



UNIVERSITÀ
DEGLI STUDI
FIRENZE

I rischi degli ipnoinduttori per l'anziano e le alternative possibili

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Conflitto di Interesse

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Ha ricevuto finanziamenti MUR, il Global Research Award for Nicotine Dependence di Pfizer, finanziamenti EU nell'ambito di Horizon 2020.

Circa il 50% degli anziani, rispetto al 15.9-22.3% della popolazione generale ha problemi di sonno

Vitello MV. Sleep in normal aging. Sleep Med Clinic. 2006; 1:171-176

Con il naturale processo di invecchiamento, il sonno diventa più frammentato e leggero con un aumento del numero di risvegli notturni il cui risultato è una minor qualità e durata di sonno

Cooke J, Anconi-Israel S. normal and abnormal sleep in the elderly. Hand Clin. Neurol. 2011; 98:653-665



Il ritmo circadiano dettato dal pacemaker che si trova nell'ipotalamo è meno sensibile agli stimoli ambientali che prevederebbero di mantenere il ciclo sonno-veglia nelle 24 ore

L'omeostasi del sonno è complessivamente peggiore



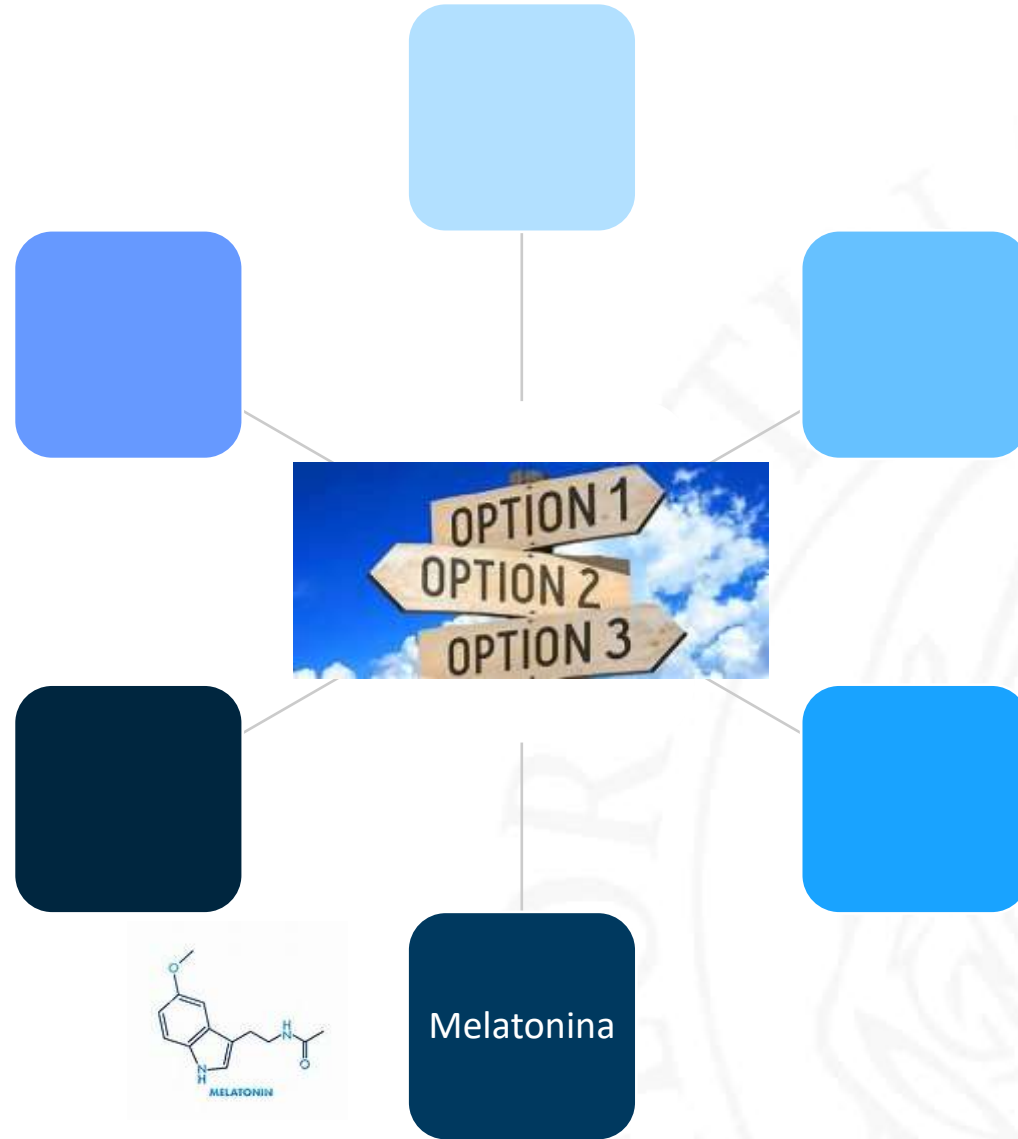
I livelli di melatonina notturni diminuiscono e sono paragonabili a quelli diurni

