

Non-benzodiazepine hypnotic use for sleep disturbance in people aged over 55 years living with dementia: a series of cohort studies

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Plain English summary

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What was the problem?

Poor sleep is common in people living with dementia. It can worsen their own and their carer's quality of life. Sleeping tablets called Z-drugs (zolpidem, zopiclone and zaleplon) are often given to people with dementia.

Some studies suggest that Z-drugs may be harmful, but no studies have looked into the effects of Z-drugs for people with dementia. Good sleep is important, but we need to understand if Z-drugs cause harm.

What did we do?

Using existing medical records, we compared the quality of life, memory and number of falls, infections, strokes, broken bones and deaths for a group of people living with dementia taking a Z-drug, with those for a group not taking any sleep drug.

What did we find?

Z-drug users were no more likely to suffer falls, infection or stroke, but they were more likely to break a bone. We also found that Z-drug users died earlier, but we could not be sure that this was as a result of taking the Z-drug. Using Z-drugs did not appear to affect quality of life or memory.

We talked to carers and health-care practitioners, who told us that decisions about Z-drugs need to balance a range of complicated health and social factors.

What does this mean?

We found that people living with dementia who take Z-drugs are more likely to break a bone or to die sooner than similar people with dementia who are not taking Z-drugs. However, we cannot be certain that these problems are caused by Z-drugs, as many other factors can also lead to broken bones and death.

Further work is needed to clarify the risk of broken bones, but if sleep problems can be managed in other ways then this may be preferable. Patients and family carers should be involved in decisions about Z-drugs, so that they can balance the possible harms against the benefits.

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This report

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