NIH Panel Assesses Treatments for Insomnia

Members conclude that more studies are needed to assess new drugs and alternative therapies.

BY HEIDI SPLETE

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NEW ORLEANS — Real world experiences with insomnia are often limited to the chronic insomnia of some patients, and adverse events including dependence, daytime sleepiness, and lack of motor coordination are more likely with these drugs than with the new receptor agonists. Although commonly used, all of these medications require more research.

“The real problem with these kinds of compounds is that there are very few data on their efficacy in the treatment of chronic insomnia, yet we know from other research that they produce substantial side effects,” panel member Robert J. DeRubeis, Ph.D., said in an interview. After reviewing information on the latest research and the available treatments, the panel members concluded that limited evidence and resources are available for the particular agents that have shown benefits in patients with chronic insomnia. The panel noted that research is needed to compare the various drugs and alternative treatments.

Four benzodiazepines—estazolam, flurazepam, quazepam, and triazolam—also are approved by the Food and Drug Administration to treat insomnia. Five benzodiazepines—estazolam, flurazepam, quazepam, temazepam, and triazolam—are approved by the Food and Drug Administration to treat insomnia.

“Trazodone is not without danger,” panel member James N. Krale, M.D., a professor in the department of family and community medicine at the University of Pennsylvania in Philadelphia, noted. Antidepressants, particularly trazodone, are often prescribed off-label for insomnia, but there are no data on the effects of long-term use of such agents, the panelists noted.

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The correct diagnosis of RLS means patients with restless legs syndrome should have their medical workup and differential diagnosis reviewed and updated. The diagnosis of restless legs syndrome is made correctly in only 6% of symptomatic patients, Richard P. Allen, Ph.D., of Johns Hopkins University, Baltimore, and colleagues have reported.

Dr. Allen and his associates surveyed 15,391 adults in the United States and Western Europe; 1,114 (7.2%) reported all four diagnostic symptoms of RLS. Of those, about 37% (416) met the criteria for RLS sufferers (experiencing moderately or severely distressing symptoms at least twice weekly).

Most of the RLS sufferers (88%) reported sensory disturbance 60% reported pain; 76% reported sleep disturbance; 50%, impaired daytime functioning; 37%, symptoms affecting movement; and 26%, mood disturbance (Arch. Intern. Med. 2005;165:1286-92).

More than 40% of those with RLS who were surveyed had discussed their symptoms with a primary care physician, but only 6% received a diagnosis of restless legs syndrome. Other diagnoses were poor circulation (16%), arthritis (14%), back or spinal problem (11%), varicose veins (7.5%), depression or anxiety (6%), and trapped nerves (6%), the investigators said.

The correct diagnosis of RLS means patients can be offered dopamine agonist therapy.