

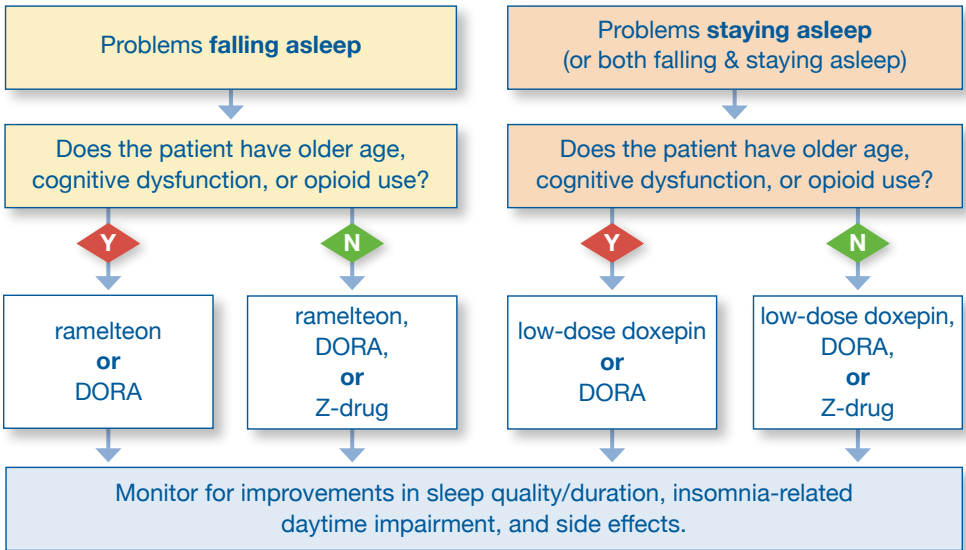
# Cognitive behavioral therapy for insomnia (CBT-I) is the best long-term treatment for insomnia



- **CBT-I is a series of behavioral interventions** that targets the root causes of sleep problems by addressing sleep-related thoughts, emotions, and behaviors.
- **It is a time limited program.** For most people, it takes 4-8 hours of in-person or online training over several weeks to learn and implement the strategies in CBT-I.
- **The components of CBT-I are most effective in combination.** A comprehensive CBT-I program works better than the individual components on their own.<sup>1</sup>

Help patients find a CBT-I program. Links at: [AlosaHealth.org/Insomnia](https://AlosaHealth.org/Insomnia)

## Selecting and managing medications for insomnia



(1) Components and Delivery Formats of Cognitive Behavioral Therapy for Chronic Insomnia in Adults: A Systematic Review and Component Network Meta-Analysis. *JAMA Psychiatry*. 2024. (2) Orexin dual receptor antagonists, zolpidem, zopiclone, eszopiclone, and cognitive research: A comprehensive dose-response meta-analysis. *Front Hum Neurosci*. 2022;16:1029554. (3) Ramelteon: a novel hypnotic indicated for the treatment of insomnia. *Psychiatry (Edmont)*. 2007;4(9):36-42. (4) Use of ultra-low-dose ( $\leq 6$  mg) doxepin for treatment of insomnia in older people. *Can Pharm J (Ott)*. 2014;147(5):281-289. (5) American Geriatrics Society 2023 updated AGS Beers Criteria<sup>®</sup> for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2023;71(7):2052-2081.



Pharmaceutical Assistance Contract for the Elderly



Balanced information for better care

**These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.** These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at [AlosaHealth.org](https://AlosaHealth.org).

# Medications for insomnia

	Treatment (brand)*	Half life	Evidence quality	Safe in older adults	Factors for selection
<b>Dual orexin receptor antagonists (DORAs)</b>	daridorexant (Quviviq)	short	<b>Strong</b>	●	<ul style="list-style-type: none"> <li>work by decreasing wake drive rather than inducing sedation</li> <li>somnolence common</li> <li>better tolerated than Z-drugs<sup>2</sup></li> <li>expensive</li> </ul>
	lemborexant (Dayvigo)	intermediate	<b>Strong</b>	●	
	suvorexant (Belsomra)	intermediate	<b>Strong</b>	●	
<b>Melatonin receptor agonists</b>	ramelteon (Rozerem)	short	<b>Moderate</b>	●	<ul style="list-style-type: none"> <li>no residual daytime impairment<sup>3</sup></li> <li>do not take with or after high-fat meal</li> </ul>
	melatonin (OTC)	short	<b>Weak</b>	●	<ul style="list-style-type: none"> <li>limited efficacy data</li> <li>concerns about dose and purity</li> </ul>
<b>Sedating antidepressants</b>	low-dose doxepin (Silenor)	intermediate	<b>Strong</b>	●	<ul style="list-style-type: none"> <li>most effective for sleep maintenance</li> <li>1-6 mg dose avoids anticholinergic side effects and QTc prolongation<sup>4</sup></li> </ul>
	trazodone (Desyrel)	intermediate	<b>Weak</b>	●	<ul style="list-style-type: none"> <li>unclear efficacy data</li> <li>few side effects at low dose (&lt; 50 mg); higher dose ↑ anticholinergic risk</li> </ul>
<b>Benzodiazepine receptor agonists ("Z-drugs")</b>	zolpidem (Intermezzo)	short	<b>Strong</b>	○	<ul style="list-style-type: none"> <li>not recommended in older adults, particularly those with cognitive impairment<sup>5</sup> as they can cause daytime sedation or confusion</li> <li>do not combine with other sedating medications (e.g., opioids, benzodiazepines)</li> </ul>
	(Ambien)	intermediate			
	(Ambien CR)	long			
	eszopiclone (Lunesta)	short			
	zaleplon (Sonata)	short			
<b>Benzodiazepines</b>	alprazolam (Xanax)	intermediate	<b>Weak</b>	✗	<ul style="list-style-type: none"> <li>not recommended in older adults<sup>5</sup></li> <li>use only for short periods (&lt; 1 month); longer-term use is not effective</li> <li>risk of physiologic dependence, tolerance, cognitive impairment, driving problems</li> </ul>
	temazepam (Restoril)	intermediate	<b>Moderate</b>	✗	
	clonazepam (Klonopin)	long	<b>Weak</b>	✗	
<b>Antihistamines</b>	diphenhydramine (Benadryl)	long	<b>Weak</b>	✗	<ul style="list-style-type: none"> <li>not recommended in older adults due to anticholinergic side effects (e.g., dry mouth, constipation)</li> <li>included in multiple OTC products (e.g., Tylenol PM, ZzzQuil)</li> </ul>

\*Generics available for all classes except the DORAs, as of April 2024.

✗ avoid long-term use; ○ use with caution and monitor for treatment limiting side effects;

● not known to be unsafe in older adults, although all sleep medications can cause daytime drowsiness.

QTc = corrected QT interval; OTC = over-the-counter