

What Should I Prescribe for Insomnia? 10.2022 Prudent

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Comparative effects of pharmacological interventions for the acute and long-term management of insomnia disorder in adults: a systematic review and network meta-analysis.

Lancet 2022

Thoughts from DeCrescenzo et al;

- Eszopicione and lemborexant have the most favorable profiles, but eszopicione might cause substantial adverse effects. Safety data on lemborexant are inconclusive.
- Many licensed drugs (including benzodiazepines daridorexant, suvorexantpo and trazodone)
 can be effective in the acute treatment of insomnia but are associated with poor
 tolerability, or lack of information about long-term effects.
- . Melatonin, ramelteon and non-licensed drugs did not show overall material benefits.
- Benzodiazepines, doxylamine, eszopicione, lemborexant, and zolpidem were judged more
 effective than placebo. (Moderate to high evidence of certainty)
- Benzodiazepines, eszopicione, and zolpidem were more effective than melatonin, ramelteon and zaleplon. (Low to moderate evidence of certainty)
- In terms of head-to-head comparisons, after four weeks of treatment, short acting benzodiazepines were more effective than daridorexant, eszopicione, and zolpidem. (High level of evidence)
- For the short-term treatment of insomnia, the authors suggest that benzodiazepines with intermediate half-lives like temazepam have better acceptability than short acting or longacting compounds.
- The authors acknowledge the limitations of their study; mostly placebo-controlled studies
 and few head-to-head drug comparisons; many short-term studies, but few that looked at
 the efficacy and adverse effects with long-term use. There are large holes in the evidence
 for both efficacy and side effects of many of the OTC drugs that have been around for
 decades.