Making sense of sleeping pills and minor tranquillisers

making sense

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This booklet is for anyone who has been prescribed sleeping pills or minor tranquillisers, or who thinks they may be offered them, and for their friends and family. It explains why these drugs may be prescribed, what their effects are, and when to avoid them.

Note: These drugs are sometimes called sleeping pills, minor tranquillisers, sedatives or anxiety-busters. Doctors may also call them hypnotics or anxiolytics.
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What should I know before taking any drugs?

Informed consent

The law says that you have the right to make an informed decision about which treatment(s) to have. To consent properly, you need to have enough information to understand what the treatment is, what its benefits should be, possible harms it might cause, its chance of success, and available alternative treatments.

Even after you have given your consent you can change your mind at any time. Consent is fundamental to treatment, and treatment given without consent can amount to assault and negligence.

However, if you are in hospital as an involuntary patient under the Mental Health Act (sectioned), you can be treated without your consent. For more information on this, see Mind rights guide: consent to medical treatment.

If you have taken medication before, you may know which drugs work best for you. You might want to write a statement saying which drugs have and haven’t helped you in the past, to help make the right choice in the future; especially if you are not able to make your wishes known clearly at the time.

You can do this by:

- making a note on your care plan
- using a crisis card
- making an advance statement (see Mind’s legal briefing The Mental Capacity Act 2005).
If you are worried about your diagnosis and treatment, and unsure about the advice you have been given, you could ask either your GP or psychiatrist to refer you for a second opinion.

**Patient information leaflets**

If you are prescribed medication as an outpatient, it should come with a patient information leaflet (PIL – usually folded up small to fit in the packet); as an inpatient, you may have to ask for it specifically. If you do not receive the PIL, you should ask for it from the person who makes up your prescription.

The PIL contains information such as:
- the trade and generic names of the drug
- the dosage and form it takes, e.g. tablets or liquid
- who should take it
- what conditions the drug is licensed to treat
- cautions about any conditions that mean you should take a reduced dose or not take it at all
- how and when to take it
- possible side effects
- the expiry date
- how to store it safely.

It should also contain a full list of all the ingredients, including the extra contents that hold it together as a tablet or capsule, such as maize starch, gelatin, cellulose, and colourings. This information is important because some people may be allergic to one or other of the ingredients, such as lactose or a colouring. Gelatin is unacceptable to some people because it is an animal product.

**Getting more information from your doctor or pharmacist**

The PIL contains only the most important information you need to know about the medicine and if you need to know more, you should ask your doctor or your pharmacist.
Many people would like to have the information about their medicine before they start taking it. You might like to make a list of questions to ask your doctor when your prescription is written, such as whether the medication will make you sleepy, whether you should take it with food, or whether you are likely to have problems coming off it.

You can also talk to your pharmacist, either at your local hospital or your chemist. Pharmacists are drug specialists, and may be more knowledgeable about your drugs than the doctor who prescribes them. They may be more aware of possible side effects, and also possible interactions with other drugs (this is when a drug changes the effect of other drugs you are taking). Many high-street chemists have space set aside where you can talk privately.

There is more information on medicines and their use available on the electronic Medicines Compendium (eMC) website (see ‘Useful contacts’ on p.34).

**Medicines Use Reviews**

If you regularly take more than one prescription medicine, or take medicines for a long-term illness, you can go to your local pharmacist for a Medicines Use Review, in which you can talk about your medicines, what they’re all for, and any problems you may have with them. A guide to this scheme is available on the Royal Pharmaceutical Society’s website (see ‘Useful contacts’ on p.34).

**Drug names**

Drugs can have two types of names: their generic name and the trade names given by the drug companies (starting with a capital letter). If a drug is made by more than one company, it can have several trade names, but it always has the same generic name. In this booklet, drugs are listed using their generic name, with the trade name(s) after it in brackets, e.g. diazepam (Valium).
Drug misuse and the law

Some of the drugs discussed in this booklet are controlled drugs. This means that the rules for storing them, and writing and dispensing prescriptions, are stricter than for other drugs. Of the drugs discussed in this booklet, most benzodiazepines, zolpidem, and meprobamate are classified as class C drugs. Barbiturates are classified as class B.

If you pass on any of these drugs to relatives or friends, you may not realise it, but you are committing a criminal act and could be liable to serious penalties in the form of imprisonment or fines.

What are sleeping pills and minor tranquillisers?

Sleeping pills and minor tranquillisers are prescribed for severe anxiety and sleeping problems. They include:
- benzodiazepines for both anxiety and sleeping problems (see p.11)
- drugs for anxiety only (see p.21)
- drugs for sleeping problems only (see p.25).

