

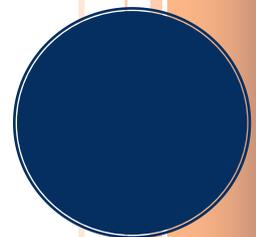
SLEEP AND ANXIETY MEDICATIONS: WHAT DOCTORS SHOULD HAVE BEEN TELLING YOU

The Ugly Truth

Most physicians and I have known these medications were habit forming but were told they were necessary for treating anxiety and acceptable for short term use of insomnia. But now there is evidence that the long-term use of these medications can significantly increase your risk of dementia. And even more startling, that after 21 days of use the “anxiety” symptoms you are treating are just withdrawal.

Rebecca A. Knight, MD

5/19/2020, updated 12/4/2018



Contents

The Ugly Truth..... 2

 Benzodiazepines 2

 Z Drugs..... 2

Sleep Architecture 3

 Daily Use Leads to Tolerance Quickly 4

 Multiple Substance Use 5

 Benzodiazepine Withdrawal 5

 Anxiety Treatment..... 6

 Alternatives for Anxiety Treatment 7

 Low Dose Anti-psychotics..... 9

 Beta Blockers 10

 Antihistamines 10

 Anticonvulsants..... 11

 Behavioral Interventions..... 11

 Train Your Brain..... 11

 Sleep Hygiene: Helpful Hints to Help You Sleep..... 12

Appendix 1: Counselors I recommend.....15

Appendix 2: Examples of tapering but do not try on your own.....16

Appendix 3: Blank Sleep Diary Form..... 19

Appendix 4: Informed Consent20

References..... 21

IF YOU ARE ASKING FOR A SLEEP MEDICATION OR SOMETHING TO HELP ANXIETY. PLEASE READ THIS GUIDE AND RETURN THE INFORMED CONSENT PAGE. THANK YOU!

FILE LOCATION: \\SERVER\SHARE\A. HANDOUTS\SLEEP MEDICINE\SLEEP AND ANXIETY MEDICATIONS THE UGLY TRUTH\SLEEP AND ANXIETY MEDICATIONS VER 1.2.DOCX

Sleep and Anxiety medications: What doctors should have been telling you

THE UGLY TRUTH

When these drugs were first introduced in the 1960s, they were hailed as a safe substitute for barbiturates. Barbiturates were at the time claiming an alarming number of lives, they were far from a perfect fix. They were the most common drug prescribed in 1981. The Z drugs emerged in the last years of the 1980s and early 1990s. Zopiclone was only in the UK never the US. The drugs I'm talking about are benzodiazepines and Z drugs. However, it is now known that if you take them beyond 2-4 weeks, you may develop problems which I will discuss next but first here's a list of them.

Benzodiazepines

- Ativan (lorazepam)
- Valium (diazepam)
- Xanax (alprazolam)
- Restoril (temazepam)
- Klonopin (clonazepam)
- Prosom (estazolam)
- Doral (quazepam)
- Librium (chlordiazepoxide)
- Serax (oxazepam)
- Tranxene (clorazepate)
- Versed (midazolam)

Z Drugs

- Imidazopyridines
 - Ambien (zolpidem)
- Cyclopyrrolones
 - Lunesta (eszopiclone)
 - Zimovane (zopiclone)
- Pyrazolopyrimidines
 - Sonata (zaleplon)

After 21 days of daily use these medications will no longer be effective on average.

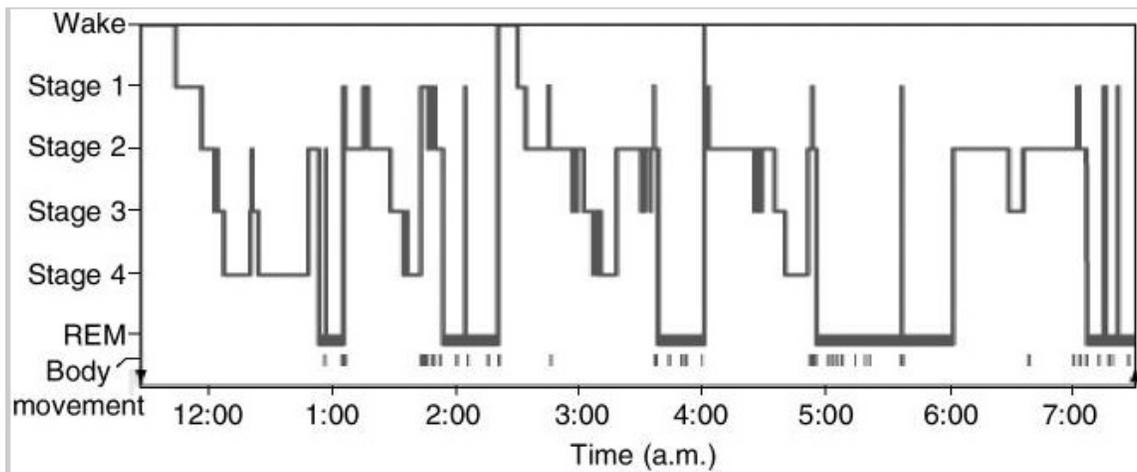
Benzodiazepines are anxiolytic (means anti-anxiety), hypnotics, sedatives, and muscle relaxants. They are effective for those suffering from anxiety, as well as convulsions and insomnia. They are used to help alcoholics suffering from alcoholic withdrawal symptoms caused by detox in the first stage of recovery. Benzos work by attaching to the gamma amino butyric acid (GABA) receptors in the brain. This system is important as this is the part of the brain that responds to stress and anxiety and calms us down by making more GABA molecules. Benzos have this effect but do so artificially. The problem is we quickly get used to their effects and it soon takes more to have that

effect (especially the benzos). This makes them highly addictive and habit forming and why they should only be used for short term use.

