



You May Be at Risk

You are currently taking a sedative-hypnotic drug

- | | | |
|---|---|---|
| <input type="checkbox"/> Alprazolam (Xanax [®]) | <input type="checkbox"/> Diazepam (Valium [®]) | <input type="checkbox"/> Quazepam |
| <input type="checkbox"/> Chlorazepate | <input type="checkbox"/> Estazolam | <input type="checkbox"/> Temazepam (Restoril [®]) |
| <input type="checkbox"/> Chlordiazepoxide | <input type="checkbox"/> Flurazepam | <input type="checkbox"/> Triazolam (Halcion [®]) |
| <input type="checkbox"/> Chlordiazepoxide-amitriptyline | <input type="checkbox"/> Loprazolam | <input type="checkbox"/> Eszopiclone (Lunesta [®]) |
| <input type="checkbox"/> Clidinium-Chlordiazepoxide | <input type="checkbox"/> Lorazepam (Ativan [®]) | <input type="checkbox"/> Zaleplon (Sonata [®]) |
| <input type="checkbox"/> Clobazam | <input type="checkbox"/> Lormetazepam | <input type="checkbox"/> Zolpidem (Ambien [®] , Intermezzo [®] , Edluar [®] , Zolpimist [®]) |
| <input type="checkbox"/> Clonazepam (Rivotril [®] , Klonopin [®]) | <input type="checkbox"/> Nitrazepam | <input type="checkbox"/> Zopiclone (Imovane [®]) |
| | <input type="checkbox"/> Oxazepam (Serax [®]) | |



TEST YOUR KNOWLEDGE
about the medication you are taking

TEST YOUR KNOWLEDGE ABOUT A SEDATIVE-HYPNOTIC DRUG

- 1** The medication you are taking is a mild tranquilizer that is safe when taken for long periods of time. TRUE FALSE
- 2** The dose that I am taking causes no side effects. TRUE FALSE
- 3** Without **this medication** I will be unable to sleep or will experience unwanted anxiety. TRUE FALSE
- 4** **This medication** is the best available option to treat my symptoms. TRUE FALSE





ANSWERS

ANSWERS

1 FALSE

It is no longer recommended to take a **sedative-hypnotic drug** to treat insomnia or anxiety. People who take it are putting themselves at a:

- 5-fold higher risk of memory and concentration problems
- 4-fold increased risk of daytime fatigue
- 2-fold increased risk of falls and fractures (hip, wrist)
- 2-fold increased risk of having a motor vehicle accident while driving
- Problems with urine loss

2 FALSE

Even if you think that you have no side effects, and even if you take only a small dose, a **sedative-hypnotic drug** worsens your brain performance and slows your reflexes.

3 TRUE

Your body has probably developed a physical addiction to **this medication**. If you stop it abruptly, you may have trouble sleeping and feel greater anxiety. Millions of people have succeeded in slowly cutting this drug out of their lives and finding alternatives to help their problem.

4 FALSE

Although it is effective over the short term, studies show that **sedative-hypnotic drugs** are not the best long-term treatment for your anxiety or insomnia. **Sedative-hypnotic medication** covers up the symptoms without actually solving the problem. Please keep on reading to learn more about developing healthier sleep patterns and diminishing stress.



DID YOU KNOW?

Your medication is in a family of drugs that bind to the receptors in the brain that cause sedation. **Sedative-hypnotic drugs** can be highly addictive and can cause many side effects. Except in special circumstances, these medications should never be taken.

These drugs remain longer and longer in your body as you age. This means that they can stay for up to several days and could be making you tired, weak, impair your balance, and reduce your other senses.

Sedative-hypnotic drugs can also be associated with hip fractures, memory problems, and involuntary urine loss. Their sedative properties can cause you to be drowsy during the day which can lead to car accidents and sleep walking. Even if you are not experiencing these symptoms, be sure to speak to your doctor or pharmacist so that you do not develop them in the future. Alternate therapies are available to relieve your anxiety or improve your sleep with fewer side effects on your quality of life.

