



SLEEPING TABLETS

- They are generally used to treat insomnia.
- Most should be used for less than 4 weeks.
- They can cause dependence (needing to take them) and tolerance (loss of effectiveness).
- They should only be used when prescribed by your doctor.
- Using them with other medication or alcohol can be dangerous.
- Most tend to help more with getting to sleep than staying asleep.
- Long term insomnia tends to have many contributing factors and psychological therapies are often helpful.

Note: All words that are underlined relate to topics in the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au

1. What are sleeping tablets?

Sleeping tablets work on pathways in the brain which are important in regulating whether someone is awake or asleep. Most sleeping tablets make the 'sleep pathways' more active. One of the newer medications works by making the 'wake pathways' less active.

Sleeping tablets generally start having an effect within 20-30 minutes of being taken, so they should be taken just before lights out. It is important that you get into bed after taking the sleeping tablet, as there is a risk of feeling unsteady once the tablet starts working.

Most sleeping tablets only work for a few hours, so are better at helping people get to sleep than stay asleep. Tablets which are better at helping people stay asleep need to work for longer and therefore may cause a morning 'hangover'.

2. What causes sleep problems?

Sleep can be affected by a large number of medical, physical and psychological problems. Treatment of insomnia will depend on an individual's specific circumstances.

Most situations of acute (short term) insomnia are due to stressful life events. This can be managed with either supportive care or short-term use of sleeping tablets under the direction of your doctor.

In the case of chronic (longer term) insomnia, people will often experience problems with getting to sleep or staying asleep over months or even years. While stressful events can make such insomnia worse, there are often multiple issues affecting sleep. These include sleep/wake patterns, behaviours and thought processes which make the insomnia continue. Non-medication approaches are therefore important for people with chronic insomnia (see [Insomnia](#) and [Good Sleep Habits](#)).

3. What are some of the commonly used sleeping tablets?

- **Benzodiazepines and benzodiazepine-like medication.** These are the most commonly used sleeping tablets in Australia and include temazepam (Temaze, Normison), zopiclone (Imovane) and zolpidem (Stilnox). They work by enhancing the activity of sleep pathways in the brain. They are recommended for short term use (less than 4 weeks).
- **Suvorexant (Belsomra).** This works by reducing the activity of the wake pathways in the brain. It is more helpful for people with chronic insomnia who spend time awake during the night after initially falling asleep. It can be used for longer periods than conventional sleeping tablets.



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- **Melatonin (Circadin).** This is a synthetic version of the chemical made by the brain each night. It has been approved for short term use in people aged over 55.
- **Sedating anti-histamines (e.g., Polaramine, Avil, Restavit).** These medications are used to treat allergic disease. Although they can cause sleepiness as an unwanted side effect, they are not intended to be used as sleeping tablets.
- **Antidepressants and antipsychotics (e.g., Endep, Avanza, Seroquel).** These medications are generally used for people with underlying mental health conditions and are not recommended for use in primary insomnia.

4. What should I do if I am taking sleeping tablets but can't stop them?

You need to talk with your doctor about this. Abruptly stopping sleeping tablets can cause problems such as withdrawal and rebound insomnia.

Non-drug strategies have proven effectiveness in the treatment of insomnia and can help people to stop their sleeping tablets. One important therapy (Cognitive Behavioural Therapy for Insomnia) involves targeting behaviours and thought processes which are contributing to the insomnia and the ongoing need for sleeping tablets. You may need referral to a [Sleep Specialist](#) or a sleep psychologist to help with this process.

See also [Good Sleep Habits](#), [Insomnia](#), [Depression and Sleep](#), [Anxiety and Sleep](#).

For information on over 60 different sleep related topics, written by professionals, visit the Sleep Health Foundation Information Library at www.sleephealthfoundation.org.au. The underlined topics in this article are covered in detail there.



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