Sleeping pills and minor tranquillisers are sedatives, which means they slow down your body and brain’s functions, such as your breathing, heartbeat and thought processes. They can’t cure anxiety or sleeping problems, as they don’t address the underlying causes, but they can help to control the symptoms.

For example, if taken correctly, they can:
- reduce symptoms of anxiety, such as feeling agitated or shaky, and make you relax and feel calmer
- help you break a short-term period of insomnia and return to a more healthy sleep pattern.
How should sleeping pills and minor tranquillisers be used?

You should be prescribed sleeping pills and minor tranquillisers according to guidelines produced by NICE (the National Institute for Health and Care Excellence), the Royal College of Psychiatrists and the British National Formulary (the main guide for professionals on the use of medication).

These guidelines say that you should only be given sleeping pills and minor tranquillisers:

- if you have severe anxiety or insomnia that is having a significant impact on your day-to-day life
- for short periods of time
- if other forms of treatment, such as cognitive behaviour therapy (CBT) have been considered.

Sleeping pills and minor tranquillisers are most effective if you take them on a short-term basis, rather than as continuous treatment. This is because they can be addictive if taken regularly and, for most people, become less effective if taken over a period of time.

Generally, you shouldn’t take drugs for sleeping problems for more than three weeks, and preferably for no more than a week. Drugs for anxiety should be taken for no more than four weeks, and you should try to avoid taking them every day.

All sleeping pills and minor tranquillisers affect your ability to think and react quickly, which means you shouldn’t drive or operate machinery after taking the drugs as it could be dangerous. Some sleeping pills and minor tranquillisers also have a hangover effect which means you shouldn’t drive or operate machinery the following day (see ‘When and how should benzodiazepines be used?’ on p.11 and ‘Zopiclone’ on p.27).
Will I get side effects?

Sleeping pills and minor tranquillisers can have side effects, which can be unpleasant. Whether you get side effects or not, and how much they bother you, depends on which drug you are taking and your individual response.

Frequency of side effects

Patient Information Leaflets (PILs – see p.5) define the frequency of possible side effects as:

- **Very common** – affects more than 1 person in 10
- **Common** – affects 1 to 10 people in 100
- **Uncommon** – affects 1 to 10 people in 1,000
- **Rare** – affects 1 to 10 people in 10,000
- **Very rare** – affects fewer than 1 person in 10,000
- **Not known** – frequency is not known.

This data is given in the PILs for all of the newer drugs, but this data is not available for some of the older drugs.

Where frequency data is available for the newer drugs in this booklet, it is described using the system above. For older drugs, where it is not available, side effects are described as most common, less common and rare.

Reporting adverse effects

The side effects listed in PILs are those reported during research when the drug was being developed, and those reported by people taking it since. If you experience troublesome side effects that are not listed in the PIL,
it is important to report them to the Medicines and Healthcare Products Regulatory Agency (who license the drugs). You can use the Yellow Card scheme to do this yourself, via the MHRA website (see 'Useful contacts' on p.34) or on cards available at most pharmacies, or you can ask a health professional to do it for you.
Drugs for anxiety and sleeping problems

This section is about benzodiazepines, which are minor tranquillisers used to treat both anxiety and sleeping problems. (They also have other uses, not covered in this booklet.)

How do benzodiazepines work?

Benzodiazepines act as a sedative – slowing down the body’s functions. They work by increasing the effect of a brain chemical called GABA (gamma amino butyric acid). This reduces brain activity in the areas of the brain responsible for rational thought, memory, the emotions, and essential functions, such as breathing, which in turn slows down how your body and brain work.

Benzodiazepines are very effective in the short term, but they may stop working if you take them for more than four months, as your brain adjusts to having higher levels of GABA.

When and how should benzodiazepines be used?

Benzodiazepines should only be used to treat severe anxiety or severe insomnia that is having a significant impact on your day-to-day life.

However, there are situations when their use may not be appropriate. After a bereavement, for example, tranquillisers may numb your emotions and prevent you from grieving properly.

Benzodiazepines are likely to be most effective if you take them as a one-off dose for one occasion, and not as continuous treatment. This is because they can be addictive and generally become less effective if you take them regularly over a long period of time.
Ideally, they should not be taken for longer than four weeks, and should not be taken every day. However, depending on individual circumstances, some doctors may prescribe them at low doses for long periods and this does not always cause a problem.

Benzodiazepines slow your thinking and reaction time, which means you shouldn’t drive or operate machinery after taking them. The drugs also cause a hangover effect, which may affect your ability to drive the following day.

Who shouldn’t take benzodiazepines?

It is important that your doctor knows about any medical conditions you have and any treatment you are already receiving before they prescribe you a benzodiazepine. This means they can decide whether you should take them, and if so, which one would be most suitable for you.

