

MEDICINES FOR ANXIETY AND INSOMNIA: PATIENT INFORMATION LEAFLETS

1a) English – Medicines for anxiety and insomnia

This summary is for people who are prescribed benzodiazepines (diazepam, chlordiazepoxide, loprazolam, lorazepam, lormetazepam, nitrazepam, temazepam) or people who are prescribed zolpidem or zopiclone, sometimes referred to as “z-drugs”.

What are benzodiazepines and z-drugs used for?

Benzodiazepines and z-drugs have a calming effect on your brain. They can help you to manage a short period of severe stress (anxiety) or sleeplessness (insomnia), which is affecting your well-being (quality of life). Benzodiazepines may be prescribed for anxiety or insomnia; z-drugs are prescribed for insomnia.

What are the side effects of benzodiazepines and z-drugs?

Like all medicines, benzodiazepines and z-drugs can have some unpleasant or unwanted effects (side effects).

They may cause problems such as:

- sleepiness and dizziness
- confusion and memory problems
- falling over, particularly in older patients

Because of these types of unwanted effects, benzodiazepines and z-drugs are associated with an increased risk of accidents on the road, or with work machinery. It is illegal to drive if you are taking one of these medicines and it affects your driving. Do not drive, or operate machinery, if you are under the effects of these medicines.

Taking benzodiazepines and z-drugs for long periods can cause some additional problems. These include:

- the effects starting to wear off (sometimes known as ‘tolerance’);
- symptoms coming back when you stop treatment; and
- withdrawal effects when you stop treatment, particularly if you suddenly stop taking them.

For these reasons, benzodiazepines and z-drugs should usually only be used for a short period of time (up to 2 weeks).

How long are benzodiazepines and z-drugs usually taken for?

These medicines are usually prescribed for the short-term treatment of severe anxiety or insomnia. Usually your doctor will prescribe these medicines for no more than two weeks of treatment.

You may be offered a follow-up appointment in case you need further support, alternative treatment, or referral (for example, to a team who can arrange relaxation treatments).

Sometimes people may have been treated with these medicines for longer than two weeks. If so, you should talk to your doctor about whether the medicine is still helping you, or whether you should try to gradually stop taking the medicine that you were prescribed.

If you have been taking a benzodiazepine or z-drug for a long period of time, you should not stop taking it without first talking with your doctor about stopping.

Stopping benzodiazepines and z-drugs

Stopping treatment too quickly can cause withdrawal symptoms, particularly if you have been taking these medicines for a long time. Withdrawal symptoms may include flu-like symptoms, anxiety, insomnia, nightmares and feeling irritable. If you are thinking about stopping your benzodiazepine or z-drug, talk to your doctor before you stop.

If you and your doctor decide that stopping treatment is right for you, this will usually happen in stages, by gradually reducing the amount you are taking. The dose will be reduced usually every one to two weeks, based upon how you are feeling. Depending on the dose you are taking, stopping treatment could happen over several weeks, several months, or even a year or longer.

What else can I do to help my insomnia?

Try to establish a regular sleep pattern. Try to go to bed and wake up at the same time each day, and avoid sleeping during the day.

Make sure that your bedroom is dark, quiet and calm, with a comfortable bed, and try to remove electronic devices such as televisions. Try not to use your bedroom for work.

Changes to your lifestyle can help to improve your sleep. Try to relax before going to bed, and avoid vigorous exercise and mental stimulation late at night. Listening to relaxing music, reading a book or taking a warm bath may help to relax you before bed. Avoid nicotine and caffeinated drinks, such as coffee, tea, energy drinks and cola, for at least six hours before going to bed because they may keep you awake.

Avoid alcoholic drinks altogether. These can affect the quality of your sleep, and can also worsen any unwanted effects of benzodiazepines and z-drugs, particularly when you first start treatment.

What else can I do to help my anxiety?

A healthy lifestyle, with exercise, a healthy diet and a good sleep pattern can help to reduce your anxiety. Self-help tools such as relaxation and mindfulness are also available. Try to avoid using alcohol or nicotine to manage anxiety.

Counselling and other psychological therapies are available for anxiety. Your doctor can refer you for therapies as part of NHS treatment.

Other medicines (not benzodiazepines) are sometimes used to treat anxiety. These include selective serotonin reuptake inhibitors such as sertraline and escitalopram. Remember that all medicines can have unwanted effects (side effects), and you should discuss the risks and benefits of any treatment with your doctor.

