

making sense



sleeping pills and
minor tranquillisers

Making sense of sleeping pills and minor tranquillisers

This booklet is for anyone who wants to know more about sleeping pills and minor tranquillisers. It explains what they are, how they work, possible side effects and information about withdrawal.

Contents

What are sleeping pills and minor tranquillisers?	4
What do I need to know before taking them?	6
What are benzodiazepines?	8
What side effects can benzodiazepines cause?	12
What withdrawal problems can benzodiazepines cause?	14
What are the different types of benzodiazepines?	18
What are the different types of sleeping pills?	21
What are the different types of anti-anxiety medication?	28
Useful contacts	30

What are sleeping pills and minor tranquillisers?

Sleeping pills and minor tranquillisers are prescribed for severe anxiety and sleeping problems. They include:

- benzodiazepines for both anxiety and sleeping problems
- drugs for anxiety only
- drugs for sleeping problems only.

Sleeping pills and minor tranquillisers are sedatives. This means they slow down your body and brain's functions, such as your breathing, heartbeat and thought processes.

These drugs are sometimes called sleeping pills, minor tranquillisers, sedatives or anxiety-busters. Doctors may also call them hypnotics and anxiolytics.

How could sleeping pills or minor tranquillisers help me?

If taken correctly, they can:

- reduce symptoms of anxiety, such as feeling very agitated or shaky
- help you break a period of insomnia and return to a more healthy sleep pattern.

They can't cure anxiety or sleeping problems, as they don't address the underlying causes, but they can help you to feel calmer and more relaxed.

Who can prescribe sleeping pills and minor tranquillisers?

You should be prescribed sleeping pills and minor tranquillisers according to guidelines produced by NICE (the National Institute for Health and Care Excellence), the Royal College of Psychiatrists and the British National Formulary (the main guide for professionals on the use of medication).

These guidelines say that you should be given sleeping pills or minor tranquillisers only:

- if you have severe anxiety or insomnia that is having a significant impact on your day-to-day life
- for short periods of time
- if other forms of treatment, such as cognitive behaviour therapy (CBT), are not suitable or have not helped.

How long will I have to go on taking my medication?

Sleeping pills and minor tranquillisers work best if you take them on a short-term basis, rather than as continuous treatment. This is because, for most people:

- they become less effective if taken over a period of time
- they can be addictive if taken regularly.

For most people the following guidelines apply:

- take sleeping pills for no more than three weeks, and preferably for no more than a week
- take anxiety drugs for no more than four weeks, including the withdrawal period
- try to avoid taking them every day.

“ I have no doubt that sleeping tablets and benzodiazepines saved my life, as I surely would have suffered devastating effects both mentally and physically if the insomnia had continued any longer. However, I am extremely wary about doctors giving vulnerable people countless sedatives. ”

What do I need to know before taking them?

Before you decide to take any medication, you should make sure you have all the facts you need to feel confident about your decision.

See Mind's resource 'What you should know before taking any psychiatric drug' for guidance on the basic information you might want to know about any drug before you take it.

Will I get side effects?

Sleeping pills and minor tranquillisers can have side effects, which can be unpleasant. Whether you get side effects or not, and how much they bother you, depends on which drug you are taking and your individual response. Check the benzodiazepines, sleeping pills and anti-anxiety medication sections of this booklet for further details.

- Frequency of side effects – the likelihood of experiencing each side effect is published for most drugs in the Patient Information Leaflets (PILs). Where available, it is also shown on Mind's online listings page for the individual drug. This information is not available for some of the older drugs.
- Reporting adverse effects – if you experience troublesome side effects (whether or not they are listed in the PIL) it is important to report them to the Medicines and Healthcare Products Regulatory Agency, which licenses the drugs. You can use the Yellow Card scheme to do this, or you can ask a healthcare professional to do it for you (see 'Useful contacts' on p.30).

You should not take any of the drugs listed if you are allergic to any of their ingredients. A full list of ingredients is provided in each Patient Information Leaflet (PIL).

●● *On balance, I would argue that sedatives are an excellent short term solution but not something to depend for more than a few weeks at a time.* ●●

Can I drive while taking sleeping pills or minor tranquillisers?

All sleeping pills and minor tranquillisers slow your thinking and your reactions, so you should be cautious about driving or operating machinery after taking them as it could be dangerous.

Remember some drugs have a hangover effect, so you may still be unfit to drive or use machinery the next day.