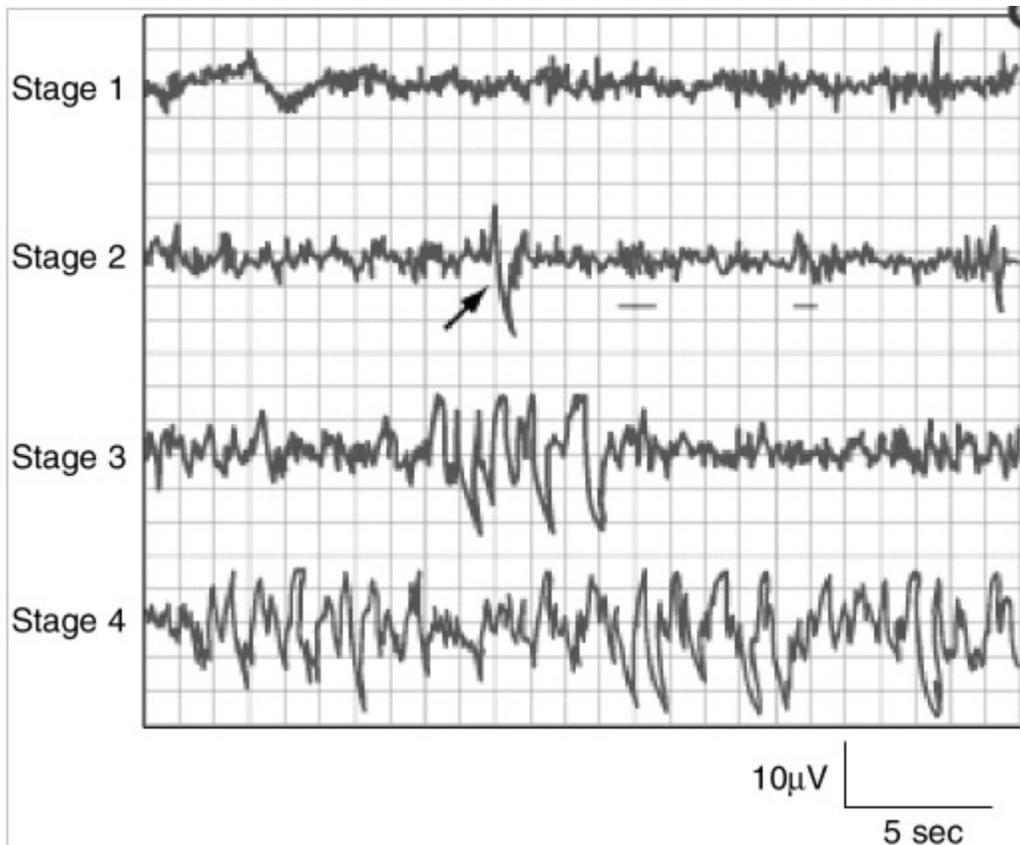
SLEEP ARCHITECTURE

All the above drugs worsen sleep architecture except zaleplon. This was a huge shock to me. The benzodiazepines AND the Z drugs worsen sleep architecture. Sleep architecture refers to basic structural organization of normal sleep.¹ There are two types of sleep, non-rapid eye movement (NREM) sleep and rapid eye movement (REM) sleep. Most people have heard of REM sleep and associate it with dreaming and think it's the most important. But it's more complicated than that. The NREM sleep is further divided into stages 1, 2, 3, and 4 (recent literature is combining stages 3 and 4 into one stage 3). The bigger the number represents the deeper sleep. We alternated through the stages of NREM and REM sleep throughout the night. Most people enter sleep through NREM sleep, but narcoleptics often enter directly into REM.

This is normal progression of sleep in a young adult before life has hit him. (joke)



The first hour of sleep shows him dropping through stage 1, 2, 3, and then 4 and staying in 4 about an hour with a brief cycle up to 2 and back down. That first hour of slow wave sleep or deep sleep is so important. Narcoleptics don't get that because of going directly into REM. That's why they're so sleepy.



Characteristic EEG activity of each of the four stages of [NREM](#) sleep.

NOTE: In stage 2, the arrow indicates a [K-complex](#), and the underlining shows two sleep spindles.

SOURCE: [Carskadon and Dement \(2005\)](#).

Daily Use Leads to Tolerance Quickly

I knew that you had to be very careful or you would quickly become dependent. However, I had no idea until recently that it only took 21 days. I've always heard that when you are trying to start a good habit you need to do it for 21 days to solidify it. Obviously, that works for bad habits too, so I thought that was all they meant. BUT no, they meant that at 21 days it wouldn't work at all anymore and you would need to raise the dose to get the same effect. Now that's a different problem. Not only that, but when you try to go without, you're now having more anxiety and insomnia. Yes, those are the symptoms, but they are just withdrawal. These drugs quickly make you dependent on them, don't make sleep better and what's worse if you try to go without quickly cause withdrawal symptoms. I didn't fully get that until this past year. I immediately felt I had a responsibility to pass this information on to every patient that has a prescription for any of these medications.

I was prescribed one of these medications by my neurologist when I went weeks without sleep after a brutal rotation in the OSF Emergency Room. Thankfully, she gave me these instructions which I always followed. She said never take them more than 3 days in a row. I did that and

thankfully never was dependent on them. I have told many of you that if I started you on one of these medications. But many patients come to my practice already using these daily or multiple times a day from another physician. Or I may have given you a prescription to help with a tough spot after losing a loved one or inability to function at all due to overwhelming anxiety. Was I wrong to write these for that purpose? I honestly don't know the answer to that question. But I do wish I had informed everyone when I gave them this prescription of these hazards, so they would be forewarned and more cautious. Since, I can't go back in time, I'm doing the next best thing and telling you now. Together we can work on reducing your use or eliminating this medication from your medication regimen. It is very important that you do not just go off your medications cold turkey. This is especially important if you have been taking more than the lowest dose daily for years. I have researched and found methods proven to work for tapering off these medications slowly.

