

4 BASIC FORMS OF INSOMNIA AND THEIR TREATMENT:

① When people have simple insomnia (can't sleep, for no apparent reason), they usually want a "sleeping pill" like zolpidem/Ambien. This drug helps with initial falling-asleep, but not as much with middle-of-night-waking.

- Ambien can provoke weird behaviors, sleepwalking and sleep activities, amnesia and other memory problems, and we don't know how to predict whom this will happen to.
- Ambien is only approved for use for 2-4 weeks, but I see a lot of people who have taken it for years, and feel they've lost the ability to fall asleep without it, and often are afraid to go without it.

I believe all of the above also applies to eszopiclone/Lunesta. I do not like prescribing either one.

② Sleep problems can be caused by "hyperarousal" when a person is under a lot of stress, including situational and emotional stress, as well as chronic illness, chronic pain, and other physical stresses.

- When the body is subjected to waves of stress hormones (cortisol, adrenaline, etc) over a sustained time, it "re-gears" or "gets used to" being revved up all the time. This interferes with normal sleep patterns.
- When this happens, the person has hyperarousal all day, not just trouble getting to sleep at night - restless, irritable, jumpy, distracted - "wired and tired" - what we usually call "stressed" and/or "Type A personality."

In this case, a person can benefit from a short-term course of a "hypnotic."

Herbal versions include passionflower, skullcap, and valerian. Prescription versions include the medium-acting benzodiazepines, like lorazepam/Ativan or diazepam/Valium.

Hypnotics in general block some of the stress hormones, reducing hyperarousal's effect on the brain, which hopefully then encourages the brain to quit revving up the adrenal glands. However, if used long-term, the brain overrides this effect. Incidentally, they usually also act as muscle relaxers.

③ People who stay up too late habitually, especially watching TV or working on computers (looking at blue-wavelength light), can have sleep problems due to suppression of their natural production of melatonin, the "day-night" hormone. (It's a problem with nightshift workers too). They need to re-gear their circadian sleep-wake cycles, and can use melatonin at night and light therapy on waking, to do this. Melatonin isn't likely to be super helpful in other forms of insomnia. (Ramelton/Rozerem is a prescription melatonin that appears mainly to be a money-making device for drug corporations.)

④ People who have sleep apnea or similar issues (snoring, big neck, etc.) have "excessive daytime sleepiness" rather than being wired-tired. It would be pretty dangerous for them to take "sleeping pills." They need to fix the breathing issue.

OTHER ISSUES:

⌚ People who can't sleep and are stressed often drink a lot. Alcohol has a rebound effect (stress hormones go up when it wears off), which worsens the quality of sleep. They often feel less need to drink when they find better means of improving their sleep.

⌚ People in the Oregon Medical Marijuana Program often tell me they use medical marijuana to get to sleep. I discourage people from smoking or vaporizing it, as it is too short-acting, and too psychoactive, when inhaled, to be very good medicine. Taking it by mouth in the form of a tincture allows one to control dosage tightly. Putting it in a baked good (experimenting with SMALL doses, spaced an HOUR apart, first) is practical for non-diabetics in the OMMP. The commonest mistake people make with "cookies" is taking too large a dose. The effect of oral use lasts 6-8 hours at night.

⌚ People who develop sleep problems often also develop a lot of fears and frustrations about what will happen to them if they can't fix the problem, which increases hyperarousal. I often spend time talking with people about sleep from a medical perspective, helping them make a plan for talking themselves down from that tension. I strongly recommend a daily meditation practice, which helps re-train the "monkey mind," reducing problems with all types of intrusive thoughts.

⌚ People who take narcotic pain medication and have sleep problems are at a high risk of dying from drug overdoses at night. This risk is higher if they also take any form of sleeping pill. Drinking makes it worse! People will sometimes do all of these, because they have a lot of fears and frustrations about sleep. (Herbal and meditation therapy are safer.)

⌚ People with a lot of situational stress (grief, life change, displacement, etc.) often benefit from a short course (3 months) of an antidepressant, which also helps to re-gear the hyperarousal cycle.

Two different ones that each could be useful are trazodone and amitriptyline. These are two old (from the early 1960s), well-researched, tried-and-true drugs, which both have the side effect of making one sleepy for a while.

~ Trazodone in my opinion is often inappropriately prescribed solely as a sleeping pill. I prefer to give a short course of an adequate dose that will help with the mood issues accompanying sleep problems, as well.

~ Amitriptyline is labeled for use in chronic pain conditions as well as with mood and sleep problems, because it also lowers pain sensitivity. Take it 12 hrs *before* you want to get up - not "at bedtime" - to avoid grogginess.

Both of these help sleep and reduce depression. They don't interact with the other medications mentioned.



More about hyperarousal: <http://bit.ly/wY5MjM>
More about sleep and stress: <http://bit.ly/BSGQ9>

More about melatonin: <http://bit.ly/wZlwd>
More about herbal medicine: <http://bit.ly/bYeiJS>