Guidelines at-a-Glance

American Academy of SLEEP MEDICINE™

Clinical Practice Guideline for the Pharmacologic Treatment of Chronic Insomnia in Adults: An American Academy of Sleep Medicine Clinical Practice Guideline

ADAPTED FROM

Sateia MJ, Buysse DJ, Krystal AD, Neubauer DN, Heald JL. Clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2017;13(2):307–349.

IMPLICATIONS OF STRONG AND WEAK RECOMMENDATIONS FOR CLINICIAN USERS OF AASM CLINICAL PRACTICE GUIDELINES

Strong Recommendation (We recommend...)
Almost all patients should receive the recommended course of action. Adherence to this recommendation could be used as a quality criterion or performance indicator.

Weak Recommendation (We suggest...)
Different choices will be appropriate for different patients, and the clinician must help each patient arrive at a management decision consistent with her or his values and preferences.

The ultimate judgment regarding the suitability of any specific recommendation must be made by the clinician.

RECOMMENDED FOR TREATING SLEEP ONSET INSOMNIA

ESZOPICLONE

We suggest that clinicians use eszopiclone as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (Weak)

- **Sleep Latency:** Mean reduction was 14 minutes greater, compared to placebo (95% CI: 3 to 24 minute reduction)
- **Quality of Sleep:** Moderate-to-Large[1] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 2 mg and 3 mg doses of eszopiclone.

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RAMELTEON

We suggest that clinicians use ramelteon as a treatment for sleep onset insomnia (versus no treatment) in adults. (Weak)

- **Sleep Latency**: Mean reduction was 9 minutes greater, compared to placebo (95% CI: 6 to 12 minute reduction)
- **Quality of Sleep:** No improvement[2] in quality of sleep, compared to placebo*

This recommendation is based on trials of 8 mg doses of ramelteon.

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TEMAZEPAM

We suggest that clinicians use temazepam as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (Weak)

- **Sleep Latency:** Mean reduction was 37 minutes greater, compared to placebo (95% CI: 21 to 53 minute reduction)
- **Quality of Sleep:** Small[1] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 15 mg doses of temazepam.

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TRIAZOLAM

We suggest that clinicians use triazolam as a treatment for sleep onset insomnia (versus no treatment) in adults. (Weak)

- **Sleep Latency**: Mean reduction was 9 minutes greater, compared to placebo (95% CI: 4 to 22 minute reduction)*
- **Quality of Sleep:** Moderate[3] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 0.25 mg doses of triazolam

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QUALITY OF EVIDENCE

⊕⊕⊕⊕ High
⊕⊕⊕⊖ Moderate
⊕⊕⊖⊖ Low
⊕⊖⊖⊖ Very Low

BENEFITS VERSUS HARMS

B>h Benefits outweigh harms

B=H Benefits approximately equal harms

H>b Harms outweigh benefits

PATIENT VALUES AND PREFERENCES

 Vast majority of patients would use

 Majority of patients would use

 Majority of patients would not use

 Vast majority of patients would not use

*Based on subjective reporting

[1] Based on Cohen d: 0.2 = small effect, 0.5 = moderate effect, 0.8 = large effect

[2] Based on a 7-point Likert scale (1 = excellent, 7 = very poor)

[3] Based on a 4-point scale (1 = good, 4 = poor)

RECOMMENDED FOR TREATING SLEEP ONSET INSOMNIA (CONTINUED)

ZALEPLON

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We suggest that clinicians use zaleplon as a treatment for sleep onset insomnia (versus no treatment) in adults. (Weak)

- **Sleep Latency:** Mean reduction was 10 minutes greater, compared to placebo (95% CI: 0 to 19 minute reduction)
- **Quality of Sleep:** No improvement[2] in quality of sleep, compared to placebo*

This recommendation is based on trials of 5 mg and 10 mg doses of zaleplon.

ZOLPIDEM

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We suggest that clinicians use zolpidem as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (Weak)

- **Sleep Latency**: Mean reduction was 5–12 minutes greater, compared to placebo (95% CI: 0 to 19 minute reduction)
- **Quality of Sleep**: Moderate[1] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 10 mg doses of zolpidem.

RECOMMENDED FOR TREATING SLEEP MAINTENANCE INSOMNIA

DOXEPIN

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We suggest that clinicians use doxepin as a treatment for sleep maintenance insomnia (versus no treatment) in adults. (Weak)

- **Total Sleep Time:** Mean improvement was 26–32 minutes longer, compared to placebo (95% CI: 18 to 40 minute improvement)
- **Wake After Sleep Onset:** Mean reduction was 22–23 minutes greater, compared to placebo (95% CI: 14 to 30 minute reduction)
- **Quality of Sleep:** Small-to-Moderate[1] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 3 mg and 6 mg doses of doxepin.

ESZOPICLONE

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We suggest that clinicians use eszopiclone as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (Weak)

- **Total Sleep Time:** Mean improvement was 28–57 minutes longer, compared to placebo (95% CI: 18 to 76 minute improvement)
- **Wake After Sleep Onset:** Mean reduction was 10–14 minutes greater, compared to placebo (95% CI: 2 to 18 minute reduction)
- **Quality of Sleep:** Moderate-to-Large[1] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 2 mg and 3 mg doses of eszopiclone.

RECOMMENDED FOR TREATING SLEEP MAINTENANCE INSOMNIA (CONTINUED)

TEMAZEPAM

We suggest that clinicians use temazepam as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (Weak)

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- **Total Sleep Time:** Mean improvement was 99 minutes longer, compared to placebo (95% CI: 63 to 135 minute improvement)
- **Wake After Sleep Onset:** Not reported
- **Quality of Sleep:** Small[1] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 15 mg doses of temazepam.

SUVOREXANT

We suggest that clinicians use suvorexant as a treatment for sleep maintenance insomnia (versus no treatment) in adults. (Weak)

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- **Total Sleep Time:** Mean improvement was 10 minutes longer, compared to placebo (95% CI: 2 to 19 minute improvement)
- **Wake After Sleep Onset:** Mean reduction was 16–28 minutes greater, compared to placebo (95% CI: 7 to 43 minute reduction)
- **Quality of Sleep:** Not reported*

This recommendation is based on trials of 10, 15/20, and 20 mg doses of suvorexant.

ZOLPIDEM

We suggest that clinicians use zolpidem as a treatment for sleep onset and sleep maintenance insomnia (versus no treatment) in adults. (Weak)

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- **Total Sleep Time:** Mean improvement was 29 minutes longer, compared to placebo (95% CI: 11 to 47 minute improvement)
- **Wake After Sleep Onset:** Mean reduction was 25 minutes greater, compared to placebo (95% CI: 18 to 33 minute reduction)
- **Quality of Sleep:** Moderate[1] improvement in quality of sleep, compared to placebo*

This recommendation is based on trials of 10 mg doses of zolpidem.

NOT RECOMMENDED FOR TREATING INSOMNIA

We suggest that clinicians not use the following drugs for the treatment of sleep onset or sleep maintenance insomnia (versus no treatment) in adults: Diphenhydramine, Melatonin, Tiagabine, Trazodone, L-tryptophan, Valerian. (Weak)