L'ampiezza dei ritmi circadiani (compreso quello del cortisolo) è ridotta



- ❑ Prescrivere un ipnoinduttore senza prima aver consigliato la melatonina

Alternative

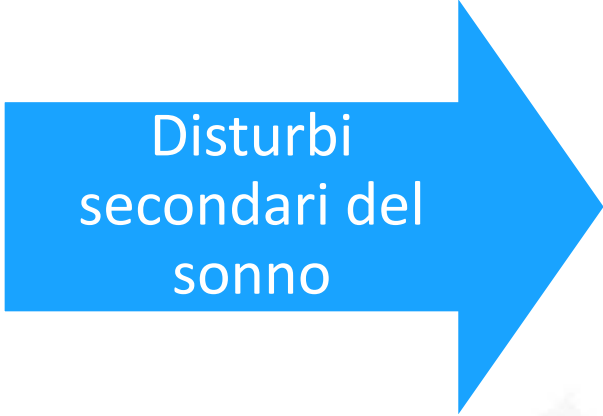


Melatonina

“Of this sample, 57% reported hypertension, 20% diabetes, 15% CAD, 9% cancer, and 9% CVD; 29% reported none of these conditions, whereas 29% reported two or more”

Fillenbaum GG, et al. J Gerontol A Biol Sci Med Sci. 2000 Feb;55(2):M84-9





Disturbi
secondari del
sonno

Malattie organiche croniche	Malattie cardiopolmonari, artrite, disturbi neurodegenerativi, reflusso gastroesofageo
Disturbi somatici persistenti	Dolore cronico
Disturbi mentali	Depressione, ansia
Farmaci	Diuretici, β -bloccanti, antidepressivi