Multiple Substance Use

Withdrawal from alcohol, opiates, and benzodiazepines brings increased risk. Speaking of opiates and alcohol, these drugs should NOT be used at the same time as benzo's and Z drugs. For example, one questionable detox method is anesthesia-assisted opioid detoxification, a practice provided by some outpatient clinics that promises rapid detox from the drug. Per a report from the U.S. Centers of Disease Control and Prevention (CDC), there have been adverse reactions, including death, from this type of detox treatment. A study printed in JAMA demonstrates that this form of treatment is not effective in long-term recovery, and it is more likely to result in relapse.

With the recent push toward more regulation and more difficulty in writing scheduled II pain medications and moving hydrocodone to schedule II, they are talking about the next phase is to not allow the use of opiates and benzos together. Opiate addiction and overdose are epidemic in the US now and doctors must shoulder much of the blame. At the time I was writing this, a patient said to me that she read a book about how harmful the opiate prescriptions were and was so grateful that I had pushed her to do physical therapy, massage and chiropractic and never wrote for the addictive pain medications. That was exactly why I have these in my practice. I would bet many think I am sitting on a gold mine. You couldn't be further from the truth. Before meeting my husband, I was never a well-managed practice. That makes it difficult to say if having those services should have been profitable but most of the time they've been barely break even. Considering that it results in more complexities in my practice and managing more employees it's usually landing a little below the breakeven point. I still intend to offer these services if I can and hope someday to have it land always a little above the break even. But it's worth it to me if it reduces the use of opiates in my practice.

Benzodiazepine Withdrawal

The symptoms of benzodiazepine withdrawal include sleep disturbances and rebound insomnia, restlessness, irritability, elevated anxiety, weakness, blurred vision, panic attacks, tremors, sweating/flushing, nausea/vomiting, headache, seizures, psychosis, and hallucinations. When I read, this I was stunned. Because those are all symptoms of anxiety so of course people think they need these medications still because every time they try to stop their anxiety returns two-fold.

Symptoms that develop while still taking them include nausea, dizziness, impaired memory, depression, irritability, aggressiveness, headaches, sleeplessness, and lethargy. I soured on this

class of medications after seeing up close their effect on my husband. He's been an insomniac since around puberty probably. I felt terrible that he slept so little and tried to use the above drugs to retrain him to sleep. I had him rotating them and not taking the same one more than three days in a row and often skipping days, but it never worked. He didn't sleep better, and his mood was not improved with their use quite the opposite. Now I will also state for the judge; he has NEVER followed the rules of sleep hygiene and that's essential to retrain yourself to sleep. But I saw that the drugs didn't help for hardly any time at all before they didn't work, and he would want to take more. He never slept well most of his life before having these medications and yet was alive and healthy when I met him, so I also realized that the cure was worse than the disease.

I hear all the time, but I follow the sleep hygiene rules and they don't work. I understand that because retraining yourself to sleep is going to take at least 21 days and probably longer. But what about the last time you went on vacation? Did you sleep better? Did you take less medications or maybe none? Most people report this phenomenon and why does that happen. You are not in your normal surroundings. So, you are less stressed. But you also are not where you've developed your bad habits for sleep. You've probably been more active. You got more sun likely as well. You ate a lot of delicious food. You also were out of your room and only returned to sleep. That's how it's supposed to work. I'm not saying this is easy. It's most definitely NOT easy. But I'm telling you, most people have terrible sleep hygiene. Why? Because good sleep hygiene requires some things that are almost impossible if you are a parent, must sleep with another person, or live in the real world. I understand that, and I empathize. But I also have concluded that it is essential. Remember what I said earlier about the 21 days. You must keep trying to make it 21 days with sleep hygiene consistency. You also must NOT lay in bed for hours if you aren't sleeping. My house is all tore up, so I tend to work from my bed with a laptop. That's a big no-no. So now I go to the office more especially when Rylie's off with friends because I realized that was probably why I didn't fall asleep automatically when I turned the light out after looking at a computer screen. It's not good for you to get in the habit of doing anything in bed other than sleep and sex. We do allow for sex in bed, but you don't have to. Maybe you shouldn't do that there either for a while. HAHAHA! I'm teasing sort of.

Anxiety Treatment

Many of you are using these because of terrible anxiety. I understand that and have suffered from that myself in the past. When it's at its worst these medications didn't help me. They took a little edge off, but I still laid awake, sweating, tossing, and turning, waiting for the world to end. I have suffered from both anxiety and depression and give me depression over anxiety ANY day. Depression sucks but anxiety is so awful it's hard to explain to those lucky people that have never had it. I have told people it's like walking under the big powerlines with all those transformers and feeling that electricity that doesn't feel right. My husband informed me that no one feels that. Excuse you? If I walked under and felt it than you are wrong. He's guilty of thinking if he doesn't feel it than it doesn't exist. But that shocked me. Hahaha puns! I assumed everyone felt that. Some are more sensitive to electromagnetic frequencies and of course that means I must be one of them.

I try to explain to people that alprazolam and its compadres basically can help a panic attack when it rarely happens. They are great for keeping 5 in your sock drawer and 2 in your purse. Sometimes just knowing you have them with you can relieve your anxiety. But they do nothing to

treat the actual anxiety and reduce its occurrence. Now I clearly understand they do quite the opposite. This means to reduce your anxiety will require one or more of the following.

Alternatives for Anxiety Treatment

1. Anti-depressants: many also reduce and treat anxiety
2. Low dose anti-psychotics
3. Beta blockers
4. Antihistamines
5. Anticonvulsants
6. Behavioral interventions and counseling

Antidepressants

Most of my patients tolerate this class of medications eventually well and find they work. We often must try more than one before we find the right one. These medications also always have side effects that seem awful for the first couple weeks but then they get better. If someone says I have tried all of them and couldn't take them due to the GI side effects, then that person must start again with very low doses and go very slow and stick with it because they will go away with time. They reduce anxiety in almost everyone. I could count on one hand those they do not help. I have two patients that I haven't been able to find a single antidepressant that didn't make their mood MUCH worse. It wasn't that they didn't tolerate them but that they become much angrier and easily irritated. That may be sign they're Bipolar, but I wouldn't expect something to work for everyone. Yet those willing to stick with them will eventually almost always find something that works. Some have voiced fear of the long-term effects. These have the long-term effect of remodeling our brain for the better. That's completely the opposite of the benzos.

