



The Why and How of Stopping Sleeping Pills

Why stop taking sleeping pills?

- sleeping pills are usually only helpful for a short period of nightly use
- after a few weeks, your brain gets used to having the sleeping pill and the sleeping pill usually will not work as well as it did at first
- sleeping pills can cause morning tiredness (like a hangover), dizziness, confusion, memory loss, vision problems, daytime anxiety, accidents and falls (sometimes resulting in broken bones)
- once you stop taking your sleeping pill on a nightly basis you can start taking it again occasionally and you will find it will work much better
- therefore, because sleeping pills don't work as well after a few weeks and because they can cause significant side effects, it's reasonable to try to stop taking them and learn to fall asleep on your own again

Why is the dose of my sleeping pill being slowly reduced?

- slowly reducing the dose of the sleeping pill helps to reduce the severity of any withdrawal effects that you may have
- people are more successful in stopping their sleeping pill if they slowly reduce the dose over several weeks instead of just suddenly stopping it

What can I expect to happen?

- usually, people do not notice anything until the dose of the drug has been reduced by at least 75%
- about half of people have a little difficulty sleeping at this point; this problem is worse in the first 1 to 3 days and resolves within a few weeks; during this time, it's important to use non-drug methods of trying to fall asleep (see the next page and talk to your doctor or pharmacist for details); remember, your body needs to learn to fall asleep by itself again
- a few people also have other symptoms of withdrawal; they tend to be most severe in the first few days and get better within a few weeks; call your pharmacist or doctor for reassurance if anything odd happens



How can I get through this?

- remember that you are not alone
- you have the support of your doctor and pharmacist; call if you have questions
- you are slowly stopping your sleeping pill because it can have side effects
- remember that it is OK to use a sleeping pill occasionally when you are having a particularly difficult night; just be aware of the possibility of side effects during the night and in the morning

What non-drug things can I do to help me sleep better?

- Wind down with a relaxing routine outside of your bedroom without technology (TV, computer, tablet, iPad, etc) or stress before bed
- No technology use in the bedroom (TV, computer, tablet, iPad, etc)
- Keep a consistent sleep schedule
- No caffeine after 2pm
- Alcohol disrupts sleep
- No nicotine after 4pm
- Ensure a comfortable sleep environment (noise, light, movement, temperature)
- Consider getting rid of (or covering up) alarm clocks
- Exercise is very positive for sleep, but not within 3 hours of bedtime
- Use Stimulus Control techniques (see below)

Stimulus Control

1. Lie down to sleep **ONLY** when sleepy
2. Do not use bed for anything but sleep, sex, illness
3. If unable to fall asleep after 10-15 minutes, get up and go into another room (dim lights, no technology) and do something calm (read a magazine) and **ONLY** return to bed when you feel sleepy. **AVOID** checking the clock
4. Repeat step 3 as often as necessary throughout the night.
5. Set alarm clock to wake up at the same time each day, regardless of how much sleep you achieved through the night (**DO NOT** sleep in late)
6. Do **NOT** nap during the day (even if you feel sleepy)



Supplemental information for the family physician, community pharmacist:

Gradually reducing the dose of short acting benzodiazepines (eg. by 25% each week) is an effective withdrawal method. It is not necessary to switch to a long acting benzodiazepine. Patients are more successful in the withdrawal process if they are educated about possible withdrawal effects, their timing (especially resolution) and receive support and reassurance during the process.

Most people do not experience withdrawal effects until the dose has been reduced to at least 25% of the original dose. Studies have shown that only about half of patients experience insomnia as a withdrawal effect. This can be reassuring for people.

A few people have also experienced other problems when their benzodiazepine is suddenly or gradually stopped. Gradually stopping the drug has been shown to reduce the severity of these withdrawal effects but not to completely prevent them. These other withdrawal effects include tremors, anxiety, headache, difficulty concentrating, nervousness, sweating, tension, twitching, tinnitus (ringing in the ears), vision disturbances (sensitivity to light, blurred vision), perceptual changes, confusion, irritability, nausea/loss of appetite, fatigue/weakness, restlessness/agitation, increased sensitivity to sound and smell, numbness or burning sensation and fast heart rate. Sometimes reassurance is all that is needed but any significant symptoms should be reported to the family doctor. It's possible that some patients will have some of these symptoms as an indication that an anxiety disorder is being uncovered. They may need counselling or other medication therapy. Very rarely, seizures and psychosis have been reported in people at risk for these disorders.

Many patients have no withdrawal symptoms at all.

If withdrawal symptoms do appear, they tend to be most severe in the first 1-3 days after the 75-100% dose reduction and gradually resolve within 4-6 weeks (the amount of time it takes the brain receptors to return to their normal functioning). Reassurance during this time period can be very helpful to patients.

With long-acting benzodiazepines, the only difference in withdrawal is that symptoms usually appear only after 100% dose reduction and are most severe within 7-10 days later. Resolution is the same.

This handout has been prepared to assist community pharmacists in monitoring benzodiazepine withdrawal. Please call if you are interested in the references or more detailed articles.