You should not take benzodiazepines if you have:
- severe respiratory disease
- sleep apnoea (breathing problems during sleep)
- severe liver or kidney disease.

You should use these drugs with caution if you have:
- respiratory disease (chest and lung problems)
- muscle weakness (especially a condition called myasthaenia gravis)
- a history of alcohol or drug abuse
- a diagnosis of personality disorder.

You should be given a reduced dose if you have:
- liver or kidney problems
- porphyria (a rare, inherited illness).

Benzodiazepines should not be used as the only treatment for depression.
Can I take benzodiazepines with other medication?

Children
Benzodiazepines are not suitable for children, except in rare cases of acute anxiety or insomnia caused by fear or sleepwalking, when diazepam (Valium) may be used.

Older people
Older people should be given a lower dose than the standard adult dose.

New and expectant mothers
Benzodiazepines should not be taken during pregnancy or while breastfeeding, as they can cause physical problems in babies, such as cleft palate, urinary tract abnormalities, and heart and stomach abnormalities, and may contribute to long-term problems, such as dyslexia (difficulty reading and writing), dyspraxia (a movement disorder) and attention deficit hyperactivity disorder (ADHD).

If taken at the end of pregnancy, they can also cause the following problems in newborn babies: drowsiness, floppy muscles, breathing problems, low body temperature, and withdrawal symptoms that include abnormal sleeping patterns, high-pitched crying, tremor (shaking), vomiting and diarrhoea.

You should not breastfeed your baby while taking benzodiazepines because the drugs are present in the breast milk, and may build up in the baby’s body and cause side effects.

Can I take benzodiazepines with other medication?

If you are taking any other medicines (on prescription, over-the-counter, or from an alternative health practitioner), tell your doctor. Combining other medication with benzodiazepines can change the effects of the drugs or cause additional side effects, so it’s important to make sure it is safe.
Benzodiazepines are often used in combination with other psychiatric drugs:

- **Benzodiazepines and antidepressants** – If you are prescribed antidepressants, some doctors may suggest that you take a benzodiazepine as well to begin with. This is because antidepressants may take a few weeks to have an effect, but benzodiazepines work quickly. Once the antidepressants start to have an effect, you can stop the benzodiazepine and continue with the antidepressant.

- **Benzodiazepines and antipsychotics** – Benzodiazepines are often used together with antipsychotic drugs to treat schizophrenia or similar conditions. You may be given them short-term to calm you down quickly if you are very agitated or over-excited, or having a severe mental health crisis, especially if you are in hospital.

Note: Drinking alcohol increases the sedative effect of benzodiazepines. You might want to ask your doctor or pharmacist whether it’s safe to drink alcohol when you’re taking these drugs.

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**What are the different types of benzodiazepines?**

The main difference between the different benzodiazepines is the length of time the drugs are active in the body. This is measured by the half-life of each drug – the time it takes for the amount of the drug in the body to be reduced by half.

**Short-acting benzodiazepines** have a short half-life. This means that the drugs are processed more quickly and leave your body more suddenly. Short-acting drugs have a greater risk of withdrawal symptoms, because your body has less time to adapt to working without the drug.

**Long-acting benzodiazepines** have a long half-life. This means that the drugs are processed by your body more slowly and take longer to leave the body. This means you are more likely to experience a hangover effect.
Generally speaking, short-acting benzodiazepines are used as sleeping pills, and long-acting benzodiazepines are used for anxiety. However, this difference is not clear-cut – drugs for anxiety will help you sleep if you take them at night, and sleeping pills will calm you if you take them during the day.

The different benzodiazepines used for anxiety and sleeping problems are listed in the tables below. All drugs are listed under the generic names, with the trade names in brackets afterwards. All of the tablet versions contain lactose.

### Benzodiazepines used for anxiety

<table>
<thead>
<tr>
<th>Drug</th>
<th>Form</th>
<th>Dose range</th>
<th>Half-life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlordiazepoxide (Librium, Tropium)</td>
<td>Capsules, tablets</td>
<td>10mg 3 times per day, up to a maximum of 100mg per day</td>
<td>5–30 hours (36–200 hours*)</td>
</tr>
<tr>
<td>Diazepam (Valium, Rimapam, Tensium, Dialar, Diazemuls, Diazepam Rectubes, Stesolid, Valclair)</td>
<td>Tablets (2mg, 5mg and 10mg), oral liquid, injectable liquids, rectal tubes, suppositories</td>
<td>6mg per day, increased up to 30mg per day For children: 1–5mg Doses vary, according to the condition</td>
<td>20–100 hours (36–200 hours*)</td>
</tr>
</tbody>
</table>
## Making sense of sleeping pills and minor tranquillisers

