• OTC antihistamines such as diphenhydramine and doxylamine NOT recommended

**DOSING IN OLDER ADULTS**
Start at lowest dose and increase dose slowly every several days

**Dosages of Specific Agents**

- **Lorazepam**
  - Start: 0.5 mg po / 0.25 IV
  - Max: 3mg/day

- **Oxazepam**
  - Start: 10mg po
  - Max: 60mg /day

- **Alprazolam:**
  - Start: 0.25mg po
  - Max: 2 mg/day

**DURATION OF USE**
Treat insomnia for 1-2 weeks then reassess as needed.
Taper: 10%- 25% of total dose every 1-2 weeks.

**WEIGHTING THE RISKS VS. BENEFITS**
Discuss alternatives and potential side effects

Educate patients regarding appropriate sleep hygiene

**References**

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**Use of Sedative-Hypnotics in Older Adults**

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SEDATIVE-HYPNOTICS

Benzodiazepines
Benzodiazepine receptor agonists
Barbiturates
Medications Affecting GABA function

• Older adults have greater sensitivity at given concentrations
  
• Linked to increased adverse effects in older adults, especially falls
  
• Appropriate prescribing and monitoring is essential to avoid adverse effects

INDICATIONS

Recommended uses of Benzodiazepines

⇒ Anxiety (second line)
⇒ Insomnia (second line)
⇒ Alcohol and sedative withdrawal
⇒ Adjunctive use with mood-stabilizing medications for mania, and with antipsychotic medication for acute psychosis
⇒ Sedation for brief procedures
⇒ Ongoing sedation
⇒ Anesthesia induction
⇒ Nausea/vomiting secondary to cytotoxic therapy
⇒ Adjunctive use with antidepressants for phantom limb pain
⇒ Seizures
⇒ Myoclonus
⇒ Akathisie
⇒ Periodic limb movement
⇒ Restless leg syndrome / Rapid eye movement sleep behavior disorder
⇒ Tinnitus

Barbiturates not recommended in older adults (unless used second line to control seizures ex. Phenobarbital)

SSRIs (selective serotonin reuptake inhibitors) have taken over many indications previously held by Benzodiazepines (i.e. anxiety)

SIDE EFFECT PROFILE

• Sedation, dizziness
• Falls: particularly during the first week, and motor vehicle accidents
• Complex sleep disorders i.e. sleep driving, preparing and eating food while asleep
• Anaphylaxis and angioedema in first time users

MEDICATION SELECTION

• Shorter acting benzodiazepines are preferred for older adults with indication
  - Lorazepam
  - Alprazolam
  - Oxazepam

• Preferred alternatives to benzodiazepines for short term Pharmacological treatment of insomnia
  - Eszopiclone
  - Zaleplon
  - Zolpidem

• Other Alternatives for Insomnia in selected patients (Starting dose)
  - Temazepam 15 mg po hs
  - Selective melatonin receptor agonist

• Off label use for insomnia (Starting dose)
  - Mirtazapine 7.5 mg po hs
  - Trazadone 25 mg po hs
  - Nortriptyline 10 mg po hs
  - Gabapentin 100-300 mg po hs