There are problems taking them in the teen years that I won't go into here, but they must be used with EXTREME caution in teenagers. Once a patient on these medications reaches their twenties it's a big sigh of relief. We change so rapidly through our teen years that it's the most difficult time to treat mental health. Also, if something didn't work for you as a teen that has little or no bearing on you when you are out of that time frame.

I have taken sertraline (generic for Zoloft) for over five years now and did serious counseling and trauma work with Pat Edwards at Antioch Group. I took sertraline before this last time as well and have been on some medications on and off since 1997. In past couple years, I've found great therapy in painting. I weaned off my sertraline for three weeks over a year ago for a sleep study and couldn't wait to restart it. So, despite being in a great place I apparently have some wiring issues I probably inherited or just can't repair anymore.

Interestingly if I'd taken the right medication when I was 19 after becoming depressed along with posttraumatic stress disorder then I might have taken it for a year and gone off and been done. The earlier we take it (especially when we're almost out of the teens or in our twenties) if we take it for a full year and then wean off we have a 50% chance of achieving full remission and never needing it again. If we do counseling at that time for a year, we also have a 50% chance of full remission. If we do them together for a full year, we have an 80% chance of full remission. That's an eighty percent chance of never being depressed or anxious again!!!! Parents, if your children seem withdrawn in their early twenties there is no better time to get them help.

We also do a GENEsight test that checks your DNA and based on your liver enzymes and other genes that affect metabolism can tell you which medications are more likely to work for you and which need the dose altered or just shouldn't be used at all. Mine said I would be better off on a lower dose than I was taking. I lowered my dose from 100 mg to 50 mg and it was better. I imagine I'll take this little pill until I retire to help me cope with all the stress of being a doctor. I love my job. But I hear stories of people's lives that sometimes are heartbreaking. Life sucks and I hear about it every day. This quote reminds me that it sucks for everyone and it's amazing for everyone.

Taking an antidepressant should be considered a much healthier option than a benzo or Z drug. Before anyone accuses me of ignoring the withdrawal you will go through to get off some of the antidepressants let me explain why that's different. Four or five of the antidepressants give you the weirdest dizziness if they are abruptly stopped. One of them also gives the sensation of electrical buzzing in your head that some call brain zaps. That doesn't hold a candle to the withdrawal syndrome of benzodiazepines. They also don't make you feel more depressed. In fact, people often feel great for a while so that's why they think they don't need them. But if they haven't achieved a real remission their serotonin will get depleted again and they will slip back into depression or anxiety or both.

I've been talking mainly about the serotonin uptake inhibitor class of antidepressants. There are also older antidepressants called tricyclic antidepressants that have been very effective for anxiety and sleep. The serotonergic-norepinephrine reuptake inhibitors have helped with panic, OCD, social and general anxiety as well.

Bupirone (Bu Spar) is anti-anxiety and works through multiple mechanisms for anxiety but not depression. It has been studied in trials and found to be as effective as benzos but doesn't have the dependency/withdrawal issues, but it works much better in folks that are benzo-naïve because it's not nearly as fast as benzos, but it's also not taken just as needed but every day and multiple times a day.

Having said all of this I know some will still refuse to go on these medications. But I just want to be able to say you were informed. I don't feel you were truly informed before because **if I didn't fully understand it** until recently then how could you have been informed? This doesn't mean you must find a new doctor because I will refuse to write these medications in the future. It just means you will need to sign a page at the end saying you read this information and you're aware now of the risks of their use but still want to use them. More options for treatment also exist.

Life is amazing. And then it's awful. And then it's amazing again. And in between the amazing and the awful its ordinary and mundane and routine. Breathe in the amazing, hold on through the awful, and relax and exhale during the ordinary. That's just living heartbreaking, soul-healing, amazing, awful, ordinary life. And it's breathtakingly beautiful.

-LR Knost

Low Dose Anti-psychotics

This class of drugs was first used for schizophrenia, so I expect you to be shocked at my suggestion. Then they were used for bipolar disorder and schizoaffective. But think about it, when you suffer from anxiety what makes every day so hard is the constant intrusive negative thoughts or fears of what you can't control. You're trying to work or sleep or do something other than worry but the thoughts keep popping up in your head. You finally fall asleep and your dreams are worse. This intrusiveness is like the voices in the head of the schizophrenic saying all kinds of crazy stuff. Ours just isn't nearly so crazy most of the time. But that's part of anxiety and PTSD for sure and it can scare people.

Long term anxiety is associated with negative attitudes and discouraging appraisals of the future and when developed because of these life changes and remain unresolved, individuals with intermittent anxiety attacks run the risk of developing generalized anxiety disorder, which involves the development of dysfunctional beliefs about sickness and health, which leads to misinterpretation of one's own body sensations and changes. To put this in terms you will understand. When you get full blown anxiety disorder you have a lot of difficulty knowing when you have chest pain if it's from anxiety or a heart attack. You find over time that it happens a lot and so you always blow it off as anxiety. Then you develop another symptom but when the doctor can't find the cause must be anxiety. And so, on and the problem is not all of it is anxiety but how do you tell the difference when anxiety by itself can cause every symptom you can imagine. Also, you get mad at yourself for feeling this way and see it as failure. It's very important to try and work on developing a keen sense for when I should I tell myself ok I think this is not a real pain or symptom but caused by my overactive adrenal hormones or this is something real and I better get help. One of the saddest issues I deal with are patients with incomplete treatment of their anxiety that come in frequently and ask me the same exact questions they asked me last visit and we have the same discussion and after 45 minutes they are reassured but, in another month, or two they will need to hear it again. This may go on for YEARS. Yes, years and I haven't figure out how to tell someone yet do you realize we have the same exact visit every single time. I don't want to add to the negativity they are already under. I also don't want to blow them off the one time they have the real thing. But I wish I could get them to try different medications to push the needle that's been skipping on their record now for a long time to go forward. Because I bet, they aren't enjoying the life they could have if they would try it. But anxiety by its very nature is a huge obstacle to getting effective and appropriate treatment because everything is scary.