Combining some of the different approaches mentioned above might be an effective way to manage your anxiety.

Where can I find further information?

Please ask your doctor, pharmacist or nurse for leaflets about sleeping tablets, relaxation and how to get a good night's sleep.

Organisations such as Mind (www.mind.org.uk) and the National Centre for Mental Health (www.ncmh.info) have several resources available on their websites, including information about anxiety and insomnia, and the medicines used to treat them.

1b) Welsh – Meddyginiaethau ar gyfer pryder ac insomnia

Mae'r crynodeb hwn ar gyfer pobl sy'n cael bensodiasepinau (diazepam, chlordiazepoxide, loprazolam, lorazepam, lormetazepam, nitrazepam, temazepam) ar bresgripsiwn neu bobl sydd â phresgripsiwn ar gyfer zolpidem neu zopiclone, y cyfeirir atynt weithiau fel "cyffuriau z".

Ar gyfer beth y defnyddir bensodiasepinau a chyffuriau z?

Mae bensodiasepinau a chyffuriau z yn cael effaith tawelol ar eich ymennydd. Gallant eich cynorthwyo i reoli cyfnod byr o straen difrifol (pryder) neu fethu cysgu (insomnia), sy'n effeithio ar eich lles (ansawdd bywyd). Gall bensodiasepinau gael eu presgripsiynu ar gyfer pryder neu insomnia; presgripsiynir cyffuriau z ar gyfer insomnia.

Beth yw sgileffeithiau bensodiasepinau a chyffuriau z?

Fel pob meddyginiaeth, gall bensodiasepinau a chyffuriau z gael rhai effeithiau amhleserus neu ddigroeso (sgileffeithiau).

Gallant achosi problemau megis:

- cysgadwydd a phenysgafnder
- dryswch a phroblemau gyda'r cof
- cwmpo, yn arbennig ymhlith cleifion hŷn

Oherwydd y mathau hyn o effeithiau digroeso, cysylltir bensodiasepinau a chyffuriau z gyda risg gynyddol o ddamweiniau ar y ffyrdd, neu ddamweiniau gyda pheiriannau gwaith. Mae'n anghyfreithlon gyrru os ydych yn cymryd un o'r meddyginiaethau hyn ac mae'n effeithio ar eich gyrru. Peidiwch â gyrru, na defnyddio peiriannau, os ydych dan effaith y meddyginiaethau hyn.

Gall cymryd bensodiasepinau a chyffuriau z am gyfnodau hir achosi rhai problemau ychwanegol. Mae'r rhain yn cynnwys:

- yr effeithiau'n dechrau gwanhau (a elwir weithiau'n 'oddefiad');
- symptomau'n dychwelyd pan fyddwch yn rhoi gorau i'r driniaeth
- effeithiau diddyfnu pan fyddwch yn rhoi'r gorau i driniaeth, yn arbennig os byddwch yn rhoi'r gorau iddi yn sydyn.

Am y rhesymau hyn dim ond am gyfnodau byr o amser (hyd at 2 wythnos) y dylid defnyddio bensodiasepinau a chyffuriau z fel arfer.

Am faint o amser y cymerir bensodiasepinau a chyffuriau z fel arfer?

Caiff y cyffuriau hyn eu presgripsiynu fel arfer ar gyfer triniaeth tymor byr am bryder difrifol neu insomnia. Fel arfer bydd eich meddyg yn presgripsiynu'r meddyginiaethau hyn am ddim rhagor na dwy wythnos o driniaeth.

Efallai y cynigir apwyntiad dilyn i fyny i chi rhag ofn eich bod angen cefnogaeth bellach, triniaeth amgen, neu atgyfeiriad (er enghraifft, i dîm all drefnu triniaethau ymlacio).

Weithiau efallai y bydd pobl wedi cael eu trin â'r meddyginiaethau hyn am gyfnod hwy na dwy wythnos. Os ydych chi'n un o'r rheini, dylech sgwrsio â'ch meddyg ynglŷn ag a yw'r feddyginiaeth yn dal i'ch helpu, neu a ddylech geisio rhoi'r gorau i gymryd y feddyginiaeth a bresgripsiynwyd i chi yn raddol.

Os ydych wedi bod yn cymryd bensodiasepin neu gyffur z am gyfnod hir, ni ddylech roi'r gorau i'w gymryd heb sgwrsio ynglŷn â hyn gyda'ch meddyg yn gyntaf.