### Short-acting drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Form</th>
<th>Dose range</th>
<th>Half-life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam (Xanax)</td>
<td>Tablets</td>
<td>Normal dose: 0.25–0.5mg 3 times per day, up to a maximum of 3mg per day</td>
<td>6–12 hours</td>
</tr>
<tr>
<td>Lorazepam (Ativan)</td>
<td>Tablets, injectable liquid</td>
<td>1–4mg per day for anxiety</td>
<td>10–20 hours</td>
</tr>
<tr>
<td>Oxazepam</td>
<td>Tablets</td>
<td>15–30mg, 3 to 4 times per day Maximum dose 50mg</td>
<td>4–15 hours</td>
</tr>
</tbody>
</table>

### Benzodiazepines used as sleeping pills

### Long-acting drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Form</th>
<th>Dose range</th>
<th>Half-life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flurazepam (Dalmane)</td>
<td>Capsules</td>
<td>15–30mg at bedtime</td>
<td>(40–250 hours*)</td>
</tr>
<tr>
<td>Nitrazepam (Mogadon, Remnos, Somnite)</td>
<td>Tablets, oral liquid</td>
<td>5–10mg at bedtime</td>
<td>15–38 hours</td>
</tr>
</tbody>
</table>
### Short-acting drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Form</th>
<th>Dose range</th>
<th>Half-life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loprazolam</td>
<td>Tablets</td>
<td>1mg at bedtime, can increase to 1.5mg or 2mg</td>
<td>6–12 hours</td>
</tr>
<tr>
<td>Lormetazepam</td>
<td>Tablets</td>
<td>0.5–1.5mg at bedtime</td>
<td>10–12 hours</td>
</tr>
<tr>
<td>Temazepam</td>
<td>Tablets, oral liquid</td>
<td>10–20mg at bedtime Exceptionally, 30–40mg</td>
<td>8–22 hours</td>
</tr>
</tbody>
</table>

* This refers to the half-life of the active metabolite, the substance the drug turns into, in the body, which has the therapeutic effect.

Note: flunitrazepam (Rohypnol) and chlorazepate (Tranxene) have been taken off the market in the UK, but they may still be available through unregulated sources.

### What are the possible side effects?

The side effects listed below may be caused by benzodiazepines. Everyone reacts to medication differently so you may or may not experience these side effects.

The most common side effects of the benzodiazepines are: drowsiness, light-headedness, confusion, unsteadiness (especially in older people, who may have falls and injure themselves as a result), dizziness, slurred speech, muscle weakness and memory problems. In some people, they may increase hostility, aggression or anxiety, instead of doing the opposite. These are called ‘paradoxical effects’, and also include nightmares and inappropriate behaviour. They may also cause constipation, feeling sick, dry mouth, and blurred vision.
Less common side effects are: headaches, dizziness, low blood pressure, increased saliva production, digestive disturbances, skin rashes, sight problems (such as double vision), tremor (shaking), changes in sexual desire, incontinence (loss of bladder control) and difficulty urinating. Blood disorders, jaundice, and breast development in men have also been reported.

If you take these drugs for more than 2–4 weeks, you may find it more difficult to concentrate, and begin to lose confidence in yourself and your abilities. You may feel dulled, slow, isolated, unreal and unable to respond emotionally to pleasure or pain. You may develop weight problems, and feel irritable and impatient. You may also experience withdrawal symptoms while you are still taking the drugs, and need to take a higher and higher dose to achieve the same result.

What if I want to stop taking benzodiazepines?

If you take benzodiazepines as recommended, and take them as a one-off dose, you would not normally have any problems in stopping them.

However, if you take benzodiazepines regularly over a long period of time, there is a risk you could become psychologically or physically dependent on them. For example, you may feel that you can’t cope with your day-to-day life unless you take them, or you may experience physical withdrawal symptoms if you stop or reduce your dose.

The longer you stay on benzodiazepines, the more likely it is that you will find it difficult to stop taking them and the greater the risk that you will have withdrawal symptoms. However, some people seem to be able to stop taking them without any problems.

Short-acting benzodiazepines (which are most likely to be taken as sleeping pills) can be particularly difficult to come off if you have been taking them for a long time.
Making sense of sleeping pills and minor tranquillisers

If you want to stop taking benzodiazepines, it’s important to reduce the dose gradually, and get as much information and support as possible. You are more likely to experience withdrawal symptoms if you stop or reduce your dose suddenly. (For more information, see Mind’s booklet *Making sense of coming off psychiatric drugs.*)

**Possible withdrawal symptoms**

Withdrawal symptoms can occur several hours after taking a short-acting benzodiazepine, and up to three weeks after taking a long-acting benzodiazepine. Symptoms can last for different lengths of times, and could last for weeks or months if you were taking benzodiazepines for a long time before you stopped.

