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### Getting Off Sleeping Pills: New Study Shows Serious Risk of Death.

By David Mayen

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Considerable media attention has recently been focused on a [San Diego State University study](#) that has reared close to proving that insomnia patients who choose to get off sleeping pills could, quite possibly, be saving their own lives.

[ABC World News](#), NBC and CBS all gave major coverage to this story, but illustrated little on how patients taking drugs like Ambien and Lunesta can actually titrate off of them without suffering severe withdrawal symptoms. This includes a side effect called rebound insomnia, which is described in pharmaceutical literature as not being able to sleep *at all* for up to seven or more days.

"Patients are stuck in a treatment catch 22", says David Dubin, MD , Medical Director of the [Sleep Recovery Centers](#), Inc. They're being informed that continuing on these medications is no longer an option, and at the same time, stopping cold turkey, without some form of effective intervention is very, very difficult".

Sadly, many of the doctors who originally prescribed these sleeping pills to their patients are now switching them to other drugs such as the anti-psychotics Seroquel and Zyprexa.

Seroquel is been known to cause extreme daytime sedation and, in some rare cases, tick-and-jerk type side effects that may not cease after the discontinuation of their use.

Other doctors are switching patients to classical benzodiazopines like Xanax and Klonopin for sleep instead of the usual anxiety disorders. These medications have long history of serious complications such as severe addiction and withdraw, (needing higher doses the achieve the same original sedating effect), and six week detox periods with major increases in anxiety, rebound insomnia and, in some cases, seizures.

But in the wake of this SDSU study and its media attention, the new in-vogue insomnia treatment that's trending is called CBT-I, or cognitive behavioral therapy for insomnia.

The author of this article became very curious as to what constituted the published results in the initial scientific studies for CBT-I.

What was found was that test subjects who participated in the studies were completely devoid of any other co-factors such as insomnia with anxiety, PTSD and insomnia or mild depression coupled with sleep deprivation. It is somewhat understandable that test subjects need to be "sanitized" to isolate clinical results, but one has to wonder exactly on what planet did the researchers find these purist insomniacs? These types of patients are simply not congruent in the real world of chronic sleep loss.

Some of the practical challenges with CBT-I is that the mental capacity of patients that are heavily sleep deprived have a difficult time with short-term memory recall, focus and concentration including serious motivational problems. These and other sleep related cognitive problems make staying "on-task" extremely difficult for this patient population.

The hard truth is that CBT-I is a gargantuan amount of work for someone who is actually well rested, let alone an exhausted insomniac. In many cases, people are reporting that CBT sleep therapy is just "too damned complicated" to follow through to completion to achieve any real benefit in aiding their sleep.

However, one non-drug treatment that seems to be gaining ground in the fight against insomnia is called neurofeedback.

A number of quality studies have been published that show promise in not only easing the withdrawal symptoms of sleeping pills, but also normalizing a patients sleep architecture without the use of any medications at all.

Neurofeedback research is based upon the principle that insomnia, especially co-morbid insomnia problems, are not the result of deeper diagnosis, (which is sleep medicines' mainstream theory) but is connected with what is called hyper-arousal within the brain and central nervous system. This hyper-arousal is bio-electrical, or brainwave based in nature, as opposed to psychological, which is what CBT-I chooses to believe.

Talk therapy is effective for many conditions, but it is snails pace slow compared to the capable power and speed of the brain itself.

Neurofeedback software talks to the human brain at it's own pace, at up to nine communications per second. This allows the brain to receive near instantaneous feedback data about how it has just fired, or in the case of insomnia, misfired. Make no mistake, the human brain, even a sleep deprived brain is very self intelligent. It can, over time, use neurofeedback to re-balance it's own sleep architecture without pharmaceutical intervention whatsoever.

The number of these emerging studies on neurofeedback for comorbid based insomnia continues to climb closer and closer to something called meta-analysis: the cross-referencing of scientific studies that, as a collective whole, become harder and harder for physicians to ignore. If the medical mal-practice liability for doctors prescribing Ambien or Lunesta used to be like a penny poker game, now it's now much closer to Russian roulette. The smart doctors know that even if the University of San Diego study is challenged by Big Pharma's lobby, the death blow to Ambien, Lunesta and other sleeping pills has irreparably been delivered. A new Renaissance in sleep medicine has arrived, one of insomnia patient out-come superseding obscene pharmaceutical income. If the new leadership in the field of sleep medicine choose not to heed this call, than perhaps insomnia patients themselves with will be fed up enough to "*Occupy Our Sleep*".

**Submitters Website:** <http://www.SleepRecoveryCenters.com>

**Submitters Bio:**

David A. Mayen serves as founder and CEO of the Sleep Recovery Centers. He is an EEG Spectrum Intl. Graduate and holds certifications in advanced neurofeedback, neuro-anatomy and neurophysiology, psycho-pharmacology as well as alpha theta training for symptoms of PTSD related insomnia and anxiety. Along with Medical Director David Dubin, MD, they have established the worlds first insomnia practice devoted to using neurofeedback as a first-line approach to normalizing sleep without the use of sedative hypnotics like Ambien and Lunesta. They have also pioneered using at-home tele-neurofeedback services to provide treatment to anyone in need throughout the US, Canada and the EU. <http://SleepRecoveryCenters.com> 1-888-866-7378

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