can vary, depending on the exact drug, and the dose. However, while the majority of these prescribed drugs are effective in the short-term, they do have several disadvantages in the longer term. These 'disadvantages' are in fact the **side effects** of sleeping tablets.

## Understanding the side effects of sleeping tablets

It is important to realise that sleeping tablets don't just affect our sleep – they can also affect our everyday lives. Sometimes these effects include feeling drowsy or 'heavy' in the morning, or feeling anxious during the day. Sleeping tablets can also interfere with our ability to perform everyday tasks (like making a cup of tea, or driving a car). The nature and severity of these effects will depend on both the type and dose of drug that is taken.

The overall impact, however, is to make us a bit 'clumsier' when we are doing things. Although many people assume that sleep medication will help them to function adequately the next day, there is little scientific evidence to support this assumption. Rather than improving our daytime efficiency, some sleeping tablets may actually make our memory and concentration worse. Scientists have also found that **benzodiazepines** (most sleeping tablets and sedatives which end in '...am' or '...pam') can interfere with memory, particularly at night. For example some people, after taking a sleeping tablet, may wake up several times during the night, but will not remember these awakenings in the morning. This helps to explain why some people continue using sleeping drugs for years, despite the scientific evidence that the drug is no longer helping their sleep.

Finally, there is a very special problem with sleeping tablets which has been termed 'rebound insomnia', which means that when you try to stop taking the sleeping tablets, your insomnia can briefly become much worse. Rebound insomnia, which can also be accompanied by feelings of anxiety, is always temporary (perhaps two or three nights). However, this may be just long enough to convince a person with insomnia that they cannot sleep without medication. In this way, rebound insomnia can encourage people to start re-taking their sleep medication even after they have made up their minds to stop. This, in turn, can lead to long-term drug use and perhaps even drug dependency.

## When can sleeping tablets help?

The short-term use (up to three or four weeks) of sleep medications is appropriate in certain situations. For example:

- Episodes of acute insomnia resulting from severe stress (for example, following a bereavement, after surgery, or following an acute worsening of a chronic condition).
- Temporary insomnia caused, for example, by jet lag or a hospital admission.

In addition, sleeping tablets can also be used to break the vicious circle of chronic insomnia, particularly where insomnia is followed by anxieties about sleep. In this case, however, medication should only be used for a few nights, and only used alongside the methods described in this self-help programme.

When insomnia is associated with a psychological problem like depression or anxiety, it is best to deal with the psychological problem first, since insomnia is often secondary to these conditions. Similarly, where insomnia is associated with chronic pain or discomfort, it is usually best to treat the pain symptoms first, before resorting to sleep medication.

With Parkinson's you may be taking other tablets at night which have been prescribed to help promote sleep. Quetiapine is occasionally used by specialist doctors to help people who suffer with the sleep disorder RBD (mentioned in booklet 1) where they 'act out their dreams' by shouting/ waving arms and legs; or for vivid dreams (or daytime hallucinations) that are distressing. Occasionally clonazepam can be prescribed for this. You may also be taking an antidepressant at night, and your doctor may have chosen one that has mild sleep promoting properties.

As we get older we must be particularly careful when using sleep medication. Age increases our sensitivity both to the effects and the side effects of hypnotics. It is for this reason that older people are often prescribed lower doses of hypnotic drugs than younger people. In particular, with a condition like Parkinson's, it is important to bear in mind that the possibility of postural instability, problems with gait (for example freezing) combined with various 'sleep promoting' medications can lead to a greater risk of falls, particularly at night.

## **How do people become dependent on sleeping tablets?**

In general, prescription sleeping tablets are safe and effective. Certainly, not everyone who uses sleep medication will become dependent; this danger only lies in prolonged use. Dependence on these drugs does not develop over just a few nights. Rather, it develops gradually with continued use.

Most people are introduced to sleeping tablets during periods of illness, stress, hospitalisation, or when they can no longer cope with their insomnia symptoms. If you use sleeping tablets regularly then your body will slowly get used to the drug, and you will develop what is called 'tolerance'. This means that the effects of the drug will diminish, so you will have to increase the dose in order to get the original effect. When the maximum safe dosage has been reached, the longer-term hypnotic drug user becomes trapped in a dead-end situation. The sleeping tablet may no longer work, yet any attempt to discontinue the tablets is followed by greater sleep difficulties (because of rebound insomnia). People may, therefore, come to rely on their sleeping tablets long after those tablets have stopped working effectively - ending up with two problems instead of one: insomnia **and** dependence on sleeping tablets.

Drug dependent insomnia is often more psychological than physical, with people developing anxieties about their medication which, in turn, affect their sleep. Once you have learned to take some control of your own sleep, you can gain the confidence necessary to come off sleeping tablets.

If you have been taking sleeping tablets regularly for more than 3 months, then you are probably experiencing tolerance. **But, if you are considering stopping your sleep medication, you must consult your doctor/specialist first.**

## **‘Coming off’ sleeping tablets**

Stopping, or reducing your sleep medication is not really as difficult as you might think. The advice provided in this self-help programme will help you whether you are taking sleeping tablets or not. However, if you are taking sleep medication, effective self-help can also give you the confidence to come off your tablets. (After all, if you can successfully manage your own sleep, why do you need to keep taking tablets?). Nevertheless, coming off sleeping tablets also requires the support and guidance from your GP. Many patients find it useful to reduce their sleep medication bit by bit (this is called ‘tapering’), and your doctor can advise you on how best to do this. **If you are a regular sleeping tablet user, never stop taking sleep medications without first consulting your doctor.**

## **Conclusion**

Using medication alone is rarely an effective way of overcoming chronic sleep problems. Sooner or later, the effectiveness of the medication wears off. Scientific studies comparing the effectiveness of psychological and drug treatment programmes have shown that drugs produce faster results, whereas the psychological (and self-help) approaches require more time. On the other hand, the psychological approaches produce more permanent improvements. This self-help programme is based on psychological treatments. We believe that it can deliver lasting benefits for your sleep.

**Sleeping tablets cannot treat the maintenance factors which keep your insomnia going. Rather, sleeping tablets can mask the problem and prevent you from developing suitable self-help skills.**

