Risk of Falls Associated with Sleep Medication in the Elderly

On January 10, 2013 the Food and Drug Administration (FDA) reported a connection between Zolpidem and an increased risk of impaired mental and motor function specifically in the morning (1). Zolpidem can be found in Ambien, Ambien CR, Edular, and Zolpimist (2).

Reactions to Zolpidem include dizziness, behavior changes, agitation, drowsiness, and hallucinations as well as driving when not fully awake referred to as ‘sleep driving’ (2). These impairments have been connected with a significant increase in motor vehicle accidents for all age groups and an increased risk for falls in the elderly.

Data collected from drug related emergency department visits, exposes an increase of over 200% in emergency department visits directly related to Zolpidem with a reported 6,111 incidents in 2005 to 19,847 reported in 2010; Over half of this number is represented by those over the age of 45 (2).

Figure 1: Age Distribution among Zolpidem-Related Emergency Department Visits Involving Adverse Reactions in 2010 (2).

This report raises concerns about sleep medications in general and, while there appears to be a significantly higher incidence of accidents with Zolpidem, the FDA reiterated that every drug used to treat insomnia could cause morning impairment (3).

Sleep Meds and the Elderly

The elderly are a particular cause for concern due to their increased risk for falling in general independent of sleep medications. In fact, falling is reported as the fifth leading cause of death for this population (4).

Reports showed a 66% increased risk for falls with the first-time use of nonbenzodiazepine medication to treat insomnia in patients residing in nursing home facilities and highlighted the first two weeks on the new medication as posing the greatest risk. The risk increases substantially for those experiencing some cognitive impairment and/or confusion (5).

Although the FDA has addressed the problem by insisting on a lowered dosage amount for men and women taking Zolpidem, another report suggests that the extended release version of Ambien not be used in the elderly population due to their slower metabolism and elimination. In the elderly, Zolpidem is connected with patients driving, cooking and eating while sleeping (6).

The Options

There are several other treatment options available to treat insomnia and a different approach may be more beneficial in meeting the patient’s needs. Simply making lifestyle changes could greatly affect an individual’s sleep pattern. Reducing stress and implementing exercise can be significant enough to alter sleep patterns.

Melatonin is a chemical naturally produced in the body but it can also be purchased over the counter to assist with sleeping with little to no side effects.

There is also the potential for an underlying medical disorder that could be causing the patients insomnia such as sleep apnea, restless leg syndrome, etc.

The issue may not necessarily be connected to the sleeping pill at all but rather the patient’s inability to take their medications appropriately or not fully disclosing other medications prescribed or may be taking over the counter.

There is a possibility, however, that a sleeping pill is the appropriate choice. If this is the case, there are many different varieties available that may be less of a risk than Zolpidem. Ramelteon (Rozerem) acts similar to melatonin and is not considered to be habit-forming. Eszopiclone (Lunesta) is a newer drug that can be used for longer period of time than Zolpidem. Other possibilities that may have the potential to become habit-forming are: Triazolam (Halcion), Zaleplon (Sonata), Temazepam (Restoril), and Doxepin (Silenor) (7).

There are potential side effects associated with each one and potential medication interactions; however, Zolpidem is unique in its connection to increased risk for falling. The FDA emphasizes the importance of using the lowest dosage necessary for effectively treating the patient’s insomnia (1).

Sources