I want you to realize that long term benzo use is scary and not trying alternatives is also scary and don't feel bad that you are dependent on these medications because we didn't know then what we know now. Your brain will say all kinds of crazy things to talk you out of trying other approaches and you should realize it's the anxiety talking. Just tell anxiety to SHUT UP!!!!

Back to the medication topic. I would want to try an antidepressant before an antipsychotic. I might even try two antidepressants before taking an antipsychotic. But if you have PTSD and can't sleep these may be exactly what you need. Or if your depression or anxiety are severe and you can get back to a normal level of functioning with just antidepressants then you should consider this class. I was so traumatized by nightmares after someone broke into our house while we were home that I took a low dose of Seroquel for a year. Yup. I did. It kept the nightmares to a

minimum and knocked me out. My husband tried it once and slept 24 hours and never wanted to try it again. It works when you can't shut off your brain better than anything else. But we use itty bitty doses compared to what are used in Bipolar and Schizophrenia.

This class of medications also has much more side effects, but they are effective at very low doses and are easier to discontinue than benzo's or some antidepressants. When I started to want to sleep all the time, I simply stopped the medication and had no problem. They don't cause rebound insomnia which is huge.

Beta Blockers

These medications are used for high blood pressure. They have the side effect of also slowing down heart rate that makes them useful for anxiety. Anxiety attacks are the physical sensations of your adrenal gland sounding the alarm that you need to quickly take either evasive or aggressive measures. Unfortunately, your adrenal gland which I like to also call your first responder is broken. You've had too much stress and it sounds the alarm when it's not appropriate. Often you have no idea what caused it to go off, but this is where counseling helps. There is always a trigger, but you need a counselor to work with you to figure it out.

The beta blockers reverse the effects of adrenalin. They slow heart rate, reduce sweating, and reduce general tension. They're excellent for stage fright or social phobias. It's best to take them just as needed unless you have high blood pressure. If you have high blood pressure, then they're a great choice to kill two birds one stone. But those with normal blood pressure would just take a medication like low dose propranolol or atenolol. I would not pick them for daily use for hypertension because there are others that are better tolerated for daily use. People with asthma or wheezing and diabetics usually can't use as needed for anxiety. If the asthma is mild, then some can use atenolol because it doesn't produce wheezing as much as the others.

The adrenal gland's first response is the release of adrenalin (also called epinephrine), endorphins (natural opiates) and ketamine (natural anesthetic) and later cortisol (our bodies version of prednisone). This powerful combination of chemicals makes us feel superhuman and is how the mom can pick the car up off her kid. But the alarm goes off daily and soon you will be a frazzled mess. I have observed in a few employees that the drama queens often are fighting fatigue and have difficulty with concentration and focus. They create chaos to tap into their adrenalin, so they can get their work done. Unfortunately, it has the opposite effect on the people around them. Those are the energy vampires.

But guess what is essential in treating adrenal fatigue? A very boring, mundane daily routine and good sleep hygiene. Yeah. Sorry about that. You need to avoid drama like it's the plague. This sleep hygiene that I keep referring to will be covered soon I promise.

Antihistamines

Atarax (hydroxyzine) has been shown to be effective for anxiety. Most antihistamines I don't like for long term use for sleep because they won't continue to work, and they don't restore normal sleep architecture. However, dissimilar to other first-generation antihistamine agents, hydroxyzine doesn't significantly impact mACh (muscarinic acetylcholine receptors); this is favorable in reducing occurrence of anticholinergic side effects. Hydroxyzine also elicits antiserotonergic effects, meaning it inhibits action at serotonin (5-HT) receptors, which in turn, yields a therapeutic

anxiolytic response. Hydroxyzine is favorable for anxiety. But Benadryl, Tylenol PM and the over the counter (OTC) antihistamines for sleep are not a good choice.

As most physicians are aware, increasing serotonin in certain regions can reduce anxiety – perhaps this is one mechanism by which hydroxyzine is anxiolytic. H1 receptors are also known to interact with the sympathetic nervous system and it is possible that inverse agonism decreases sympathetic activation, leading to increased physical relaxation and a perceived anxiolytic response. Moreover, it is likely that a complex reaction of altered neurotransmission of histamine (at H1 receptors), increased levels of serotonin, and decreased sympathetic activation – contribute to hydroxyzine’s anxiolytic effect. Basically, it works, and we think it’s different than the other antihistamines. One of its metabolites is like trazodone which is an old antidepressant that is very effective at improving sleep. Both hydroxyzine and trazodone enhance slow-wave sleep (SWS) which is huge. Most fibromyalgia patients lack slow wave sleep. One OTC antihistamine that works similarly is Zyrtec (cetirizine) which happens to be a metabolite of hydroxyzine and I’ve taken it for years. It didn’t help mine though because I have narcolepsy.

Hydroxyzine works in days not weeks or months so that is also helpful. There are very few contraindications to its use, and it doesn’t interact with most medications. I read today that unlike benzos if combined with an SSRI it will help REVERSE learned helplessness where benzos increase learned helplessness when combined with SSRIs. I’m so sorry I put anyone on a benzo after I read that remark. Dang!

Anticonvulsants

Depakote (valproic acid), Lyrica (pregabalin), and Neurontin (gabapentin) have all been used for anxiety. Depakote more for panic. The other two for generalized anxiety disorder. Anticonvulsants also help pain. They basically slow down the firing of neurons. Neurons carry pain signals and trigger anxiety so slowing them down will help.

