

OPAL-A Pearls

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Insomnia Treatment in Psychiatric Disorders

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Background	When treating insomnia related to a primary psychiatric disorder, it is often appropriate to use a more sedating medication from the same class as the psychiatric treatment. Sedating effects from psychiatric medications usually stem from antihistaminic or anticholinergic properties, which require careful monitoring, especially in older adults who are more susceptible to adverse effects. It should be noted that using these medications for insomnia is considered an “off-label” application. ¹
In patients with Depressive or Anxiety Disorders	<ul style="list-style-type: none">• Mirtazapine: Most sedating at low doses, may increase appetite, and requires monitoring for weight gain and dyslipidemia.• Trazodone: Helpful for insomnia at lower doses, but patients should be advised about the risk of priapism and possible hypotensive effects that increase fall risk.² Careful education is important during dose adjustments.• Doxepin or Amitriptyline: Low doses can aid sleep onset; however, these tricyclic antidepressants pose higher risks of adverse effects, such as anticholinergic and cardiac effects, when compared to SSRIs.
In patients with OCD	Fluvoxamine is not typically a first-choice antidepressant due to a higher risk for drug-drug interactions compared to other SSRI's. But it is one of the more sedating SSRI's and has evidence for effectively treating OCD ³
In treatment resistant MDD, Bipolar or Psychotic D/Os	Quetiapine is a sedating atypical antipsychotic with serotonergic and dopaminergic actions. It can augment depression treatment, stabilize mood in mania, and reduce psychosis symptoms. It should not be used solely for insomnia due to its significant side effects. Notably, quetiapine improves deep sleep architecture as well as overall sleep through sedation. ⁴
Recommendation	<p>Treating primary psychiatric disorders often improves sleep, but insomnia sometimes requires extra intervention. Using a single medication to address multiple issues can reduce polypharmacy risks. However, when adding a sedative to an existing psychotropic regimen, it is unlikely to worsen the psychiatric condition and may enhance overall treatment.</p> <p>For further discussion on management and next steps, contact OPAL-A at 1-855-966-7255 or 503-346-1000.</p> <p>OPAL-A now also provides e-consults. For details on how to place an e-consult, see https://www.ohsu.edu/health/epiccare-link-health-care-providers</p>

References



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