

## Trouble sleeping?

Insomnia – trouble with sleeping - is very common. Up to 1 in 7 adults have the problem regularly. Many people rely on sleeping tablets as a solution. But sleeping tablets don't usually work well in the long run and can cause problems, including dependence.

This issue of *Treatment Notes* looks at some causes of insomnia and the dangers of sleeping tablets. It offers advice on getting better sleep without these medicines. And it explains how people who have been taking tablets for a long time can often come off them safely.

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### Understanding insomnia

Insomnia can mean one or more of these problems:

- trouble getting off to sleep
- waking up a lot during the night
- waking too early in the morning
- a general sense of not having had enough sleep
- feeling unrefreshed after sleeping.

During the day, people with insomnia may feel tired and less able to cope with routine activities. They may also be more likely to have accidents or to become ill.

There are many possible causes of insomnia. The boxes, right and [page 3](#), list examples of things that can cause sleep problems or make them worse. Sometimes, insomnia is just a short-term problem. For example, it may happen after an upsetting experience. But insomnia can also become a long-term problem. One of the most common causes of long-lasting insomnia is depression.

### Tips for better sleep

Many people find that changes to their daytime and bedtime routines can improve sleep. Here are some things that may help:

- Be physically active. You could aim for 30 minutes of activity (for example, a brisk walk) on most days of the week.
- Limit catnaps during the day.
- Try to avoid caffeine later in the day.
- Before bedtime, avoid things that will keep you wide awake, such as large meals, vigorous exercise, work and competitive games.
- Don't use alcohol to help you sleep – it can actually make insomnia worse.

### Lifestyle causes of insomnia

Examples include:

- too much caffeine, especially in the evening. Caffeine is found in tea, coffee, cola, hot chocolate and energy drinks (for example, Lucozade Energy and Red Bull).
- alcohol, especially in excess
- nicotine
- stimulating activities late in the evening
- irregular sleeping and waking times
- too much light, heat or noise in the bedroom
- a disruptive bed partner (for example, someone with restless legs, or who snores or often gets up)
- shift work
- jet lag
- misuse of drugs (for example, cocaine or amphetamines).

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- Make your bedroom as comfortable and quiet as possible. If light from bedroom windows bothers you, consider using blackout curtains or blinds. If noise is keeping you awake, earplugs might help.
- Try to use your bed only for sleep or sex. Avoid eating, reading and working in bed. Also, it's best to avoid TV in the bedroom because the TV light, as well as the programmes, can be stimulating.
- Aim to go to bed at a regular time every night and to get up at the same time each morning, even if you've had trouble sleeping.
- If you can't get to sleep in about 20 minutes, go to another room and read quietly until you feel drowsy.
- Some people find relaxation tapes and exercises useful.

## What if you still can't sleep?

If you've tried the tips listed above but are still having sleeping problems, ask your GP for advice.

Your GP will need an accurate picture of what's happening with your sleep. So it's useful to keep a daily diary of all your activities for a couple of weeks to help you and the doctor pinpoint things that could be causing your insomnia or making it worse. Note when you have naps, go to bed, fall asleep and wake up. Also include work, exercise, mealtimes and intake of caffeine and alcohol.

Your GP will check for medical problems that could be causing the insomnia and might need treatment. You and your GP should also discuss any tablets you are taking, including over-the-counter and herbal remedies, as these may be affecting your sleep.

Based on this information, your GP can offer advice about tackling your insomnia.

## Medical causes of insomnia

Examples include:

- physical problems, such as pain, heartburn and sleep apnoea (when the airways temporarily get blocked during sleep)
- psychological problems, such as depression and anxiety
- prescribed medicines, including some beta-blockers, steroid treatments, diuretics (water tablets) and certain antidepressants
- over-the-counter medicines containing caffeine (such as Anadin and Beechams Powders) and decongestants with pseudoephedrine (for example, Sudafed-Co, Benlylin Four Flu). Your pharmacist can tell you more about which medicines are best avoided.

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## Pros and cons of sleeping tablets

Sleeping tablets – also known as hypnotics – can help people get to sleep. The tablets may also increase the total time spent asleep and reduce night-time waking.

But sleeping tablets don't necessarily bring back 'normal' sleep patterns (the box, right, explains how sleeping tablets work). And if the tablets are taken regularly, the effects on sleep may wear off within a few weeks. Insomnia may even temporarily become worse when the tablets are stopped.