Behavioral Interventions

If your main source or type of anxiety is panic attacks, then I have a great treatment for you. Yoga. You don’t have to bend like a pretzel either so if you are the stiffest person on the planet then find a restorative yoga class. When I learned how to breathe in yoga class it was like OMG where have you been all my life. Yoga training will teach you to breathe and once you learn how to breathe using your entire lungs then you will feel this pop and realize wow, I needed that. I can’t explain it better than that but once I learned how to truly breathe deeply I found that a couple properly executed deep breathes truly can reset the nervous system and shut off the parasympathetic (adrenalin pumping) system and turn on the sympathetic (relaxing system). It’s not a joke. It’s not hype. It truly works. That’s the best biofeedback there is. When you learn to control your bodily functions like heart rate then you realize I’m back in the driver’s seat baby. Lamaze? Whatever yoga breathing enabled me to go through labor for 30 hours without medication. I can endure anything. Or so I tell myself. I’m almost too able to endure and don’t know when I’m in trouble.

Train Your Brain

If after reading this, I still prescribe you a sleep medication it is still advised that you not use it EVERY night or you will become dependent on it to sleep. In general, when we take medications

to help our sleep while they may make us feel like we slept all night they don't necessarily improve the quality of our sleep. To do that we need to practice good sleep hygiene. Some medications are especially a problem because after taking them ~~4-5 weeks~~ 21 days they lose their effectiveness if taken nightly. This is especially true for the benzodiazepines and the Z drugs. These medications are also now not recommended for people over 65 because they increase the risk of falling if they get up in the night to use the restroom. You can fool your brain. I've done it twice.

The first example is embarrassing but you all know by now that I'm willing to share my story if it makes someone feel better even if it doesn't always show me in the best light. I lived in Evanston when I went to Northwestern University for undergrad. If you have ever tried to find parking in this town, it's just the same as Chicago. There isn't any. I drove around forever, and it took me over an hour to find a spot. I had to go to the bathroom bad and I made it to my front door of my apartment but had trouble with the key and well I had an accident. After that, every time I came home and went to the front door guess what happened. Yes, I would lose control of my bladder. I haven't gone to medical school yet, BUT I was taking introduction to psychology and understood Pavlov's dog experiment. I reasoned that my bladder wasn't too smart but if I went to a different door, thus removing the trigger it would stop. So, for a while I had to use the back door, but it worked.

Turns out our bladder and many other functions are controlled by a part of the brain that is very trainable. So, sleep is one of those functions. I took Neurontin (gabapentin) for 5 years for seizures. Then a neurologist told me it didn't even work for the kind of seizures I had so apparently, it wasn't a problem and I could stop it. Hallelujah! I always felt that medication slowed down my thinking. I stopped it. I tapered down but still when I was off it completely, I couldn't sleep, and I had the WORST restless legs of my life. But I didn't want to go back on it. I thought my brain doesn't know one pill from another. I'll get a calcium supplement that's about the same size and shape and see if that will fool me into thinking I took a medication, so I should sleep now. Ha-ha! It worked. I know that's ridiculous. My brain fooled my brain. You can retrain your brain. You are in control of oh so very little, but we can take control of ourselves to some degree.

Sleep is something we must train our body to do so training yourself to do something takes usually 21 days or more. I know it's not easy, but you must do this because as we've already discussed medications have huge drawbacks.

Sleep Hygiene: Helpful Hints to Help You Sleep

Poor sleep habits (referred to as hygiene) are among the most common problems encountered in our society. We stay up too late and get up too early. We interrupt our sleep with drugs, chemicals, and work, and we overstimulate ourselves with late-night activities such as television. The following are some essentials of good sleep habits.

SLEEP HABITS

1. Fix a bedtime and an awakening time. Do not be one of those people who allows bedtime and awakening time to drift. The body "gets used" to falling asleep at a certain time, but only if this is relatively fixed. Even if you are retired or not working, this is an essential component of good

sleeping habits. ALSO, don't vary on the weekends. I know you're thinking what? For at least the first 21 days and until you are sleeping regularly you should not change your hour of sleep and hour of awaking on the weekends. After you restore normal sleep habits you can occasionally, but it shouldn't be a habit. I told you this was going to be hard. I wake up 6:30 am every day. The waking up is easier than the falling asleep.

2. Most people should avoid napping during the day. In the future, you could bring back the short nap. But for the next 21 days you should avoid napping if possible. After you have restored normal sleep habits you can occasionally take a nap but keep it short. Limit the nap to 30-45 minutes.

3. Avoid alcohol 4-6 hours before bedtime. Many people believe that alcohol helps them sleep. While alcohol has an immediate sleep-inducing effect, a few hours later as the alcohol levels in your blood start to fall, there is a stimulant or wake-up effect.

4. Avoid caffeine 4-6 hours before bedtime. This includes caffeinated beverages such as coffee, tea, and many sodas, as well as chocolate, so be careful.

5. Avoid heavy, spicy, or sugary foods 4-6 hours before bedtime. These can affect your ability to stay asleep.

6. Exercise regularly, but not right before bed. Regular exercise, particularly in the afternoon, can help deepen sleep. Strenuous exercise within the 2 hours before bedtime, however, can decrease your ability to fall asleep.

YOUR SLEEPING ENVIRONMENT

1. Use comfortable bedding. Uncomfortable bedding can prevent good sleep. Evaluate whether this is a source of your problem and make appropriate changes.

2. Find a comfortable temperature setting for sleeping and keep the room well ventilated. If your bedroom is too cold or too hot, it can keep you awake. A cool (not cold) bedroom is often the most conducive to sleep.

3. Block out all distracting noise and eliminate as much light as possible. You may need white noise generator or fan to help block outside noise.

4. Reserve the bed for sleep and sex. Don't use the bed as an office, workroom, or recreation room. Let your body "know" that the bed is associated with sleeping.

GETTING READY FOR BED

1. Try a light snack before bed. Warm milk and foods high in the amino acid tryptophan, such as bananas, may help you to sleep. Assuming you don't have heartburn. But if you suffer from heartburn then you would benefit from not eating for 2 hours before you go to bed. It will reduce your heartburn quickly.

