Ramelson Benefits Shift Workers With Insomnia

By DAMIAN McNAMARA
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ORLANDO — Ramelson, compared with benzodiazepines and newer, nonbenzodiazepine hypnotics such as eszopiclon (Lunesta, Sepracor), Dr. Mendelson said, "It can take up to a week for full effect, whereas ramelson might make sense to try to help them shift to the new time."

People with shift-work sleep disorder can experience excessive daytime sleepiness because their body rhythm stays the same but the world changes around them, Dr. Mendelson said. "No one knows why some people are more susceptible to this, except it is harder to adapt to nighttime shift work as you get older."

Pharmacotherapy with a sleep aid might be sufficient for a person with insomnia who complains only of sleepiness or trouble going off to sleep, Dr. Mendelson said. However, "if they are having trouble with both sleep and wakefulness, it might make sense to try to help them shift to the new time."

One way is to use melatonin.

Exogenous melatonin can shift circadian rhythms. Melatonin taken in the evening can shift a person’s circadian rhythm earlier while melatonin in the morning can shift it later, he said.

I have a real issue with the quality and standardization of melatonin. It’s not consistent, which is why I prefer a drug like Ramelson, Dr. Mendelson said. "Rozemer is not indicated for this, but some research indicates it can shift circadian rhythm with off-label use similar to melatonin."

Another option for circadian rhythm adjustment is bright light therapy. "I like bright light therapy because it’s more benign—but it works the opposite," he said. "In the morning, the therapy pushes circadian rhythm phase earlier, and at night, it push-es it later."

Insomnia rarely occurs alone, Dr. Mendelson said. "About 80% of insomnia patients see you have some other disorder. The old name was secondary insomnia. Us shift workers are now calling this comorbid insomnia."

Ramelton might be an appropriate choice for patients with sleep apnea, Dr. Mendelson said. A significant majority of sleep apnea patients present with insomnia as the primary complaint. "We need to carefully diagnose because most of the agents we prescribe for insomnia can make sleep apnea worse, except ramelson or the tricyclic antidepressants."

The probability of diagnosing a psychiatric disorder increases among patients who complain of insomnia (Sleep Med. 2005;6:549-53). In this study, a survey of 200 general hospital patients indicated 57% reported insomnia and 10% reported at least one psychiatric disorder.

Insomnia can be a symptom of several psychiatric illnesses, especially depression, Dr. Mendelson said. "Targeting insomnia with sleep aids and behavioral therapy can improve sleep in these patients but may also signal depression onset." On average, 41% of people will have insomnia preceding depression."

Ramelson is approved for use as a sleep aid in adults and is indicated for the treatment of insomnia in the US Patent and Trademark Office. Dispense in a tight, light-resistant container as directed by the pharmacist. The manufacturer of Ramelson, Shire, has cited their involvement in efforts to improve patient compliance through the use of patient education tools. Ramelson is available through the Shire Patient Assistance Program, a non-profit organization that helps meet the needs of people who are unable to afford the cost of their medications. Ramelson is available through the Shire Patient Assistance Program, a non-profit organization that helps meet the needs of people who are unable to afford the cost of their medications.