Insomnia

1. Q: What are the goals of insomnia treatment?

A: 1. Promote sound and restorative sleep. 2. Minimize external and internal disruptive factors.

 3. Reduce daytime impairment.

 4. Improve the effectiveness of behavioral interventions with primary

 chronic insomnia.

1. Q: What drugs and natural health products may cause or worsen insomnia?

A: 1. Antidepressants: Bupropion, Fluoxetine, SNRIs, MAOIs, and some TCAs.

 2. Antihypertensives: Beta Blockers, Methyldopa.

 3. Nicotine 4. Alcohol

 5. Sympathomimetic Amines:

Amphetamines, caffeine, cocaine, decongestants, and appetite suppressants.

 6. NHPs: Ephedra, Kratom, Yohimbe, Ginseng, Bitter Orange, Kola Nut,

 Green Tea, Guarana, and St. Johns Wort.

1. Q: What class medications are used to treat insomnia? A: Hypnotics
2. Q: What are the classes of hypnotics used to treat insomnia?

A: 1. Benzodiazepines 2.Benzodiazepine-Receptor Agonists 3.Other Hypnotics

1. Q: What are the Benzodiazepine medications used for insomnia?

A: 1. Flurazepam 2. Nitrazepam 3. Temazepam 4. Triazolam

1. Q: Which Benzodiazepines are not recommended for use by the elderly?

A: 1. Flurazepam 2. Nitrazepam

1. Q: Why? A: They have longer half-lives and accumulate to cause hang-over effects.
2. Q: What are the benefits of using Temazepam?

A: 1. Half-life is long enough to cover the sleep period.

 2. No hang over effects. 3. Less rebound insomnia than Lorazepam.

1. Q: What are the uses of Triazolam?

A: 1. Fast onset but short duration. 2. Covers initial sleep period insomnia.

1. Q: What are the limitations of Triazolam?

A: 1. Potential for abuse because of rapid onset of action.

2. May cause confusion, agitation, and amnesia in the elderly.

1. Q: What are the discontinuation syndromes?

A: 1. Relapse: original symptoms return

 2. Rebound: original symptoms return, only stronger

 3. Withdrawal: physical dependence

1. Q: What is a Benzodiazepine Receptor Agonist? A: Zopiclone
2. Q: What are the advantages of Zopiclone over the Benzodiazepine medications?

A: 1. Acts at the same Benzodiazepine receptor site.

2. Has less: cortical effects, rebound insomnia, tolerance and dependence, amnesic effects

3. T ½ = 5 hours 4. T max = 2 hours

1. Q: What are the Other Hypnotics? A: Chloral Hydrate
2. Q: What are the problems with Chloral Hydrate?

A: 1. Rapid drug tolerance: develops within 2 weeks.

2. Toxicity 3. Drug interaction profile.