

Medications for Insomnia



Parkinson Society British Columbia
Parkinson's Medication Webinar Series
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Sleep Disorders in Parkinson's Disease

- Insomnia
- Excessive daytime somnolence
- REM sleep behaviour disorder
- Restless legs syndrome

Why Discuss Insomnia?

- Most common non-motor symptom that individuals with Parkinson's disease (PD) complain about
- Has impact on your overall quality of life and well-being
- Sleep is important to everyone
 - Can also affect our care partner/caregiver

Types of Insomnia

- Sleep-onset insomnia
 - Difficulty falling asleep
- Sleep-maintenance insomnia
 - Difficulty staying asleep
 - Frequent awakening (sleep fragmentation)
 - More common in PD

Insomnia: Multifactorial Etiology

- Changes in the brain that affects sleep regulation
- Rigidity
- Pain
- Tremor
- Side effects of medication
- Restless legs syndrome
- Depression
- Anxiety
- Hallucinations and confusion
- Nocturia
 - Frequent urination at night

Approach to Managing Insomnia

- Non-drug measures
 - Optimize sleep hygiene
- Review overall medication regimen
 - Ensure adequate management of motor symptoms overnight
 - Review medications that might interfere with sleep
 - PD medications
 - Non-PD medications
- Look for other issues that may be contributing to insomnia

Non-drug Measures

- Keep a regular sleep schedule
- Exercise in the daytime
- Limit naps to 45 minutes or less and earlier in the afternoon
 - One nap per day
- Bedroom is for sleep and intimacy
 - No reading, work, or watching television in bed
- Avoid looking at a screen one hour before bed
 - No television, tablet, laptop, or mobile phone

Non-drug Measures

- No caffeinated beverages after 4 pm
- Be mindful of alcohol intake
- Avoid fluids 2 to 3 hours before bed
- Get out of bed if you cannot sleep
 - Relocate (if possible)
- Get daylight exposure
 - Sleep-wake cycle

Non-drug Measures

- Comfortable bedding, optimize room temperature
- Satin or silk bed sheets and pajamas
- Assistive devices to help with moving and turning
 - Occupational therapy
- Cognitive behavioural therapy (CBT)

Optimize Motor Control Overnight

- Rigidity, tremor, or pain disrupting sleep? May be due to wearing off
- Possible medication strategies to manage overnight PD symptoms:
 - Levodopa/carbidopa controlled-release (CR) at bedtime
 - Dopamine agonist
 - Entacapone
 - Levodopa/carbidopa immediate-release (IR) in the middle of the night
 - Chew tablet and take with carbonated beverage to help speed up onset of action

Side Effect of Medications?

- Some medications are best taken in the morning or earlier in the day
- PD medications that have insomnia as a side effect:
 - MAO-B inhibitors (e.g. selegiline, rasagiline, and safinamide)
 - Amantadine
- Non-PD medications that have insomnia as a side effect:
 - Venlafaxine
 - Bupropion

Other Factors to Consider

- Nocturia
 - Urinary frequency and urgency
 - Can increase risk of falls when getting up in the middle of the night
- Further investigation may be required
 - Sleep apnea
 - Males - enlarged prostate

Natural Health Product (NHP): Melatonin

- Hormone produced by the body that has a role in regulating the body's circadian rhythm
 - Helps promote sleep
- May help with reducing sleep latency (i.e. fall asleep faster)
- Studies have found that melatonin may improve sleep quality, but the total increase in sleep time is small
 - Limited evidence
- Side effects: headache, dizziness, irritability, abdominal cramps, fatigue

Non-prescription Sleep Medication

- Diphenhydramine (Nytol[®], Sleep-eze[®], ZzzQuil[™])
 - FYI: Benadryl[®] is diphenhydramine
- Side effects: grogginess, morning drowsiness, dizziness, dry mouth, urinary retention, constipation, psychomotor impairment (i.e. affects driving, balance, movement), cognitive impairment
- Not meant for chronic use for insomnia
 - Tolerance develops

