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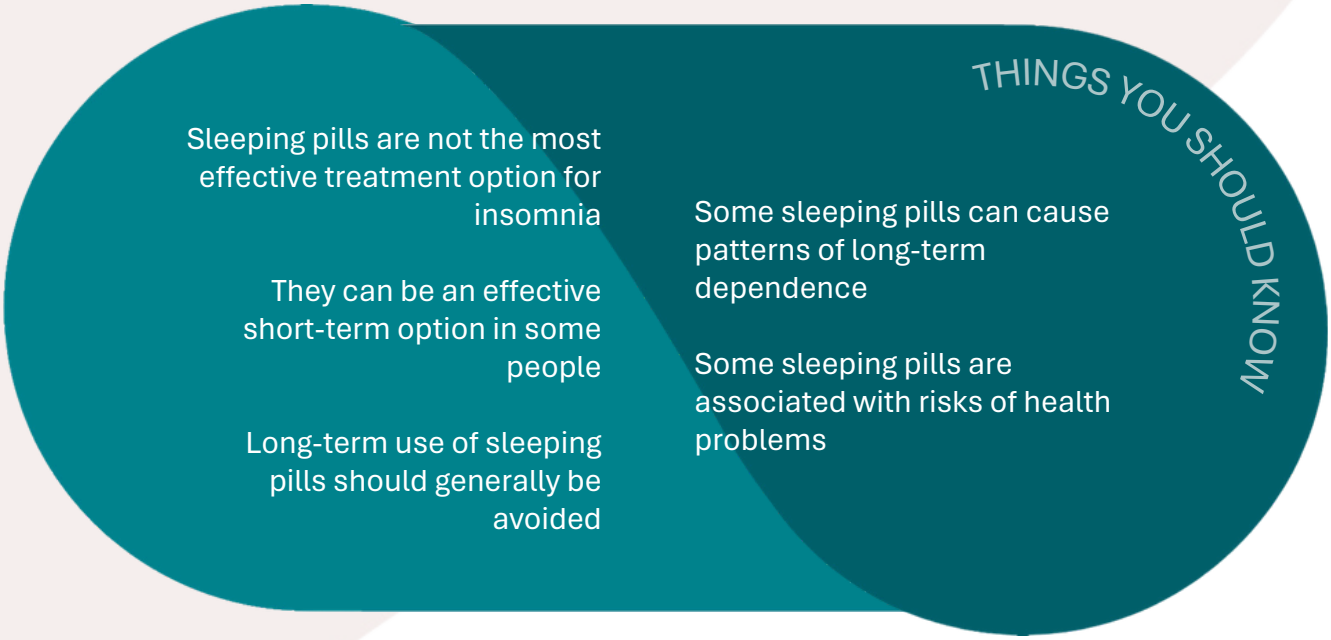
Sleeping Pills: Myth vs. Fact



Many people with insomnia symptoms use sleeping pills. Cognitive Behavioural Therapy for insomnia (CBTi) is the recommended 'first line' treatment for insomnia, but sleeping pills use is more common. If used, sleeping pills might be recommended as a short-term treatment option for people that have experienced insomnia symptoms for a short period of time. The use of sleeping pills might be helpful if there is an obvious underlying cause of short-term insomnia such as grief, acute pain/stress, or jet-lag. There are different kinds of sleeping pills; some are prescription medicines (e.g., benzodiazepines, "z-drugs", dual orexin receptor antagonists) and some are over-the-counter (non-prescription). Most sleeping pills are generally not recommended as a long-term treatment, because they can become associated with patterns of dependence and harmful side-effects.

Some common myths and facts about sleeping pills are described below.

Myth: Sleeping pills are the only thing that will work to get me back to sleep.

Fact: Research indicates that the best course of treatment for insomnia is cognitive behavioural therapy (CBTi). CBTi is a non-drug treatment option for insomnia disorder. It can include 4-8 sessions with a trained therapist or a self-guided program, which aim to gradually improve how you sleep during the night and how you feel and function during the day. You can access CBTi from a suitably trained clinician on this registry, or there are digital programs that can deliver CBTi with or without guidance from a clinician.

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Myth: It's completely OK to keep taking sleeping pills for a long time because I only take a low dose.