2. Practice relaxation techniques before bed. Relaxation techniques such as yoga, deep breathing and others may help relieve anxiety and reduce muscle tension.

3. Don't take your worries to bed. Leave your worries about job, school, daily life, etc., behind when you go to bed. Some people find it useful to assign a "worry period" during the evening or late afternoon to deal with these issues. You can have a journal that you write down what's on your mind, your list of things to do tomorrow, things you are grateful for and today's accomplishments. Strive for positivity.

4. Establish a pre-sleep ritual. Pre-sleep rituals, such as a warm bath or a few minutes of reading, can help you sleep. Choose reading material that isn't too exciting. I can recommend some medical journals if you like. Don't read from an iPad or Kindle unless it's the paperwhite version. Screens are stimulating.

5. Get into your favorite sleeping position. If you don't fall asleep within 15-30 minutes, get up, go into another room, and read until sleepy. Don't start working around house and don't watch TV.

6. TVs should not be in bedroom. I'm the anti-bedroom TV police in our house. There will be no TVs in the bedroom. My husband unfortunately has slept to TV his whole life, so we have very comfortable couches in front of the TV. But see why he doesn't sleep! The TV light is very stimulating, not to mention the noise.

Appendix 1:

Counselors I recommend

Pills don't give us skills. So, I highly recommend also working with therapist. The following I know personally through being a client myself or other means. But if you have a great experience with someone please share so I can add to the list.

Jeanna Fearon (art therapist great for people that are afraid of therapy, teens, and relationships and awesome when you want therapy for you and/or your kids.)

402-0666 ext. 4

Sharon Mindock (great for single or couple therapy)

402-0666

Brad Post (also great for industrial psychology but also relationships and addiction)*

681-5850

Patricia Edwards (fantastic for PTSD and DID with ADD)*

692-6622

Dr. John Day (for people working in hostile work environment)

692-7755

Donna Brooks (OCD, trauma work, anxiety disorders and marriage counseling, also versed in the tribulations of mold)

692-7755

Amy Fischer (EMDR, CBT and heart centered hypnotherapy)*

857-6399

Leia Ogburn (therapy for those going through infertility)*

682-2915

Christopher Holly (works in office with psychiatrists, so good choice if think may need that service as well, very kind, not afraid of challenging situations)*

637-4266

* are License Clinical Social Workers and may be especially helpful if need information about social services

Addendum 2: Tapering off Benzo's and/or Z drugs

People who cut the chains of dependency on Benzo's or Z drugs (or for some both) tend to feel a whole lot better after they are clear of them. Studies show improvements in cognitive performance, mood and sleeping. The prolonged use of these medications often causes as much anxiety as they help (this was what made me mad) so quitting makes good sense.

But it's not easy and trust me now that I have helped a few people do it, I've seen that there is a smart way to do it and a miserable way to do it. The miserable way is to taper off your medication. That would sound like a great idea, but it turns out that Ativan, Xanax, Ambien, etc. have short half-lives. In fact, it's the very property that makes them highly addictive and habit forming. The smart way to do it is to transition to a long-acting medication and taper off it. The best one is Valium or diazepam. See a short acting medication with a half-life of less than 12 hours will cause you go through withdrawal symptoms every single day. That's just horrible. I have watched a few do it now and when I finally got them to try the long-acting instead it was a much better experience. THIS IS AN EXAMPLE ONLY DO NOT DO THIS ON YOUR OWN.

This method works great for Ativan or Xanax: You switch to a liquid Xanax if that's your drug and get a liquid Valium. Over the first 5 weeks, yes 5 weeks, we slowly lower the Xanax dose and increase the Valium dose. So, if you took 1 mg nightly of Xanax (alprazolam) the equivalent in Valium is 20 mg. (Yes, that little 1 mg of Xanax is potent.) This person took Xanax 0.5 mg twice a day so that's why we're administering twice a day. If you only took at night, we'd continue just a nightly dose.

The schedule looks like this:

Alprazolam Taper

Starting dose:		
Total Daily Dose	Alprazolam	Diazepam equivalent:
	1.0 mg	20.0 mg

Weekly Dose	Starting dose:	Alprazolam	Diazepam equivalent:
Week 1	Week 1-2	0.8	3.3
2	3-4	0.7	6.7
3	5-6	0.5	10.0
4	7-8	0.3	13.3
5	9-10	0.2	16.7
6	11-12		20.0
7	13-14		18.0
8	15-16		16.0
9	17-18		14.0
10	19-20		12.0

Divide into 2 doses daily Divide into 2 doses daily

Week	Week	divide into	Alprazolam	Diazepam	Instructions
1	1-2	1/6th	0.8	3.3	take these both daily for 1-2 weeks
2	3-4		0.7	6.7	take these both daily for 1-2 weeks
3	5-6		0.5	10.0	take these both daily for 1-2 weeks
4	7-8		0.3	13.3	take these both daily for 1-2 weeks
5	9-10		0.2	16.7	take these both daily for 1-2 weeks
6	11-12			20.0	take daily alone for 2 weeks then
7	13-14			18.0	taper by 2 mg every 1-2 weeks until down
8	15-16			16.0	to 4 or 5 mg
9	17-18			14.0	
10	19-20			12.0	

11	21-22	10.0	
12	23-24	8.0	
13	25-26	6.0	
14	27-28	4.0	now taper by 1 mg every 1-2 weeks until done
15	29-30	3.0	
16	31-32	2.0	
17	33-34	1.0	
18	35-36	0.0	

This person was so miserable I gave them the option of just lowering the dose every 2 weeks but when they tried this, they had no problem going down weekly. But the standard recommendation is to lower the dose 1/8 to 1/10 every fortnight (14 days). However, one site listed just a two-week transition from one drug to another. For temazepam 20 mg nightly dose (weird dose usually done 7.5, 15,22.5, 30) but anyway:

example withdrawal schedule for patient on temazepam 20mg nightly

- week 1 - temazepam 10mg, diazepam 5mg
- week 2 - stop temazepam, diazepam 10mg
- week 4 - diazepam 9mg
- week 6 - diazepam 8mg
- continue reducing dose of diazepam by 1mg every fortnight - tapering of dose may be slower if necessary