Sleeping tablets can also cause other problems:

### ● Hangover effects

The effects of some sleeping tablets can last well into the next day, making people feel sleepy, clumsy and mentally slow. Clearly, these are serious problems if you drive or operate machinery. Older people taking sleeping tablets can become unsteady, leading to falls and fractures. They may also experience memory problems and confusion, which can be mistaken for dementia.

### ● Dependence

There is a risk of becoming psychologically and physically dependent on sleeping tablets within a few weeks or months of regular use, even if the tablets are not taken every night.

The body can become 'tolerant' to the effects and the tablets start to work less well. Also, stopping the tablets suddenly can cause 'withdrawal' effects, such as anxiety, depression and worse insomnia. To avoid these effects, people may stay on the tablets for months or years, convinced they can't do without them.

## How sleeping tablets work

Sleeping tablets increase the activity of natural chemicals in the brain that help to bring on sleep. It generally takes 30–90 minutes for sleeping tablets to start working. The effects wear off once the medicine is broken down and cleared from the body.

The effects vary, depending on the medicine. With some tablets, effects last for just a few hours. With others, effects last for more than a day.

If the main problem is getting off to sleep, a medicine that works for a few hours might be used. If the problem is waking up too early, a medicine that lasts all night might be an option, but could leave you feeling hung-over the next day.

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## When to take sleeping tablets

Sometimes insomnia is due to a short period of upset or illness. In these cases, some of the tips for better sleep already mentioned might help. Sleeping tablets may also be appropriate, but only if the sleep problem is causing severe distress and disrupting daily activities. Even then, the tablets should be taken for just a few days, or 2–3 weeks at the most. And to help avoid problems, it's best not to take them every night – one night in three, for example, is safer.

Older people are especially likely to get side effects. So, ideally, they should avoid sleeping tablets altogether. When sleeping tablets are used in older people, only small doses are suitable.

## Types of sleeping tablets

Two types of sleeping tablets are most commonly used:

- **benzodiazepines** – such as, nitrazepam and temazepam.
- **Z-drugs** – zaleplon, zolpidem and zopiclone.

Both types work in a similar way and have similar effects. In general, the Z-drugs don't remain in the body for as long as benzodiazepines and, in theory, might be less likely to cause hangover effects and, possibly, dependence. But there is not enough evidence to back up this theory.

A number of medicines and herbal remedies for sleeping problems can be bought without a prescription. But they cause similar problems as prescribed tablets and are not recommended (see the box, right).

## Time to stop taking the tablets?

If you've been taking sleeping tablets for a while, you may want to ask your doctor whether you still need them.

Many people who have taken sleeping tablets for a long time are very worried about stopping them. But research shows that with some support, ideally from a health professional, many people can stop without too much

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## Other remedies

Over-the-counter medicines to aid sleep (for example, Nytol and other antihistamines) can cause similar problems as prescribed sleeping tablets. For example, they often cause drowsiness the next day. Also, insomnia can become worse when these medicines are taken for a while and then stopped.

Herbal and other 'natural' remedies, such as valerian, and the hormone melatonin, are also sometimes used for insomnia. But they haven't been thoroughly tested for safety or effectiveness, so they aren't recommended.

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trouble, even after many years of use. After stopping, they may feel healthier and more alert. However, it's very important that you don't stop taking them suddenly. Talk to your doctor about slowly reducing the dose over about two months or more.

## Other treatments

Several psychological treatments, such as relaxation therapy and 'cognitive behavioural therapy', are as effective as sleeping tablets for treating insomnia. They aren't as convenient or readily available as sleeping tablets, but they can help you set normal sleeping habits and change the behaviours that may be making matters worse. Your GP may be able to tell you whether these treatments are available on the NHS in your area.

## Find out more

Your GP and pharmacist can give you more advice about insomnia. You could also try:

### NHS Direct

0845 46 47, [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### Sleep Council

020 8994 9874, [www.sleepcouncil.com](http://www.sleepcouncil.com)

### US National Center on Sleep Disorders Research

[www.nhlbi.nih.gov/sleep](http://www.nhlbi.nih.gov/sleep)

For more on cognitive behavioural therapy, a type of psychological treatment, try:

### British Psychological Society

0116 254 9568, [www.bps.org.uk](http://www.bps.org.uk)

### United Kingdom Council for Psychotherapy

020 7436 3002, [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)



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