Rhoi'r gorau i bensodiasepinau a chyffuriau z

Gall rhoi'r gorau i driniaeth yn rhy gyflym achosi symptomau diddyfnu, yn arbennig os ydych wedi bod yn cymryd y meddyginiaethau hyn am amser hir. Gallai symptomau diddyfnu gynnwys symptomau tebyg i'r ffliw, pryder, insomnia, hunllefau a theimlo'n bigog. Os ydych chi'n ystyried rhoi'r gorau i gymryd eich bensodiasepin neu gyffur z, sgwrsiwch â'ch meddyg cyn gwneud hynny.

Os ydych chi a'ch meddyg yn penderfynu bod rhoi'r gorau i'r driniaeth yn iawn i chi, bydd hyn fel arfer yn digwydd mewn camau, drwy leihau'n raddol y swm rydych yn ei gymryd. Caiff y ddos ei lleihau fel arfer bob un i ddwy wythnos, yn seiliedig ar sut rydych yn teimlo. Yn dibynnu ar y ddos rydych yn ei chymryd, gallai rhoi'r gorau i driniaeth ddigwydd dros nifer o wythnosau, nifer o fisoedd, neu hyd yn oed blwyddyn neu fwy.

Beth arall allaf i ei wneud i helpu gyda fy insomnia?

Ceisiwch greu patrwm cysgu rheolaidd. Ceisiwch fynd i'r gwely a deffro yr un adeg bob dydd, a pheidiwch â chysgu yn ystod y dydd.

Gwnewch yn siŵr bod eich ystafell wely yn dywyll, tawel a digyffro, gyda gwely cyfforddus, a cheisiwch gael gwared ar unrhyw ddyfeisiau trydanol megis teledu. Ceisiwch beidio â defnyddio eich ystafell wely i weithio.

Gall gwneud newidiadau i'ch ffordd o fyw helpu i wella eich cwsg. Ceisiwch ymlacio cyn mynd i'r gwely, ac osgowch ymarfer corff egnïol ac ysgogiad meddyliol yn hwyr yn y nos. Gallai gwrando ar gerddoriaeth ymlaciol, darllen llyfr neu gael bath cynnes eich helpu i ymlacio cyn mynd i'r gwely. Osgowch nicotin a diodydd caffein, fel coffi, te, diodydd egni a cola, am o leiaf chwe awr cyn mynd i'r gwely oherwydd gallant eich cadw'n effro.

Osgowch ddiodydd alcoholaidd yn llwyr. Gall y rhain effeithio ar ansawdd eich cwsg, a gallant hefyd waethygu unrhyw effeithiau digroeso bensodiasepinau a chyffuriau z, yn arbennig pan fyddwch yn dechrau triniaeth am y tro cyntaf.

Beth arall allaf i ei wneud i helpu gyda fy mhryder?

Gall ffordd o fyw iach, gydag ymarfer corff, diet iach a phatrwm cysgu da helpu i leihau eich pryder. Mae dulliau hunangymorth megis ymlacio ac ymwybyddiaeth fyfyrion hefyd ar gael. Ceisiwch osgoi defnyddio alcohol neu nicotin i reoli pryder.

Mae cwnsela a therapïau seicolegol eraill ar gael ar gyfer pryder. Gall eich meddyg eich atgyfeirio ar gyfer therapïau fel rhan o driniaeth y GIG.

Weithiau defnyddir meddyginiaethau eraill (dim bensodiasepinau) i drin pryder. Mae'r rhain yn cynnwys atalwyr aildderbyn serotonin dethol megis sertraline ac escitalopram. Cofiwch y gall pob meddyginiaeth gael effeithiau digroeso (sgilleffeithiau), a dylech drafod risgiau a manteision unrhyw driniaeth gyda'ch meddyg.

Gallai cyfuno rhai o'r gwahanol dulliau a grybwyllir uchod fod yn ffordd effeithiol i reoli eich pryder.

Lle gallaf gael rhagor o wybodaeth?

Holwch eich meddyg, fferylllydd neu nyrs am daflenni ynglŷn â thabledi cysgu, ymlacio a sut i gael noson dda o gwsg.

Mae gan sefydliadau fel Mind (www.mind.org.uk) a'r Ganolfan Genedlaethol ar gyfer Iechyd Meddwl (www.ncmh.info) lawer o adnoddau ar eu gwefannau, yn cynnwys gwybodaeth am bryder ac insomnia, a'r meddyginiaethau a ddefnyddir i'w trin.