For Ambien users, we would consider Ambien 10 mg equivalent to Valium 5 mg. So, for those on 10-12.5:

example withdrawal schedule for patient on Ambien 12.5 nightly

- week 1 - Ambien 5mg, diazepam 5mg
- week 2 - stop Ambien, diazepam 10mg
- week 4 - diazepam 9mg
- week 6 - diazepam 8mg
- continue reducing dose of diazepam by 1mg every fortnight - tapering of dose may be slower if necessary

If someone is taking both Ambien CR 12.5 mg and Xanax most nights of 0.25 mg then the taper looks like this:

If still taking Xanax 0.25

Daily Dose:

		Alprazolam	Diazepam equivalent:				
		0.25	mg	5.0	mg	(Diazepam 5mg/ml)	
		Ambien	Xanax	Valium	Valium Dose in ml	Weekly Total	
Week 1	Nightly	12.5CR	0.125	2.5	0.5 ml	3.5	
	2	12.5CR	off	5	1.0 ml	7.0	

3	10.0	10	2.0 ml	14.0		
4	5.0	15	3.0 ml	21.0	45.5	rx for 28 days
5	off	14	2.8 ml	19.6		
6		13	2.6 ml	18.2		
7		12	2.4 ml	16.8		
8		11	2.2 ml	15.4	70.0	rx for 28 days
9		10	2.0 ml	14.0		
10		9	1.8 ml	12.6		
11		8	1.6 ml	11.2		
12		7	1.4 ml	9.8	47.6	rx for 28 days
13		6	1.2 ml	8.4		
14		5	1.0 ml	7.0		
15		4	0.8 ml	5.6		
16		3	0.6 ml	4.2	25.2	probably add these last two together
17		2	0.4 ml	2.8		rx for 42 days
18		1	0.2 ml	1.4	4.2	
		off				

I couldn't fit the decreasing every 2-week version on here, but I have one of those as well.

Appendix 3



TWO WEEK SLEEP DIARY

INSTRUCTIONS:

1. Write the date, day of the week, and type of day: Work, School, Day Off, or Vacation.
2. Put the letter "C" in the box when you have coffee, cola or tea. Put "M" when you take any medicine. Put "A" when you drink alcohol. Put "E" when you exercise.
3. Put a line (l) to show when you go to bed. Shade in the box that shows when you think you fell asleep.
4. Shade in all the boxes that show when you are asleep at night or when you take a nap during the day.
5. Leave boxes unshaded to show when you wake up at night and when you are awake during the day.

SAMPLE ENTRY BELOW: *On a Monday when I worked, I jogged on my lunch break at 1 PM, had a glass of wine with dinner at 6 PM, fell asleep watching TV from 7 to 8 PM, went to bed at 10:30 PM, fell asleep around Midnight, woke up and couldn't get back to sleep at about 4 AM, went back to sleep from 5 to 7 AM, and had coffee and medicine at 7:00 in the morning.*

Today's Date	Day of the week	Type of Day Work, School, Off, Vacation	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	Midnight	1AM	2AM	3AM	4AM	5AM	6AM	7AM	8AM	9AM	10AM	11AM
sample	Mon.	Work	E						A			I									C	M			

Appendix 4: Informed Consent

Name: _____

Date of Birth: _____

Reason for use of a benzodiazepine or Z drug: _____

Alternatives I've tried or therapies I'm using in addition to this medication:

- Sleep hygiene
- Relaxation exercises
- Daily exercise
- Cognitive behavioral therapy
- Art Therapy
- Antidepressants/Antianxiety medications
- OTC or Rx antihistamines (cetirizine, hydroxyzine better)
- Antipsychotic medications
- Hypnosis
- Sleep Study done and prescribed this medication by sleep doctor
- Seeing psychiatrist

Doctor Knight prescribed for short term use and I'm only to use 21 days or less or I never take more than 3 days in a row.

Prescribed by Dr. Knight or another doctor before I knew the potential harms of this medication and now, I'm interested in how to get off this medication. YES NO

Any comments are welcome: _____

Dr. Knight is concerned with the long-term use of Benzos and Z drugs because of the following reasons:

1. Use beyond 21 days may be just preventing withdrawal and no longer treating initial problem that was reason for prescription.
2. Chronic use is risk factor for Alzheimer's dementia. Most of the counter antihistamines sold for sleep are as well.
3. These drugs harm your sleep architecture and cause a reduction in the deep slow wave sleep we need to heal the bodies daily injuries and remove toxins.
4. They are responsible for increased in death from combination with opiates and should not be used by patients also taking chronic opiates for chronic pain.
5. When combined with the SSRI, antidepressants, may increase a phenomenon called learned helplessness. Basically, they contribute to a person feeling powerless after a traumatic event which worsens depression.

#1 was a huge surprise to me and was my main reason for writing this guide. I didn't know that they caused a withdrawal that feels and looks like anxiety disorder. But once I understood that, I felt I had to inform everyone that I have on these medications and apologize for ever introducing them to this medication. I will in the future use it much, much less and for very short periods of time.

Signature of patient

Date

REFERENCES

1. Institute of Medicine (US) Committee on Sleep Medicine and Research; Colten HR, Altevogt BM, editors. Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. Washington (DC): National Academies Press (US); 2006. 2, Sleep Physiology. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK19956/>
2. Miller, Richard Lawrence (2002). *Drugs of abuse: a reference guide to their history and use*. Westport, Conn.: Greenwood Press. p. 183. *ISBN 0313318077*.
3. Patient.info/health/stopping-benzodiazepines-and-z-drugs
4. <http://BenzoBuddies.org>
5. Leevin Mah and Ross EG Upshur. *BMC Family Practice* (2002)3:9 Long term benzodiazepine use for insomnia in patients over the age of 60: discordance of patient and physician perceptions.