Should it be used in individuals with Parkinson's disease? No

Doxepin

- At higher doses (25 mg and up), it is used to treat depression but at lower doses (3-6 mg), it is used to treat insomnia
- Helps with sleep maintenance (i.e. helps you stay asleep)
- Counselling point: recommended to not take within 3 hours of a meal to decrease the risk of experiencing next day drowsiness
 - Food delays absorption
- Side effects: drowsiness, sedation, nausea
 - May cause next-day impairment even if you feel fully awake (concern: driving)

Sedating Antidepressants

- Trazodone
 - Side effects: drowsiness, headache, dry mouth, orthostatic hypotension* (i.e. lightheadedness when standing up from sitting or lying down position)
 - *Increase risk of falls
- Mirtazapine
 - Can also be used to manage low mood
 - Side effects: weight gain, sedation

Benzodiazepines

- Examples: lorazepam, temazepam, oxazepam
- If needed, try to use for short-term if possible
- Concerns: tolerance, dependence, cognitive impairment, affects coordination and balance (increases risk of falls)
 - Getting up in the middle of the night to use the bathroom
- May cause next-day impairment even if you feel fully awake (concern: driving)
- Rebound insomnia upon withdrawal
 - Withdrawal symptoms include: insomnia, nausea, twitching, anxiety, irritability, vomiting, delirium, seizures
 - **Never** stop abruptly! Taper off slowly

Zopiclone

- Nonbenzodiazepine but has “benzodiazepine-like” properties
 - Tolerance, dependence, cognitive impairment, increases risk of falls
- May cause less rebound insomnia upon withdrawal
 - Still taper!
- May cause next-day impairment even if you feel fully awake (concern: driving)
- Counselling point: advised to wait 12 or more hours before driving or operating machinery

Herbal sleep aid U-Dream recalled in Canada over 'serious health risks'

BY [RACHAEL D'AMORE](#) - GLOBAL NEWS

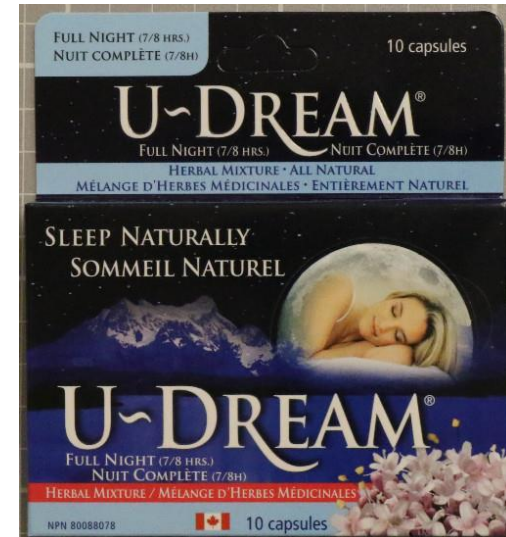
Posted December 24, 2019 8:15 am

Updated December 24, 2019 8:46 am

Popular B.C.-based sleep aid U-Dream recalled

Company recommends consumers stop consumption of the product immediately until further notice

CBC News · Posted: Dec 22, 2019 2:45 PM PT | Last Updated: December 30, 2019



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Health Canada warns Canadians about U-Dream herbal sleep-aid products after tests detect a substance similar to a prescription insomnia drug, which may pose serious health risks

Which prescription medication?

Zopiclone

Safety First!

- Just because it is marketed as “natural” does not mean it is safe
- They may contain herbals and ingredients that are not found in drug interaction databases
 - Unable to determine drug interactions
- Safety and efficacy concerns in relation to other medications and other health conditions

In regards to any natural health product, think about possible interactions with your current medications

* Talk to Your Pharmacist *

Counselling Points

- Use on an as needed basis (if possible)
- Use lowest effective dose
- If using a medication for sleep, best when used in combination with non-drug measures
 - Sleeping medication 30 to 60 minutes before bedtime **PLUS** a non-stimulating activity while waiting for it to take effect
 - No television, mobile phone, laptop, or tablet

Take Home

- Non-drug measures have a tremendous role in helping treat insomnia
- Managing PD meds to help with motor symptoms throughout the night may help greatly
- If sleeping medication is needed, remember to be aware of the associated side effects



Thank you!

Questions?

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