Withdrawal symptoms may include: increased anxiety, physical symptoms of anxiety (muscle tension, tight chest, palpitations, fast heartbeat, sweating, trembling or shaking), depression, difficulty sleeping, nightmares, restlessness and inability to concentrate, panic attacks and agoraphobia (fear of crowded places), loss of interest in sex, loss of appetite and of body weight, dizziness, headaches, feeling sick, vomiting, blurred vision, sore eyes, increased sensitivity to light, noise, touch and smell, tinnitus (ringing in the ears), sore tongue and metallic taste, face and neck pain, tingling in the hands and feet, abdominal cramps, unsteady legs.

Severe withdrawal symptoms can include: muscle twitching, burning sensations in the skin, severe depression, hallucinations, paranoia and delusions (strongly held beliefs that other people don’t share), confusion, memory loss, convulsions, depersonalisation (feeling strange in familiar surroundings), derealisation (feeling out of touch with reality). Broken sleep with vivid dreams may continue for a while after you have come off the drug.

If you withdraw from benzodiazepines suddenly, this can cause serious symptoms including: confusion; psychosis (symptoms such as seeing or hearing things others don't); convulsions; a condition resembling delirium.
tremens (caused by alcohol withdrawal), which can trigger a rapid heartbeat, sweating, high blood pressure, tremor (shaking), hallucinations and agitated behaviour.

Antidepressants and benzodiazepine withdrawal

It is common to become depressed after coming off benzodiazepines, and your GP may offer you antidepressants to help you deal with this. If you are considering taking antidepressants to deal with depression caused by benzodiazepine withdrawal, make sure you are aware of all of the possible benefits and side effects before taking them, and discuss any concerns you have with your doctor. Some research suggests that certain antidepressants (serotonin specific re-uptake inhibitor (SSRI) antidepressants) are not effective for treating depression that happens after benzodiazepine withdrawal. (See Mind’s booklet Making sense of antidepressants.)
Making sense of sleeping pills and minor tranquillisers

Drugs for anxiety only

This section is about minor tranquillisers that are used to treat anxiety. You may also be prescribed other types of drugs for anxiety, such as antidepressants, beta-blockers and antipsychotics (at low doses). For information about these drugs, see Mind’s booklets Understanding anxiety and panic attacks, Making sense of antidepressants and Making sense of antipsychotics.

Buspirone (Buspar)

This can be used to treat anxiety, but is for short-term use only. It does not help with the symptoms of benzodiazepine withdrawal.

Form: tablets. Contains lactose.

Dose: 15–30mg per day (5mg 3 times per day, increased, as necessary, every 2 to 3 days); maximum 45mg per day. It is not suitable for children.

Side effects: Most common: dizziness, headache, sleepiness; difficulty sleeping, nervousness, depression, confusion, anger, blurred vision, tremor (shaking), ringing in the ears, light-headedness, rapid heartbeat, palpitations, chest pain, stuffy nose, painful throat; feeling sick, vomiting, dry mouth, stomach pain, diarrhoea, constipation, cold sweats. Rare: skin rashes.

Cautions: People with liver or kidney problems should use this with caution. Anyone who is pregnant, breastfeeding, who has epilepsy, or severe liver or kidney problems should not use it. It may affect your ability to drive or perform other skilled tasks and can also increase the effects of alcohol. You should be consistent about taking it with food – either always with food or always without food. You should avoid grapefruit juice while you are taking it.
Pregabalin (Lyrica)

Pregabalin is used mainly to treat epilepsy and certain types of pain, but it is also licensed for generalised anxiety disorder. It should be withdrawn gradually by slowly reducing the dose.

**Form:** capsules (should be swallowed whole with water) and oral solution. Contains lactose.

**Dose:** for generalised anxiety disorder, initially 150mg daily in 2–3 divided doses (i.e. 50mg 3 times/day or 75mg twice/day), increased if necessary at weekly intervals in steps of 150mg daily; max. 600mg daily in 2–3 divided doses.

**Side-effects:** Most common: dizziness, drowsiness; dry mouth, constipation, feeling and being sick, belching and passing wind; fluid retention; irritability, problems concentrating, disturbances in muscle control and movement, memory problems, pins and needles, feeling excited, confusion, disorientation, fatigue, appetite changes, inability to sleep, weight gain; changes in sexual function; sight problems (including blurred vision, double vision, eye strain and eye irritation). Less common: swollen stomach, excessive saliva, reflux causing heartburn, thirst, hot flushes, low and high blood pressure, fast heartbeat, fainting, breathlessness, chest tightness, heart problems, dry nose, sore nose and throat, stupor, feeling disconnected from surroundings, depression, abnormal dreams, hallucinations, agitation, panic attacks, chills, feeling weak, speech problems, loss of sense of taste, low blood sugar, difficulty urinating, urinary incontinence, disorders of white blood cells, muscle cramp, muscle pain, joint pain, sensitivity to sound, sweating, and rash. Rare: fluid in the abdomen, difficulty swallowing, pancreatitis, cold fingers and toes, problems with heart rhythm, slow heartbeat, cough, nose bleeds, runny nose, disturbance of sense of smell, high temperature, violent shivering, loss of inhibition, weight loss, high blood sugar, kidney failure, disturbances of menstrual periods, breast pain, breast discharge, breast growth, muscle breakdown, low blood potassium; diarrhoea, heart
failure, skin blistering, headache, Stevens-Johnson syndrome (severe rash which may lead to multiple organ failure), and itching; suicidal thoughts.

