Patients on hypnotic/night sedation medications, including benzodiazepines (e.g. oxazepam, temazepam) and z drugs (e.g. zolpidem, zopiclone), are at an increased risk of confusion, short term memory impairment, falls and fractures. **Night sedation should be avoided where possible in older people.**

Pharmacological intervention for sleep should be reserved for cases in which non-pharmacological management is ineffective. **It should be for short-term use only** or until further evaluation by a sleep specialist can occur (for long term sleep problems).

Encourage non-pharmacological approaches to sleeping where possible; these include cognitive behavioural therapy, relaxation techniques and developing good sleep hygiene habits.

**Sleep Changes Associated With Aging**
- Increased sleep latency (time to fall asleep)
- Decreased sleep efficiency (amount of time in bed to amount of time asleep)
- Difficulty maintaining sleep
- Increased night-time arousals and awakenings
- Decreased time spent in deeper stages of sleep/increased time in lighter stages of sleep
- Increased early morning awakenings
- Changes in circadian rhythm
- Increased sleep fragmentation.

**Sleep Hygiene (Tips) for Patients in Hospital**
- Try to maintain regular sleep/wake times
- Establish a bedtime routine (e.g. relaxing activity)
- Increase mobilisation during the day and / or provide exercise earlier in the day
- Limit daytime napping
- Provide exposure to bright light during the day
- Create a sleep-conducive environment
- Restrict access to caffeine, nicotine, and alcohol close to bedtime
- Restrict access to fluids in the hours before bedtime
- Offer warm milk before bedtime.

**Assess Pain**
- Pain may add to a patient’s inability to sleep. Assessment for pain and pain relief should be considered
- Consider that patients who are confused, restless and agitated may be in pain; this should be investigated and managed. Night sedation should be avoided in these instances.

**Patients on Long-Term Night Sedation**
- Educate patients that sleep patterns do change with aging
- Provide information about benefits of stopping the use of night sedation
  - Improved alertness, cognition and sleep quality
  - Reduced risk of falls
- Let the patient know the sedative benefits of the medication are lost with long-term use.

**Withdraw Night Sedation Gradually**
- In most cases, it is recommended to withdraw the drug gradually to minimise withdrawal effects (which may last for six to eight weeks)
- The rate of tapering is dependent upon the drug, dose and duration of use
- Explain that rebound insomnia is a symptom of stopping and not a sign that treatment should continue
- Document the tapering plan and communicate the plan to the General Practitioner.

**Acknowledgement**
The Clinical Excellence Commission acknowledges Debra Sanders, RN, PhD, GCNS-BC, Addressing Sleep Challenges, Aging Well, Vol. 5 No. 3 P. 22
Ms Margaret Hargraves, Hospital Pharmacist, Prince of Wales Hospital, South Eastern Sydney Illawarra Area Health Service - Reduction in the use of night sedation to reduce the risk of falls: 2010 NSW Falls Prevention Network forum.
Other resources
Sleeping pills and older people: the risks

How to sleep right
https://www.nps.org.au/medical-info/consumer-info/how-to-sleep-right

Management options to maximise sleep

Managing benzodiazepine dependence in primary care

About the NSW Falls Prevention Program
The CEC’s Falls Prevention program aims to reduce the incidence and severity of falls among older people and reduce the social, psychological and economic impact of falls on individuals, families and the community.
For further information, please visit www.cec.health.nsw.gov.au