Tatineny P, et al. Sleep in the Elderly. Mo Med. 2020 Sep-Oct;117(5):490-495



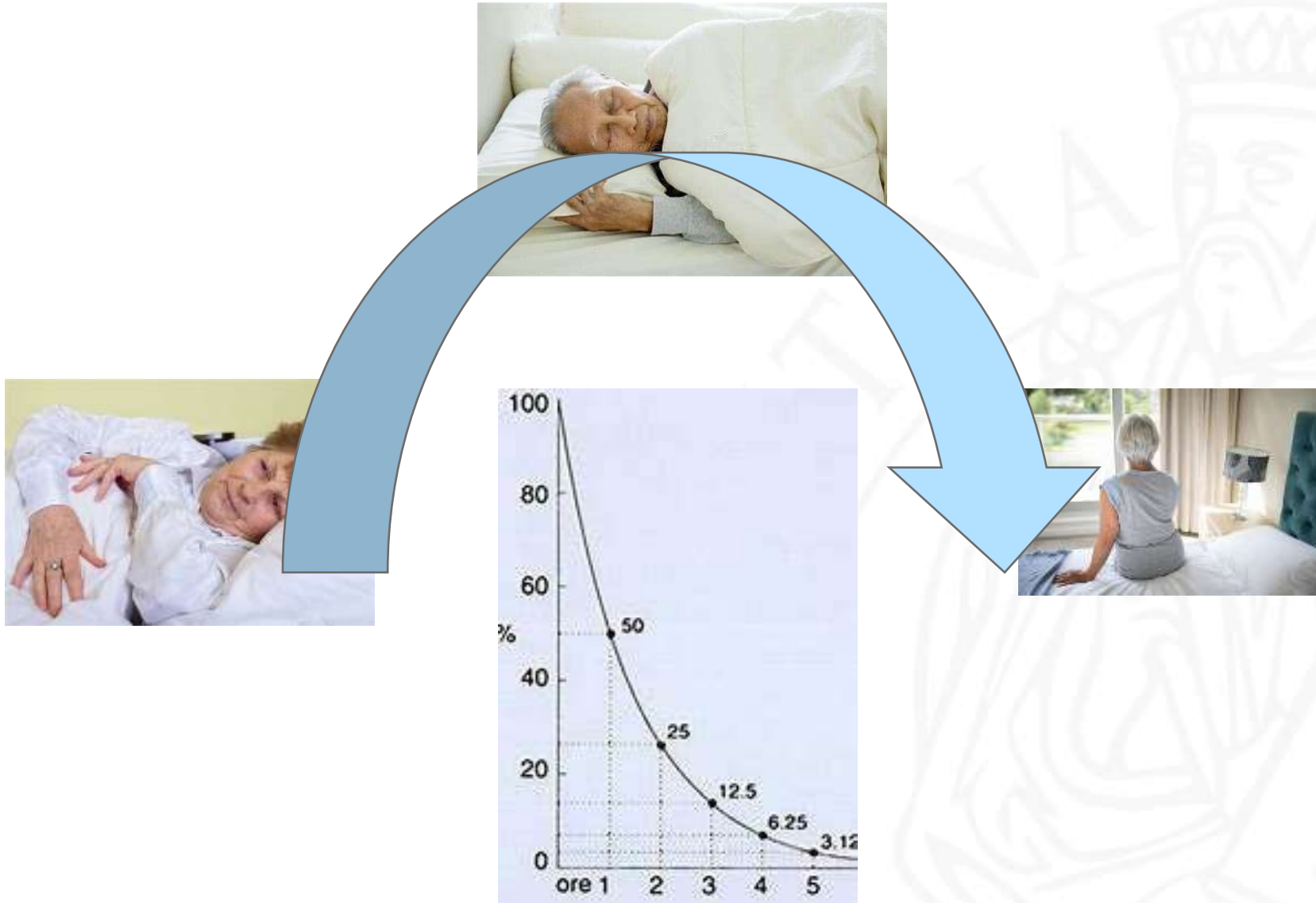
- ❑ Prescrivere un ipnoinduttore per un disturbo del sonno secondario senza aver gestito il disturbo primario

Alternative

Gestione
della
patologia
primaria



Melatonina





- ❑ Prescrivere la molecola non appropriata per emivita





**Disturbi
secondari del
sonno**

Comportamenti non salutari

**Sonnellini pomeridiani
Uso di prodotti contenenti caffeina
Alcolici
Scarsa attività fisica/mentale diurna
Uso della TV
Istituzionalizzazione**

Tatineny P, et al. Sleep in the Elderly. Mo Med. 2020 Sep-Oct;117(5):490-495



- Non usare i presidi non farmacologici

Alternative



Comportamenti non salutari

Sonnellini pomeridiani

Uso di prodotti contenenti caffeina

Alcolici

Scarsa attività fisica/mentale diurna

Uso della TV

Istituzionalizzazione



Tatineny P, et al. Sleep in the Elderly. Mo Med. 2020 Sep-Oct;117(5):490-495

Disturbi primari del sonno

Prevalenza: 2-4%
nella popolazione
generale

Disturbi del sonno primari

Insonnia primaria
Sindrome delle gambe senza riposo
Disturbi respiratori del sonno
Disturbo comportamentale del sonno REM

Tatineny P, et al. Sleep in the Elderly. Mo Med. 2020 Sep-Oct;117(5):490-495

Disturbi primari del sonno

Prevalenza: 5-
10% nella
popolazione
generale

Disturbi del sonno primari

Insonnia primaria

Sindrome delle gambe senza riposo

Disturbi respiratori del sonno

Disturbo comportamentale del sonno REM

Tatineny P, et al. Sleep in the Elderly. Mo Med. 2020 Sep-Oct;117(5):490-495

Disturbi primari del sonno

Prevalenza: 9%
fra 50 e 70 anni

Disturbi del sonno primari

Insonnia
Sindrome delle gambe senza riposo
Disturbi respiratori del sonno
Disturbo comportamentale del sonno REM



