The Guideline on Sleep Problems and Hypnotic Drugs published by the Dutch College of General Practitioners (NHG) provides recommendations for the management of patients with sleep problems in general practice. The guideline extensively discusses non-drug treatment of insomnia, as this approach is more effective in the longer term than hypnotic drugs, and does not have the adverse side-effects of such drugs (Gebu 2005; 39: 73-79). These side-effects can be serious or even very serious relative to the discomfort of insomnia, and include the risk of falls, which can result in hip fractures requiring hospitalisation, with increased risk of mortality. Various programmes are available to help patients discontinue the use of hypnotic drugs. The arguments used to support the practical recommendations presented in the guideline are mostly based on experience, rather than on empirical evidence. In practice, changing habits is unfortunately difficult. An article in Gebu 2015; 49: 4 discussed the traffic safety issues associated with zolpidem en zopiclone and the revised recommendations for reducing the dosage of these drugs in some Western countries. The article also reported that the presumed benefits of these drugs have gradually been disproven. The recommended reticence as regards prescribing dopamine agonists for restless leg syndrome is a logical consequence of the limited research data available. These drug have shown limited efficacy in short-term studies, while data on their efficacy and side-effects in the longer term are not available. They are known to frequently cause side-effects such as augmentation (Gebu 2013; 47: 95-96). It is therefore a wise choice that the guideline recommends prescribing relatively low maximum dosages for their use in primary care and re-evaluation of the therapy every three to six months.

References*

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*The literature refers to the Dutch tekst

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