Deprescribing: It’s no dream. Sleep well without sleeping pills

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In his presentation, **Dr. David Gardner**, who holds appointments in psychiatry and pharmacy at Dalhousie University, addressed two major issues that frequently confront seniors: their need for medications, and the specific role of medications in relation to sleep and rest.

While medications have proven benefits for health and longevity, they can easily lead to adverse health consequences if over-used or combined with other medications — and the risk increases with age. On average older people use more medications. Adverse side effects leading to hospitalization can be countered by reducing or eliminating medications that are not essential — a procedure termed “deprescribing.”

The use of medications to promote sleep illustrates strongly the need for deprescribing. Getting a good night’s sleep is of special concern for many seniors, but some sleep-inducing drugs carry a substantial risk of adverse side effects. Careful assessment of the need for such drugs should be undertaken, and combined with a deprescribing regime when detrimental effects on health are apparent or likely. Taking fewer drugs often leads to better health overall.

Medications with high risk for harm, especially in older adults, are “potentially inappropriate medications,” and should be avoided if possible by looking for safer management alternatives. Examples include: chronic use of anti-inflammatory medications (such as ibuprofen); antipsychotic medications and sleeping pills when used to induce or promote sleep; some drugs used for treatment of Type 2 diabetes; and others. Older adults are more likely to have been prescribed at least one potentially inappropriate medication and are at greater risk due to physiological changes that occur normally with aging. The need for deprescribing thus increases for older adults.

In older adults, difficulty getting to sleep often leads to use of potentially inappropriate medications including anti-anxiety and sleep medications. Data from studies in the U.S. indicate that combined use of opioids and sleeping pills often leads to death among the elderly. Use of sleeping pills is linked to greater risk for several adverse consequences, including falling (resulting in broken bones, especially hip fractures), pneumonia, automobile driving accidents, social withdrawal, memory and cognitive impairments, as well as a cycle of drug dependence and withdrawal symptoms. These alarming outcomes make a strong case for safer alternatives (choosing treatment options wisely). Alternatives for insomnia include cognitive behavioural therapy as a first choice, rather than sedative-hypnotic medications.

Patient-directed alternatives were put forward by Gardner in the form of booklets (“You May Be At Risk”) and the Sleepwell program (website: *mysleepwell.ca*) which emphasizes five components: sleep hygiene, cognitive therapy, relaxation therapy, stimulus control, and sleep restriction. Several books and internet resources are recommended in the Sleepwell program. Thus, the non-medication alternatives are well worth the effort of engagement, since many detrimental consequences of the “quick and easy” sleeping pill alternative can be minimized — including the problem of trying to stop sleep medications after dependence and health problems have developed.

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