**Insomnia**

Sleep is not defined as 8 hours.

In life, eating, sleeping, and peeing are vital.

Insomnia can lead to anxiety, depression, psychosis, confusion.

Does the insomnia cause psych problems or do psych problems cause insomnia?

Sleep hygiene is extremely important and should always be assessed when treating for depression or anxiety.

**Three types of insomnia:**

*Initial insomnia* is when they cannot get to sleep.

*Middle insomnia* is about going to bed early but waking up and being unable to go back to sleep.

*Late insomnia* is going to sleep at different times but wakes up at 3 am regardless of if they go to bed at 10 PM or 2 AM.

People that snore should be referred for a sleep study.

Always ask about family mental health concerns and always ask what medications have been used and worked for family. Genetics help determine what medications may work better for some and not others.

Always encourage people not to use Nyquil or Tylenol PM long term for insomnia.

Genetic testing for psychiatric medications can cost $5,000 and patients must fail 5 drugs before genetic testing can be approved by insurance.

**Temazepam (Restoril)-**benzodiazepine (hypnotic) works in less than one hour (Schedule IV). Medication should only be used as a short-term treatment of insomnia. Half-life is 8-15 hours.

**Insomnia drugs:**

**1st** use Melatonin. Best drug for insomnia if a patient has psychiatric problems.

**2nd**- Trazodone 25 mg at bedtime treats anxiety and insomnia. If it makes them feels fatigued the next day can take earlier in the evening to allow time to get it out of the system.

**3rd**-Remeron 7.5 mg is “weed in a pill”, helps people with mood and sleep.

**4th**- If a patient is already taking Alprazolam 0.5 mg BID change the AM dose to 0.25 mg in AM and noon and then the normal 0.5 mg at bedtime.

**5th**- If the patient is depressed, anxious, or can’t sleep can give Seroquel 25-50 mg at bedtime or Amitriptyline 25 mg at bedtime.

**Zolpidem (Ambien)** should be last desperate attempt to help someone sleep and never in the elderly. Always start Ambien at 5 mg at bedtime. (schedule IV)

**Suvorexant (Belsomra)**- dual orexin receptor agonist (DORA) hypnotic (Schedule IV). Starting dose is 10 mg. 20 mg is the maximum dose.

**Eszopiclone (Lunesta)-** non-benzo hypnotic (Schedule IV). Can cause daytime amnesia and sedation. Start elderly at 1 mg.