

Sleeping Tablets & Older People

Older people are more sensitive than younger people to the side effects of sleeping tablets.

Sleeping tablets can cause confusion, night wandering, amnesia, unsteady gait, hangover effects and a dementia like condition in the elderly, and should be avoided wherever possible.

Increased sensitivity to sleeping tablets in older people is partly because they metabolise drugs less efficiently than younger people, so that drug effects last longer, and drug accumulation may occur with regular use.

However, even at the same blood concentration, the depressant effects of sleeping tablets are greater in the elderly, possibly because of the aging brain

For these reasons, it is generally advised that, if sleeping tablets are used in the elderly, dosage should be half that recommended for adults, and use (as for adults) should be short-term (1-2 weeks) only.

Older people can withdraw from sleeping tablets as successfully as younger people, even if they have taken the drugs for years. Recent experience with an elderly population of 273 general practice patients on long-term sleeping tablets, showed that dosage reduction and total withdrawal of sleeping tablets was accompanied by better sleep, improvement in psychological and physical health and fewer visits to doctors. These findings have been repeated in several other studies of elderly patients taking sleeping tablets long-term.

There are particularly compelling reasons why older patients should withdraw from sleeping tablets since, as age advances, they become more prone to unsteady gait (leading to falls and fractures), confusion, memory loss and psychiatric problems (sometimes leading to a false diagnosis of dementia or Alzheimer's disease). A slow tapering regimen is easily tolerated, even by people in their 80s who have taken sleeping tablets for 20 or more years.

Methods of sleeping tablets withdrawal in older people are similar to those recommended for younger adults. Such methods include slow tapering of the sleeping tablets in current use, sometimes with liquid preparations if available, and also judicious stepwise substitution with diazepam (Valium), especially for those using short-acting sleeping tablets such as alprazolam or lorazepam.

Would you like to know more?

If you feel you may be experiencing some of the problems mentioned on this sheet and/or are taking any of the listed medication and would like to know more then we would recommend that you discuss with your doctor, who is always willing to discuss the issues involved and help give some possible solutions to this problem.

Just ask one of the receptionists for further details or to arrange an appointment.