

Sleeping Tablets

Sleeping tablets are considered a 'last resort' if you have poor sleep (insomnia). They are sometimes prescribed for a short period to get over a particularly bad spell of insomnia.

Why are doctors reluctant to prescribe sleeping tablets?

A perfect sleeping tablet would cause sleep, but have no possible problems. Unfortunately, there is no perfect sleeping tablet. Possible problems when taking sleeping tablets include the following:

- **Drowsiness the next day.** You may not be safe to drive or to operate machinery.
- **Clumsiness, drowsiness, and confusion in the night** if you have to get up. For example, you may fall over and injure yourself if you get up in the night to go to the toilet. Some people have fallen down stairs due to the drowsy effect of sleeping tablets. (Older people who take sleeping tablets have an increased risk of breaking their hip, as the result of a fall.)
- **Tolerance.** With benzodiazepines and Z drug sleeping tablets (see below), if you take them each night, your body becomes used to them. This means that, in time, the usual dose has no effect. You then need a higher dose for it to work. In time, the higher dose does not work, and you need an even higher dose, and so on. It only takes between 3-14 days of continued use to become 'tolerant' to a benzodiazepine or Z drug sleeping tablet.
- **Dependence.** Some people become dependent (addicted) to benzodiazepines or Z drugs. This means that withdrawal symptoms occur if the tablets are stopped suddenly. Withdrawal symptoms include anxiety, shaking, or just feeling awful.

Are there different types of sleeping tablet?

Benzodiazepines and Z drugs

Benzodiazepines include temazepam, flurazepam, loperazolam, lormetazepam, and nitrazepam. They are sometimes used as sleeping tablets. They are only available on prescription. Other related drugs called zaleplon, zolpidem, and zopiclone are also sleeping tablets, but strictly speaking are not benzodiazepines. They are known as the Z drugs. However, they act in a similar way (they have a similar effect on the brain cells as benzodiazepines).

Antihistamines

These drugs are commonly used to treat allergies such as hay fever. However, drowsiness is a side-effect of some antihistamines, for example, promethazine. This 'side-effect' is useful in some people who have difficulty sleeping with their allergy. An antihistamine is the active ingredient of some sleeping tablets that you can buy from pharmacies without a prescription. Antihistamines are not as powerful as benzodiazepines or Z drugs at causing sleep. Also, they may cause a 'hangover' effect and some drowsiness in the morning. They may also cause rebound insomnia if you take them for a long time. For these reasons, current UK guidelines do not advise the use of antihistamines to be used solely as a sleeping tablet.

Melatonin

Melatonin is, strictly speaking, not a 'sleeping tablet'. Melatonin is a naturally occurring hormone made by the body. The level of melatonin in the body varies throughout the day. It is involved in helping to regulate the 'circadian rhythms' (daily cycles) of various functions in the body. A melatonin supplement is sometimes advised in older people (more than 55 years of age) with persistent insomnia. The recommended duration of treatment is for three weeks only.

Other drugs

Chlormethiazole, chloral, and barbiturates are old fashioned sleeping tablets. They are not commonly used these days as benzodiazepines and Z drugs are usually preferred.

What is the alternative to sleeping tablets?

Your doctor or nurse may give you advice on how to tackle poor sleep naturally. See separate leaflet called '*Sleep Problems - A Self Help Guide*' which gives advice on how to sleep better.

If a sleeping tablet is prescribed

If your doctor prescribes you a benzodiazepine or Z drug as a sleeping tablet, it will usually be only for a short time (a week or so). This is to help you get over a particularly bad patch. Sometimes a doctor will advise sleeping tablets to be taken on only 2 or 3 nights per week, rather than on every night. This prevents tolerance or dependence to the tablet from developing.

What if I am already taking a sleeping tablet regularly?

For various reasons, some people have become used to taking a benzodiazepine or Z drug sleeping tablet every night. As a rule, if you are taking one of these sleeping tablets each night, you should consider reducing or stopping them. However, in some people, problems of tolerance or dependence (see above) mean that it can be difficult to stop the tablet suddenly.

If you want to reduce or stop benzodiazepine or Z drug sleeping tablets, it is best to consult a doctor or nurse for advice. The sort of advice may include the following:

- Do it gradually, and cut the dose down a little at a time. A switch to a different benzodiazepine (diazepam) may be advised. This is because it is easier to gradually reduce the dose of diazepam than with other benzodiazepines or Z drugs.
- It is best to wait until any life crisis has passed, and your level of stress is as low as can be.
- Consider stopping the tablets whilst on holiday, when you have less pressure from work, family, etc.
- You are likely to have a period of worse sleep when you stop the tablets. Try to anticipate and accept this.
- Advice on coping strategies, and tips on how to naturally improve your sleep pattern.

See separate leaflet called '*Stopping Benzodiazepines and Z Drugs*' gives more details. However, stopping benzodiazepine or Z drug sleeping tablets is not practical in every case.

References

- [Insomnia - newer hypnotic drugs](#), NICE Technology Appraisal (Apr 2004); *Zaleplon, zolpidem and zopiclone for the management of insomnia*.
- [Insomnia](#), Clinical Knowledge Summaries (July 2009)
- [Benzodiazepine and z drug withdrawal](#), Clinical Knowledge Summaries (March 2009)

Comprehensive patient resources are available at www.patient.co.uk

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