



By Alan D. Schmetzer, MD,  
DAPA

## The Medicines for

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Sleep disorders are fairly common in the United States today. The DSM-IV-TR categorizes them as being either primary; secondary to another behavioral health disturbance; due to some general medical condition; or caused by substances such as drugs, alcohol, or medications. Psychotherapists are likely to encounter each of these at some point. The tendency is to think that no one ever died from lack of sleep. However, a 1959-1960 American Cancer Society survey showed 2- to 3-times increased mortality among people who routinely slept more or less than 7 to 10 hours per night.

Insomnia, a sleep disorder, is defined as difficulty initiating or maintaining sleep. A number of behavioral techniques have been found to be helpful with this sleep problem; these techniques are often called "good sleep hygiene." Not going to bed until you are sleepy, not doing distracting activities while in bed (reading, watching TV), getting out of bed if you awaken and cannot immediately fall back to sleep, and limiting caffeine intake after noon are just a few of the interventions that often help.

Insomnia is a possible symptom of several behavioral health disorders, including

depression, mania, many anxiety disorders, and schizophrenia. So, when you encounter a client with insomnia your first step should be to look for a co-morbid condition and, if found, treat it. One may also have insomnia without such a cause, though. In either case, we sometimes target the insomnia with medications.

There are several medications marketed specifically for insomnia, including a number of benzodiazepines. I will not go back over those in detail here, since the side effects and advantages are the same as those for benzodiazepines used in anxiety disorders (see reference 3). The names of the benzodiazepines used specifically for sleep include flurazepam (Dalmane), temazepam (Restoril), triazolam (Halcion), and estazolam (ProSom). Dosages vary, with ProSom (1 to 2 mg) and Halcion (0.25 to 0.5 mg) at the lower end of the spectrum, and Dalmane and Restoril (at 15 to 30 mg) at the higher end. All of the benzodiazepines are habit forming, and the general recommendation for duration of treatment with them is 2 to 3 weeks or less. On the other hand, all are relatively safe in overdose unless taken concurrently with another central nervous system depressant.

Non-benzodiazepine medicines specifically for insomnia include one of the oldest hypnotics, chloral hydrate (Noctec), given in doses of 500 to 1,500 mg, and barbiturates, such as secobarbital (Seconal), in dosages of 100 to 200 mg. Neither of these is safe in overdose, even when taken alone, and both are addicting.

There is a continuing search for a "non-addicting" hypnotic agent. When zaleplon

(Sonata) was introduced to the U.S. market, it was thought to be just that, although that hope may prove overly optimistic. Dosages range from 5 to 20 mg. Another similar medication is zolpidem (Ambien), for which doses are 5 to 10 mg. These are not benzodiazepines, but side effects and interactions with other prescription medications are similar to benzodiazepines, with the addition of nausea.

Almost any medication that has drowsiness as a side effect has probably been used for insomnia at some point. Two of the most commonly used medications for insomnia in the United States are the antihistamine diphenhydramine (Benadryl™) used in doses of 25 to 100 mg, and the antidepressant trazodone (Desyrel™) used in the range of 25 to 150 mg, which is lower than its effective antidepressant dose. Although habituation to the sedative effect of either may occur within days, their greatest advantage is that neither is habit-forming. Side effects with diphenhydramine include dry mouth and nose. Most over-the-counter medicines for sleep are either composed of or contain diphenhydramine. Trazodone has been known to produce a rare but painful penile and clitoral erectile condition called priapism, which is considered a medical emergency when it occurs. Any of the hypnotics, whatever class, can be over-sedating for some people.

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### About the Author

Dr. Schmetzer is a Diplomate of the American Psychotherapy Association and has been a member since 1998. He is a professor of psychiatry at Indiana University School of Medicine.

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