Newer hypnotics no better for insomnia than short acting benzodiazepines

Liza Gibson *London*

The National Institute for Clinical Excellence (NICE) has issued new guidance to the NHS recommending that hypnotic drugs be used for severe insomnia only for short periods and only after non-pharmacological measures have been considered.

Non-pharmacological treatments include cognitive behaviour therapy and relaxation techniques and avoiding stimulants (such as coffee) before bedtime.

NICE does not distinguish between newer hypnotics known as Z drugs (zaleplon, zolpidem, and zopiclone) and short acting benzodiazepines such as loprazolam, lorazepam, lormetazepam and temazepam—recommending that the drug with the "lowest purchase cost" be chosen.

The Z drugs were developed to overcome some of the disadvantages of benzodiazepines, such as next day sedation, dependence, and withdrawal.

NICE's appraisal committee came to its decision after finding no compelling evidence of a clinically useful difference between the Z drugs and short acting benzodiazepines in terms of effectiveness, adverse effects, or potential for misuse or dependence.

The guidance is expected to provide cost savings to the NHS, with a possible reduction in the prescribing of hypnotics. NICE notes that in 2002 the NHS spent £15.9m ($28.2m; €23.6m) on Z drugs.

However, the guidance does not have the support of the British Sleep Society, a professional organisation for medical and scientific staff who deal with sleep disorders.

The society's representative, David Nutt, professor of psychopharmacology and head of the department of community based medicine at the University of Bristol, said that it was not sensible of NICE to recommend "short acting" benzodiazepines as hypnotics as they are not actually short acting.

For example, lorazepam has an average half life of about 15 hours, meaning it will have significant effects on the brain for at least two half lives (30 hours) after administration, he said. He believes that loprazolam, lormetazepam, and temazepam, which have medium half lives (between eight and 13 hours), will also result in next day effects in many people.

The society told NICE that only drugs with a half life of less than four hours (such as zolpidem and zaleplon) are short acting enough to be considered likely to be free of significant carryover effects the next day. Professor Nutt said that it seems perverse that patients will be forced to run the risk of significant daytime hangover to save a few pence on drug costs. He said pressure will be put on clinicians as a result of the guidance not to use Z drugs.

The society made an appeal against the guidance, but this was rejected by NICE. This is because there were no grounds for appeal, NICE said.

NICE also recommends that hypnotics be prescribed in strict accordance with their licensed indications and that drugs should be switched only if the patient experiences side effects specifically related to that medicine. □

The guidelines can be accessed at www.nice.org.uk

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Severe insomnia, like that experienced by Tom Wilkinson in the film *In the Bedroom* (pictured), should be treated with drugs only for short periods

NICE gives guidance on use of new antiepileptic drugs in children

Susan Mayor *London*

Newer antiepileptic drugs should be considered for treating epilepsy in children who have not benefited from older drugs, or where use of the older drugs is unsuitable, says guidance issued this week to the NHS in England and Wales.

The National Institute for Clinical Excellence (NICE) recommends that the newer antiepileptic drugs—gabapentin, lamotrigine, oxcarbazepine, tiagabine, topiramate, and vigabatrin (as an adjunctive treatment for partial seizures)—be used, within their licensed indications, for managing epilepsy in children who have not benefited from treatment with the older antiepileptic drugs, such as carbamazepine and sodium valproate.

The guidance also recommends the newer drugs when the older drugs are unsuitable for children (because of contraindications or interactions with other drugs) and in girls who are already of childbearing age or are likely to need treatment into their childbearing years.

The guidance also advises that children be treated with a single antiepileptic drug wherever possible. If initial monotherapy is unsuccessful, then monotherapy with another drug should be tried rather than adding other drugs (combination or adjunctive treatment). Adjunctive treatment should be considered only when monotherapy with antiepileptic drugs has not resulted in freedom from seizures.

A further recommendation is that all children who have a non-febrile seizure for the first time should see an epilepsy specialist as soon as possible, to find out exactly what type of epilepsy they have, so that the best treatment can be started.

Barbara Pinder, a spokeswoman for the UK patients' organisation Epilepsy Action, said: "We broadly agree with the guidance. Our concern is how well it will be implemented." She considered that the guidance represented what many doctors who are providing high quality care were already doing.

"More initiatives are needed to ensure that all children with epilepsy receive specialist care," she added, pointing out that there were too few paediatric epilepsy specialists to see all children with non-febrile seizures quickly. "More funding and training are needed to improve the number of epilepsy specialists and specialist nurses," she said.

● Other NICE guidance, for women with heavy menstrual bleeding, recommends endometrial ablation using fluid filled thermal balloons or microwave treatment as options when the woman and her clinician consider that surgical intervention is appropriate. These treatments will be alternatives to hysterectomy and other treatments currently available for the condition.

The guidance goes on to recommend that the choice of surgical treatment should be made jointly by the woman and the clinician after an informed discussion, taking into account the desired outcome of the treatment (such as reduced menstrual bleeding or complete cessation of menstrual bleeding), the relative benefits of all other treatment options and the adverse events associated with them, and the specific medical circumstances of the woman (her condition, her suitability for the different surgical treatments, and her wishes). □

The guidance can be found at www.nice.org.uk