**Withdrawal:** The following withdrawal effects have been reported after both short- and long-term use: insomnia, headache, nausea, anxiety, diarrhoea, flu syndrome, nervousness, depression, pain, convulsion, sweating and dizziness. Convulsions, including prolonged convulsions which are life-threatening, may occur while you are taking pregabalin or shortly after you stop.

**Cautions:** It should be used with caution in people with severe congestive heart failure, and in those with kidney problems (there is a special dose schedule if you have one of these conditions). You should talk to your doctor if you have diabetes and put on weight while taking pregabalin. It should not be used in pregnancy unless the potential benefit to the mother outweighs the risk to the baby, and should not be used while breastfeeding.

**Meprobamate**

In the UK, meprobamate is currently licensed for short-term use in anxiety. However, the Medicines and Healthcare Products Regulatory Agency (MHRA) has said it will be taken off the market, because the risk of harm outweighs the chance of benefit and it is dangerous in overdose. You shouldn’t be prescribed meprobamate if you haven’t used it before.

**Form:** tablets.

**Dose:** 400mg, 3–4 times per day. Older people should take half the recommended dose.

**Side effects:** These are similar to the side effects of benzodiazepines (see p.17), but are more common. They include drowsiness, digestive disturbances, low blood pressure, pins and needles, weakness, headaches, excitement and visual disturbance. *Rare:* blood disorders and rashes.
Cautions: It should be used with caution in people who have respiratory disease, muscle weakness, epilepsy, a history of drug or alcohol abuse, marked personality disorder, liver or kidney disease, and in older people. It should not be used for people with severe respiratory disease or porphyria (a rare, inherited illness), or while pregnant or breastfeeding. It’s not suitable for children.
Drugs for sleeping problems only

This section is about sleeping pills and minor tranquillisers that are used to treat sleeping problems.

The ‘Z’ drugs: zolpidem, zopiclone and zaleplon

Zolpidem (Stilnoct), zopiclone (Zimovane) and zaleplon (Sonata) were introduced more recently than the benzodiazepines. They are a bit different from benzodiazepines and were designed to try and overcome some of the problems associated with the older drugs, but they act in a very similar way.

Problems of dependence and withdrawal are just as likely to occur with these ‘hypnotic’ drugs, and guidelines for use of all of them say that they should be given at the lowest effective dose, for the shortest possible time, and they should be withdrawn gradually. Generally, you shouldn’t take sleeping pills for more than three weeks, and preferably for no more than a week.

You should take ‘Z’ drugs when you are ready for sleep, and not before. They are short-acting and have little or no hangover effect. It’s best not to take them with or immediately after food as this may make them work more slowly, and you should not take them with alcohol. You should not take a second dose in one night.

These drugs may slow your thinking and reaction time, so you shouldn’t drive or operate machinery after taking them. All of these drugs can occasionally cause a type of sleep-walking, when you may get up and do things while you are not properly awake, including dangerous activities like driving. You may not remember anything about what you have done. If anything like this happens to you, you should talk to your doctor about it immediately. You may also be rather unsteady and clumsy if you need to get up in the night to go to the toilet.
You should not take these drugs if you have sleep-related breathing problems (obstructive sleep apnoea), neuromuscular weakness, or during pregnancy or breastfeeding. The same cautions about who should take them apply as for benzodiazepines (see 'Who shouldn’t take benzodiazepines?' on p.12).

You should be prescribed zaleplon, zolpidem and zopiclone according to NICE (the National Institute for Health and Care Excellence) guidelines. They include the following recommendations:

- Doctors should consider using non-medication treatments, such as a talking treatment, before prescribing a sleeping pill.
- If a doctor thinks that a sleeping pill is the appropriate way to treat severe insomnia that is interfering with normal daily life, they should prescribe one for only short periods of time and strictly according to the licence for the drug.
- Because there is no firm evidence of differences in the effects of zaleplon, zolpidem, zopiclone and the shorter-acting benzodiazepines, doctors should prescribe the cheapest drug, taking into account the daily dose required and the cost for each dose.
- Treatment should only be changed from one of these hypnotics to another if side effects occur that are directly related to the medicine.
- If treatment with one of these hypnotic medicines does not work, the doctor should not prescribe one of the others.