Please Consult your Doctor or Pharmacist
Before Stopping Any Medication.

SO ASK YOURSELF...yes or no?

- ... have you been taking **this sedative-hypnotic drug** for a while?
- ... are you tired and often groggy during the day?
- ... do you ever feel hungover in the morning, even though you have not been drinking?
- ... do you ever have problems with your memory or your balance?

AS YOU AGE

Age-related changes take place in your body and modify the way you process medications. Your chances of taking more than one medication increase as you age, as well as the possibility of a history of illness. Drugs stay in your body longer and diminished liver function and poor blood flow to your kidneys may increase side effects.

Unfortunately this is important information that is often not passed on to patients who are taking this drug. Please consult your physician or pharmacist to discuss this further. Alternative therapies could relieve your anxiety or improve your sleep with less side effects on your quality of life.



ALTERNATIVES

If you are taking this sedative-hypnotic drug to help you sleep:

There are lifestyle changes that can help.

- Do not read or watch TV in bed. Do so in a chair or on your couch.
- Try to get up in the morning and go to bed at night at the same time every day.
- Before going to bed, practice deep breathing or relaxation exercises.
- Get exercise during the day, but not during the last three hours before you go to bed.
- Avoid consuming nicotine, caffeine and alcohol as they are stimulants and might keep you awake.

If you are taking this sedative-hypnotic drug to help reduce your anxiety:

There are other solutions to deal with your stress and anxiety.

- Talking to a therapist is a good way to help you work out stressful situations and talk about what makes you anxious.
- Support groups help to relieve your stress and make you feel you are not alone.
- Try relaxation techniques like stretching, yoga, massage, meditation or tai chi that can help relieve you of everyday stress and help you work through your anxiety.
- Talk to your doctor about other anti-anxiety medications that have less serious side effects.



MRS. ROBINSON'S STORY

She has been taking **Lorazepam**, a **sedative-hypnotic drug** just like yours.

“I am 65 years old and took **Lorazepam** for 10 years. A few months ago, I fell in the middle of the night on my way to the bathroom and had to go to the hospital. I was lucky and, except for some bruises, I did not hurt myself. I read that **Lorazepam** puts me at risk for falls. I did not know if I could live without **Lorazepam** as I always have trouble falling asleep and sometimes wake up in the middle of the night.

I spoke to my doctor who told me that my body needs less sleep at my age – 6 hours of sleep per night is enough. That's when I decided to try to taper off **Lorazepam**. I spoke to my pharmacist who suggested I follow the step-by-step tapering program (on the next page).

I also applied some new sleeping habits I had discussed with my doctor. First I stopped exercising before bed; then I stopped reading in bed, and finally, I got out of bed every morning at the same time whether or not I had a good nights sleep.

I succeeded in getting off **Lorazepam**. I now realize that for the past 10 years I had not been living to my full potential. Stopping **Lorazepam** has lifted a veil, like I had been semi-sleeping my life. I have more energy and I don't have so many ups and downs anymore. I am more alert: I don't always sleep well at night, but I don't feel as groggy in the morning. It was my decision! I am so proud of what I have accomplished. If I can do it, so can you!”

STEP-BY-STEP TAPERING-OFF PROGRAM

We recommend that you follow this schedule under the supervision of your doctor or pharmacist to taper off **your sedative-hypnotic medication**.

| WEEKS | TAPERING SCHEDULE | | | | | | | ✓ |
|-----------|-------------------|----|----|----|----|----|----|---|
| | MO | TU | WE | TH | FR | SA | SU | |
| 1 and 2 | | | | | | | | |
| 3 and 4 | | | | | | | | |
| 5 and 6 | | | | | | | | |
| 7 and 8 | | | | | | | | |
| 9 and 10 | | | | | | | | |
| 11 and 12 | | | | | | | | |
| 13 and 14 | | | | | | | | |
| 15 and 16 | | | | | | | | |
| 17 and 18 | | | | | | | | |

EXPLANATIONS

Full dose
 Half dose
 Quarter of a dose
 No dose