Tatineny P, et al. Sleep in the Elderly. Mo Med. 2020 Sep-Oct;117(5):490-495

Disturbi primari del sonno

Disturbi del sonno primari

Insonnia primaria
Sindrome delle gambe senza riposo
Disturbi respiratori del sonno
Disturbo comportamentale del sonno REM

Prevalenza: 6%
nella popolazione
generale

Tatineny P, et al. Sleep in the Elderly. Mo Med. 2020 Sep-Oct;117(5):490-495



- ❑ Interpretare il disturbo del sonno come primario mancando la diagnosi corretta

Alternative



Benzodiazepine,
z-drugs

Antidepressivi



Antipsicotici

Stabilizzatori
dell'umore

Benzodiazepine,
z-drugs

Antidepressivi



Antipsicotici

Stabilizzatori
dell'umore



Atypical Antipsychotics: CATIE Study, Drug-Induced Movement Disorder and Resulting Iatrogenic Psychiatric-Like Symptoms, Supersensitivity Rebound Psychosis and Withdrawal Discontinuation Syndromes

Guy Chouinard · Virginie-Anne Chouinard

Fernand-Séguin Research Centre, Hôpital Louis-H. Lafontaine, Department of Psychiatry, University of Montreal, and Clinical Psychopharmacology Unit, McGill University, Montreal, Que., Canada

Chronic illness can result in chronicity of clinical practice. As we have moved away from prescribing classical antipsychotics and tricyclic antidepressants, issues

movement disorder(s) (DIMD) has continuously decreased with atypical antipsychotics, DIMD persist as do psychiatric and psychiatric-like symptoms associated

Benzodiazepine,
z-drugs

Antidepressivi



Antipsicotici

Stabilizzatori
dell'umore

Antidepressivi

Benzodiazepine,
z-drugs



Antipsicotici

Stabilizzatori
dell'umore

Benzodiazepine,
z-drugs

Antidepressivi



Antipsicotici

Stabilizzatori
dell'umore

Scharner et al. BMC Geriatrics (2022) 22:87
<https://doi.org/10.1186/s12877-022-02757-6> BMC Geriatrics

RESEARCH Open Access

Efficacy and safety of Z-substances in the management of insomnia in older adults: a systematic review for the development of recommendations to reduce potentially inappropriate prescribing

Vincenz Scharner^{1*}, Lukas Hasieber¹, Andreas Sönnichsen¹ and Eva Mann¹

Abstract
Background Z-drugs are usually prescribed as first line pharmacological therapy for insomnia. However, the benefits and risks of Z-drugs may differ for older adults. This systematic review investigated the available evidence on the efficacy and safety of Z-drugs in the management of insomnia in older adults.
Methods The Cochrane database of Systematic Reviews, the Cochrane Central Register of Controlled Trials, PubMed/ MEDLINE and EMBASE were searched for systematic reviews, meta-analyses, controlled interventional and observa-

“In short-term interventional studies, Z-drugs were similarly or better efficacious in improving both sleep and daytime parameters than placebo or other pharmacological treatments, while showing good results on measures of safety. However, in longer-term observational studies, Z-drugs significantly increased the risk for falls and fractures in comparison to no treatment or melatonin agonists”.

Tratto da scheda tecnica

Tolleranza

Si può verificare una certa perdita di efficacia degli effetti ipnotici di benzodiazepine a breve durata d'azione e di agenti simili alle benzodiazepine dopo alcune settimane di uso ripetuto.

Dipendenza

L'uso delle benzodiazepine e di agenti simili alle benzodiazepine può determinare lo sviluppo di dipendenza fisica e psicologica a questi prodotti. Il rischio di dipendenza aumenta con la dose e la durata del trattamento ed è aumentata anche in pazienti con anamnesi di disturbi psichiatrici e/o di abuso di alcool o droghe. [.....]