**Zolpidem (Stilnoct)**

**Form:** tablets. Contains lactose.

**Dose:** for a maximum of 4 weeks. 10mg at bedtime. Older people 5mg.

**Side effects:** diarrhoea, feeling or being sick, dizziness, headache, daytime drowsiness, weakness, memory problems, dependence, nightmares, restlessness at night, depression, reduced alertness, confusion, changes to the way you walk or unsteadiness, falls, double vision, upset stomach, changes in libido, skin rashes, and paradoxical excitement or hostility.
Zopiclone (Zimovane)

Zopiclone has a hangover effect, so if you take it at night, it may affect your ability to drive the following day.

Form: tablets. Contains lactose.

Dose: for a maximum of 4 weeks. 7.5mg at bedtime. Older people 3.75mg.

Side effects: bitter or metallic aftertaste, mild stomach upset (including feeling or being sick), dry mouth, dizziness, headache, drowsiness. Rare: irritability, aggressiveness, confusion, depression, difficulty remembering new information, hallucinations, nightmares, skin rashes, light-headedness, and loss of coordination.

Caution: Not suitable for children.

Zaleplon (Sonata)

Zaleplon appears to have less hangover effect than other sleeping pills, but is also less effective in keeping people asleep. It may be helpful for people who have difficulty falling asleep, but will be less helpful for people who wake frequently. A study of zaleplon in older people showed that they got to sleep more quickly and stayed asleep for longer after zaleplon than after a placebo (dummy pill), and there seemed to be no significant hangover effects next day.

Form: capsules.

Dose: for a maximum of 2 weeks. 10mg at bedtime, or after going to bed if difficulty falling asleep. Older people 5mg.
Side effects: loss of memory, tingling sensations, drowsiness, painful periods, loss of energy. Less common: feeling sick, loss of appetite, feeling weak, loss of coordination, confusion, loss of concentration, depression, feeling detached from things, dizziness, hallucinations, disturbances of smell, hearing, speech and vision, sensitivity to light, and paradoxical excitement or hostility (discontinue the drug if this occurs).

Caution: Not suitable for children.

Melatonin (Circadin)

Melatonin is a natural hormone produced by the pineal gland – a gland in the brain which regulates the body’s response to the 24-hour night/day cycle. It is licensed as a supplement for insomnia in adults aged 55 years and over, for short-term use only. Circadin is not recommended for children and adolescents below the age of 18, but may be used in certain circumstances.

Form: prolonged-release tablet, containing 2mg melatonin. Contains lactose.

Dose: adults over 55 years, 2mg 1–2 hours before bedtime for 3 weeks.

Side effects: Side effects are listed as uncommon or rare, which means that they all affect fewer than 1 in 1,000 people. Uncommon: soreness at back of nose and throat; back pain, headache, loss of energy; abdominal pain, constipation, dry mouth, weight gain, drowsiness, dizziness, sleep disorders, restlessness, nervousness, irritability, and sweating. Rare: flatulence, bad breath, too much saliva, being sick, high levels of blood fats, aggression, agitation, tiredness, memory problems, mood changes, hot flushes, erection without feeling sexual desire, increased libido, abnormalities of white blood cells, muscle cramp, skin reaction, sweating, runny eyes, and visual disturbances.
Cautions: It should not be used in people with liver problems and should be used with caution in those with kidney problems. Its safety in pregnancy has not been established. It should not be used while breastfeeding.

Chloral hydrate and related drugs

The drugs in this group are chloral hydrate (Welldorm), triclofos sodium and clomethiazole (formerly spelt chlormethiazole). These used to be given to children, but nowadays giving children sleeping drugs is not recommended. There is also no convincing evidence that these drugs are particularly useful in older people and so they are not actually used very often as sleeping pills any more. They should not be taken in pregnancy or while breastfeeding. They should be used with caution for people who have a history of drug or alcohol abuse, and marked personality disorder. Contact with the skin should be avoided.

Chloral hydrate (Welldorm) and triclofos sodium

Form: oral solution, tablets.

Dose: depends on preparation used. Liquid versions of chloral hydrate should be freshly mixed.

Side effects: feeling or being sick, bloated stomach and wind, feeling unwell, unsteadiness, confusion, rashes, headache, light-headedness, ketonuria (a sign of low blood sugar), excitement, nightmares, delirium (especially on sudden withdrawal). You may become dependent on them if you take them for a long time. Triclofos sodium causes fewer gastrointestinal disturbances than chloral hydrate.

