

Sleeping to CHANGEpain – Session 5, Sleep Education – Summary Notes

Sleep Medications

- Don't cure insomnia because they don't treat the causes
- Sleep medications also have side-effects and do not produce natural sleep
- CBT-i has been found to be more effective than sleep medication in the short-term and long-term
- Discontinuation of sleeping pills is associated with improvements in cognitive functioning
- Risks associated with sleep medications include:
 - o Impaired next-day coordination, alertness, learning and memory, and cognition
 - o Physical and psychological dependence
 - o Reduced REM sleep
 - o Dangerous sleep behaviours (sleep texting, eating, driving, etc.) and amnesia
- Because of the amnesic effects of sleep medication, people *think* they sleep better under the influence of most sleep medications because they don't remember being awake
- Sleep medications may be appropriate for temporary use if sleep is disturbed by jet lag or a stressful event such as the death of a loved one, separation, divorce or medical problem. In these circumstances, sleeping medication may help prevent short-term insomnia from evolving into chronic insomnia.
- Guidelines for use of sleeping medication:
 - o Use in conjunction with behavioural techniques
 - o Use the smallest possible dose and do not use the pill for more than 2-3 weeks
 - o Use this medication intermittently, only after two consecutive bad nights of sleep and never on consecutive nights
 - o Never increase the dose or take a higher dose than prescribed

Tapering Sleep Medication Use

- Should be self-paced and gradual
- Begin working with CBT-I techniques before beginning medication reduction
- Steps for reducing use:
 - o Determine current use baseline
 - o Cut the medication dose in half on two medication nights (e.g., if medication is taken every night, reduce the dose on two of the seven nights)
 - Choose easy nights (such as a weekend) where there is less worry about daytime functioning the following day
 - Don't choose consecutive nights
 - o Actively use positive sleep thoughts to support reduction
 - o Once sleeping reasonably well on two reduced dosage nights, cut the dose in half every other night.
 - o When sleeping well on the half dosage nights, take a half dose every night
 - o The remaining half dose is eliminated in the same gradual way
- If taking more than one medication, use this approach to eliminate one medication first, then the second, and so on.

Further Support for Sleep Issues

- Physician assessment for possible undiagnosed sleep issues
- Pharmacist review of medications (including OTC) for possible contributing factors to disrupted sleep
- Support from various other clinicians navigating conditions, such as depression, anxiety, and PTSD, that may affect sleep
- Physician or pharmacist guidance and support tapering sleep medication use