Quando si sia instaurata una dipendenza, la brusca interruzione del trattamento sarà accompagnata da sintomi di astinenza. Questi possono consistere in mal di testa o dolori muscolari, ansia e tensione nervosa estreme, irrequietezza, confusione e irritabilità. In casi gravi si possono manifestare i seguenti sintomi: derealizzazione, depersonalizzazione, iperacusia, intorpidimento e formicolii alle estremità, ipersensibilità alla luce, al rumore e al contatto fisico, allucinazioni o crisi epilettiche.

Tratto da scheda tecnica

Insonnia di rimbalzo

All'interruzione del trattamento con un agente ipnotico si può manifestare una sindrome transitoria in cui i sintomi che hanno condotto al trattamento con benzodiazepine o agenti simili alle benzodiazepine si presentano in forma aumentata. Può essere accompagnata da altre reazioni che includono cambi dell'umore, ansia e irrequietezza.

Durata del trattamento

All'interruzione del trattamento con un agente ipnotico si può manifestare una sindrome transitoria in cui i sintomi che hanno condotto al trattamento con benzodiazepine o agenti simili alle benzodiazepine si presentano in forma aumentata. Può essere accompagnata da altre reazioni che includono cambi dell'umore, ansia e irrequietezza.

Compromissione psicomotoria nella giornata successiva

Il rischio di compromissione psicomotoria nella giornata successiva, inclusa la compromissione della capacità di guidare, aumenta se [...]

Benzodiazepine.
z-drugs

Antidepressivi



Antipsicotici

Stabilizzatori
dell'umore



Psychotherapy
and Psychosomatics

Editorial

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Clinical Methodology Matters in Epidemiology: Not All Benzodiazepines Are the Same

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Hypnotics and Triazolobenzodiazepines – Best Predictors of High-Dose Benzodiazepine Use: Results from the Luxembourg National Health Insurance Registry

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All hypnotics had higher risks for high-dose use compared to diazepam in continuous users. Two anxiolytics, clonazepam and clobazam, had the lowest risks. Hypnotics and the triazolobenzodiazepines alprazolam and triazolam were most problematic. Elderly subjects and women are at greater risks

International Task Force on Benzodiazepines

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Editorial

Benzodiazepines: it's time to return to the evidence

Edward Silberman, Richard Balon, Vladan Starcevic, Richard Shader, Fiammetta Cosci, Giovanni A. Fava, Antonio E. Nardi, Carl Salzman and Nicoletta Sonino



Summary

We propose that discussions of benzodiazepines in the current psychiatric literature have become negatively biased and have strayed from the scientific evidence base. We advocate returning to the evidence in discussing benzodiazepines and adhering to clear definitions and conceptual rigour in commentary about them.

Keywords

Anti-anxiety drugs; anxiety disorders; comorbidity; drug interactions and side-effects; drugs of dependence.

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range of potential liabilities, including cognitive and psychomotor impairment, possible risk in pregnancy and severe and/or prolonged withdrawal syndromes, it does not confirm that these medications are primary drugs of abuse or gateway drugs leading to other substance abuse. The database was scrutinised in the 1980s and 1990s in a series of extensive reviews, including a volume commissioned and published by the American Psychiatric Association. In aggregate, they comprise over 2000 literature citations, dealing with both animal and human studies bearing on abuse, misuse and dangerousness of benzodiazepines.^{1–7} Their authors conclude that benzodiazepines 'do not strongly reinforce their own use and are not widely abused drugs. When abuse does occur, it is almost always among persons who are also abusing alcohol, opiates or other sedative hypnotics² and that 'epidemiological studies of various populations of drug abusers have often found rates of nonmedical use of benzodiazepines that exceed those found in the general population' (that the nonmedical use of



- Effetti collaterali
- Dipendenza/astinenza

Alternative



There is no simple “average” solution [...] and the solution is not represented by overdiagnosing or overtreating. The question is how to put the available evidence within the context of individual, unique assets and liabilities



... he asked for many details, and if the student could not provide them, Romano would remark, **“Well, we’ll just have to do the best we can with what we’ve got” ...**



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