



What Should I Prescribe for Insomnia?

[Prudent Prescriber newsletter Oct 2022](#)

[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:

- Eszopiclone and lemborexant have the most favorable profiles, but eszopiclone might cause substantial adverse effects. Safety data on lemborexant are inconclusive.
- Many licensed drugs (including benzodiazepines daridorexant, suvorexant 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, eszopiclone, lemborexant, and zolpidem were judged more effective than placebo. (Moderate to high evidence of certainty)
- Benzodiazepines, eszopiclone, 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, eszopiclone, 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 long-acting 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.