Fact: Even taking small amounts of some sleeping pills, like benzodiazepines, can lead to tolerance and eventually dependence within a few weeks of use.

In the RACGP Benzodiazepine Guidelines;

- **Tolerance** is a reduction in how effective a drug dose is compared to when it was initially used. It occurs with all drugs that are associated with dependence, including benzodiazepines. Increased doses (e.g., strength of the drug in milligrams) are required to achieve the same effects that were originally achieved with lower doses.

- **Dependence** is a state that develops during long-term drug treatment in which stopping use of the drug causes withdrawal symptoms (e.g., the return of insomnia symptoms, anxiety, or other abstinence reactions).

- **Withdrawal** refers to symptoms that occur with cessation (stopping) or reducing use of specific drugs that have been taken repeatedly. For insomnia, this might include the return or worsening of insomnia symptoms after reducing use of sleeping pills.

Myth: If I don't use sleeping pills every night, I won't become dependent on them.

Fact: Dependence can develop in people with nightly and non-nightly sleeping pill use.

Myth: Sleeping pills cure my insomnia.

Fact: Sleeping pills can temporarily improve the surface symptoms of insomnia, but generally do not treat the underlying causes of insomnia in most people. Short-term insomnia can be caused by mental or physical triggers (such as grief, acute pain/injury, work/study stress, or jet-lag). Chronic insomnia (lasting 3 months or longer) is often maintained by underlying psychological and behavioural patterns. CBTi is a more effective treatment for chronic insomnia, because it identifies and treats the underlying psychological and behavioural maintaining factors that maintain insomnia in many people. Sleeping pill use can reduce a person's confidence that they will be able to 'sleep normally' without the medication. Over time, sleeping pills can therefore contribute to maintaining insomnia symptoms in some people.

Myth: When I stop using the sleeping pills, my insomnia comes back.

Fact: Although it may appear as though your insomnia is coming back, it may actually be due to withdrawal symptoms from stopping sleeping pills, such as benzodiazepines, which can occur after two or more weeks of daily or near daily use. If we use sleeping pills for a long period of time, our brains and bodies might become dependent on the medication, and if we don't take it, symptoms might become worse. This is why some people experience 'rebound insomnia' symptoms if they stop using sleeping pills suddenly.

Myth: I need to have a really deep sleep and not wake up at all during the night in

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order to function; that's why I need the sleep medication.

Fact: It is completely normal to have brief awakenings throughout the course of the night. Since sleep medications also tend to impair memory, you are less likely to remember these awakenings that you did have and incorrectly interpret the sleep as "deeper". In fact, sleeping pills are more likely to reduce our deep sleep and REM (rapid eye movement) sleep.

Myth: My sleep is more efficient when I use sleeping pills; I take them and it ensures I fall asleep quickly and have a good sleep.

Fact: Regular use of sleeping pills impacts on your sleep architecture (how your body cycles through the stages of sleep) and quality, leading to a less restorative sleep.

Myth: My GP (General Practitioner) keeps prescribing the sleeping pills, that must mean I need to stay on them for sleep.

Fact: GPs may prescribe sleeping pills because they are hesitant to open a conversation with the patient about conversation with the patient about ceasing the medication, or because they believe that the patient wants to continue with the medication, not because it is necessary for the patient's sleep. In fact, GPs have resources to help you reduce your use of sleeping pills if you would like to, and can refer you to CBTi.

Myth: I know the sleeping pills probably aren't helping, but at least they help me feel calmer and more confident when I go to bed.

Fact: Insomnia-related anxiety and lack of confidence about sleep can be effectively improved through CBTi. Research has found that CBTi is effective in people with and without a history of sleeping pill use, and can help people gradually reduce patterns of sleeping pill dependence over time.

Myth: It is OK to increase the number of sleeping tablets I use each night if my insomnia becomes worse.

Fact: The longer that we use sleeping pills, the more likely it is that our brains and bodies will develop a 'tolerance' to the medication. This can mean that we need a larger dose or more medication to have the same impact on our sleep. Over time, increasing patterns of sleeping pill use can increase the risk of side-effects, or harmful consequences.

This information is produced by:

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