

## Insomnia: a handy chart to help you compare the medicines to help insomnia

**Please note: You are unique** and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. relaxation, sleep hygiene and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

**What the sections in the table mean:**

**Medicine** – these are the main medicines to help treat the symptoms of **insomnia**, and a few others that are sometimes used.

- These medicines are in no special order, although the “Z hypnotics” are usually the first choice
- We have listed them as their “generic name” (the name of the actual medicine). We have also mentioned the trade name where possible
- This is only a short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

**Usual dose per day** – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

**How we think it might work** – this is how we think the medicine works in the brain. There is more on this on our website. Taking two medicines with the same way of working doesn't often help much. GABA is one of the brain's chemical messengers. It calms the brain. Melatonin is the brain's trigger to start the routine for going to sleep.

**How long it takes to work** – this is just a guide as some people may get better quicker or slower. But don't give up too early. **Some of the main side effects** – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Hangover** – feeling sleepy the next morning
- **Stomach upset** – feeling a bit sick

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

**How long you could or should take it for** - how long you take any medicine for will be up to you and your doctor. All of the medicines can tend to lose their effect over a few weeks or months. Sometimes this is because your brain gets used to the effect. Other times if you don't then take a sleeping tablet, you lie there awake worrying about whether you will get to sleep or not just because you haven't had a sleeping tablet. Obviously that doesn't help you go to sleep.

**How to stop it** – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

**Tips on how to get the best out of medication:**

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

## A handy chart to help you compare the medicines to help insomnia (poor sleep)

Medicine	Usual dose at night	How we think it might work (probably)	How long before it starts to work	Duration of effect	Some main side effects *		How long you could take it for	How to stop it
					Hangover	Stomach upset		
<b>Main medicines</b> (licensed or which are proven to help)								
Zopiclone	7.5mg	Boost the effect of GABA, the brain's natural calming chemical messenger	About an hour or so	Lasts about 4-8 hours	●	0	These medicines can sometimes lose their effect over a few weeks or months. So, it is best not to take them every night for a long time.	A low dose for a few days may help, as you can get "rebound insomnia" (ie sleep gets worse for a few days) if you stop suddenly
Zolpidem	5mg		About 15-20mins	Lasts about 2 hours	0	0		
Zaleplon	10mg		15-20mins	Lasts about 2-4 hours	0	0		
Benzodiazepines, shorter-acting (e.g. loprazolam, temazepam, lormetazepam)	Loprazolam 1-2mg Lormentazepam 0.5-1.5mg Temazepam 10mg		About an hour or so	Lasts about 4-6 hours, but may be longer in older people	●	0		
Benzodiazepines, longer-acting (e.g. nitrazepam)	Nitrazepam 5mg		About an hour or so	Lasts about 6-8 hours, but may be longer in older people	●●●	0		
Promethazine (e.g. Phenergan®)	10-25mg	Antihistamine and sedative	About an hour	Lasts about 4-8 hours	●●	0		
Chloral hydrate and cloral betaine	Chloral hydrate up to 1g	Sedative	About an hour	Lasts about 4-8 hours	●●	●●●		
Clomethiazole	192mg (resistant insomnia only)	Sedative	About an hour	Lasts about 4-8 hours	●●	●		
Melatonin (e.g. Circadin®)	2mg at night in people aged 55 or over, for up to 13 weeks	Boosts melatonin, the brain's natural sleep regulator	About an hour	Lasts for a few hours	●	0	3-13 weeks can help get a sleep pattern back to normal	There should be no problems at the end of the course
<b>Other medicines</b> (usually only where the main medicines have not worked or as an add-on)								
Sedative antidepressants (e.g. mirtazapine, trazodone)	Mirtazapine 15-30mg	Antihistamine and sedative	About an hour	Lasts about 4-8 hours	●	0	These can sometimes lose their effect over a few weeks or months. So, it's best not to take every night for a long time.	A lower dose for a few days may help, as you can get "rebound insomnia" (i.e. sleep gets worse for a few days) if you stop suddenly
	Trazodone 50-150mg				●	●		
Antipsychotics or antihistamines at low dose	Promethazine 10-25mg	Antihistamine and sedative			●	0		