Clomethiazole (chlormethiazole, Heminevrin)

This should be prescribed only for older people (and only for the short term), and for very short-term use in younger people who are going through alcohol withdrawal under supervision. Regular use is undesirable and likely to cause dependence.
Form: capsules, sugar-free syrup.

Dose: 1–2 capsules or 5–10ml syrup at bedtime.

Side effects: stuffy and itchy nose, itchy eyes, and headache. Rare: excitement, confusion, dependence, stomach upsets, rashes, severe allergic reaction and alterations in liver function.

Cautions: It should not be used in alcoholic patients who continue to drink. It should be used with caution in people with heart or chest diseases, history of drugs abuse, personality disorders, liver or kidney disease. It is not suitable for children.

Barbiturates

Barbiturates were used as sedatives before benzodiazepines became available. They are rarely prescribed now. The British National Formulary (BNF) says that intermediate-acting barbiturates should only be used to treat severe insomnia that has not improved with other treatment in patients already taking barbiturates, that they should be avoided in the elderly, and that the use of the long-acting barbiturate pentobarbital as a sedative is unjustified.

Antihistamines

Two antihistamines, diphenhydramine (Nytol) and promethazine (Phenergan, Sominex) are available over the counter without a prescription as sleeping tablets. Antihistamines are primarily used for treating allergic reactions and conditions such as hay fever. They can be used for short-term sleeping problems, because they cause drowsiness, which is their main side effect. Diphenhydramine is also available as Panadol Night and Medised for Children, combined with paracetamol, to treat temporary insomnia with night-time pain. These drugs are long-acting and so they often leave a hangover the following day.
They may be slow to act, and their sedative effect may diminish after a few days.

Side effects: dizziness, restlessness, headaches, nightmares, tiredness and disorientation. Occasionally, and especially in older people: blurred vision, dry mouth, urinary retention, confusion, and excitement (also, especially in children). Rare: loss of appetite, stomach discomfort, palpitations, low blood pressure, disturbances of heart rhythm, shaking, muscle spasms, tic-like movements, blood disorders, and sensitivity to sunlight.

Cautions: They should be used with caution for men with an enlarged prostate, people with problems urinating (urinary retention), glaucoma (an eye disease), liver disease, epilepsy and porphyria (a rare, inherited illness). They should not be used during pregnancy or while breastfeeding. If you are in any doubt about whether they are suitable for you, or if you are taking any other medication, including herbal remedies, you should discuss this with the pharmacist before you buy them.

**Diphenhydramine**

Form: tablets, oral liquid.

Dose: 50mg (2 tablets) 20 minutes before going to bed.

Caution: Not suitable for children.

**Promethazine**

Form: tablets, oral liquid.

Dose: 25mg at bedtime increased to 50mg if necessary.

Caution: Not suitable for children under 16 except on medical advice.
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Useful contacts

Mind
Mind infoline: 0300 123 3393
(Monday to Friday, 9am to 6pm)
email: info@mind.org.uk
web: mind.org.uk
Details of local Minds, other
services, and Mind’s Legal Advice
Line. Language Line is available for
talking in a language other than
English.

Battle Against Tranquillisers (BAT)
helpline: 0844 826 9317
web: bataid.org
Helps people withdraw from
benzodiazepines and sleeping pills.

Insomniacs
web: insomniacs.co.uk
Information about insomnia and
sleeping pills.

Medicines and Healthcare Products
Regulatory Agency (MHRA)
web: mhra.gov.uk
Body responsible for licensing all
medicines and devices used in
medicine. Collects data on adverse
affects via the Yellow Card scheme:
yellowcard.mhra.gov.uk

NICE (National Institute for Health
and Care Excellence)
web: nice.org.uk
Provides guidance on health and
social care, including on the use of
medication.

Royal Pharmaceutical Society
web: rpharms.com/health-
campaigns/medicines-use-review.asp
For information on Medicines Use
Reviews.

Electronic Medicines Compendium
(eMC)
web: medicines.org.uk/emc
Access to patient information
leaflets (PILs) for most medicines
licensed in the UK.
Useful contacts

Rethink Mental Illness
advice line: 0300 5000 927
web: rethink.org
Information and support for people affected by mental illness.

Royal College of Psychiatrists
web: rcpsych.ac.uk/
mentalhealthinformation.aspx
Information about psychiatric medication, including sleeping pills and minor tranquillisers.

Samaritans
Freepost RSRB-KKBY-CYJK, Chris,
PO Box 90 90, Stirling FK8 2SA
24-hour helpline: 08457 90 90 90
e-mail: jo@samaritans.org
web: samaritans.org
24-hour support for anyone experiencing distress, despair or suicidal thoughts.

Further information

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind infoline on 0300 123 3393 or at info@mind.org.uk

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