It is illegal to drive while under the influence of drugs, and the person who prescribes your medication should warn you of this. They may be legally obliged to report you to the DVLA if they suspect your ability to drive is affected.

Are there any other legal considerations?

Some of the drugs discussed in this resource are controlled drugs under the Misuse of Drugs Act. This means that the rules for storing them, and writing and dispensing prescriptions, are stricter than for other drugs.

It also means that if you pass on any of these drugs to relatives or friends, you are technically committing a criminal act and could be liable to imprisonment or a fine.

The following are class C drugs:

- most benzodiazepines
- zopiclone
- meprobamate.

Barbiturates are classified as class B.

What are benzodiazepines?

Benzodiazepines act as a sedative – slowing down the body’s functions – and are used for both sleeping problems and anxiety.

They work by increasing the effect of a brain chemical called GABA (gamma amino butyric acid). GABA reduces brain activity in the areas of the brain responsible for:

- rational thought
- memory
- emotions
- essential functions, such as breathing.

The main effects of benzodiazepines are:

- sedation
- reduced anxiety
- muscle relaxation.

Benzodiazepines are very effective in the short term but they may stop working if you take them continuously for more than a few months. This is because your brain adjusts to their effect, and may be hypersensitive to natural brain chemicals when they are stopped.

👉👉 *During one particularly bad time I was prescribed diazepam alongside my antidepressants. It really helped me at the time. However, as my body got used to the drug I needed more of it to get the same effect.* 👉👉

When and how should benzodiazepines be used?

Benzodiazepines should only be used to treat severe anxiety or severe insomnia that is having a significant impact on your day-to-day life.

There are some situations when their use may not be appropriate. After a

bereavement, for example, tranquillisers may numb your emotions and prevent you from grieving properly. But if you are unable to sleep because of grief and anxiety, a sleeping pill may help you to relax and start to recover.

Benzodiazepines are likely to be most effective if you take them as a one-off dose for one occasion, and not as continuous treatment.

The usual advice is that they should not be taken for longer than four weeks, and should not be taken every day. However, depending on individual circumstances, some doctors may prescribe them at low doses for long periods and this does not always cause a problem – this could be the best treatment for some people.

👉👉 *I can see why it's so addictive, it makes you feel so good – but you keep needing more of it to get the same effect.* 👉👉

Who shouldn't take benzodiazepines?

It is important that your doctor knows about any medical conditions you have and any treatment you are already receiving before they prescribe you a benzodiazepine. They can then decide whether you should take them and, if so, which one would be most suitable for you.

You should not take benzodiazepines if you have:

- severe lung disease or breathing problems
- sleep apnoea (breathing problems during sleep)
- severe liver or kidney disease.

You should use these drugs with caution if you have:

- chest and lung problems
- muscle weakness (especially a condition called myasthenia gravis)
- a history of alcohol or drug abuse
- a diagnosis of personality disorder.

You should be given a reduced dose if you have:

- liver or kidney problems
- porphyria (a rare, inherited illness).

Benzodiazepines should not be used as the only treatment for depression.

- **Children** – benzodiazepines are not suitable for children, except in rare cases of acute anxiety or insomnia caused by fear or sleepwalking, when diazepam may be used.
- **Older people** should be given a lower dose than the standard adult dose.

Can I take them during pregnancy and breastfeeding?

Benzodiazepines should be avoided if possible during pregnancy. There is a small risk of physical problems in the developing baby, such as:

- cleft palate
- urinary tract abnormalities
- heart abnormalities
- stomach abnormalities
- dyslexia (difficulty reading and writing)
- dyspraxia (problems with co-ordination and movement)
- autism
- attention deficit hyperactivity disorder (ADHD).

If taken at the end of pregnancy, benzodiazepines can cause the following problems in newborn babies:

- drowsiness
- floppy muscles
- breathing problems
- low body temperature
- withdrawal symptoms including abnormal sleeping patterns, high-pitched crying, tremor (shaking), vomiting and diarrhoea.

You should not breastfeed your baby while taking benzodiazepines

because the drugs are present in breast milk, and may build up in the baby's body and cause side effects.

Can I take benzodiazepines with other medication?

If you are taking any other medicines (on prescription, over-the-counter, or from an alternative health practitioner), tell your doctor or the pharmacist. Combining other medication with benzodiazepines can change the effects of the drugs or cause additional side effects.

Benzodiazepines are often used in combination with other psychiatric drugs:

- **Benzodiazepines and antidepressants** – if you are prescribed antidepressants, some doctors may suggest that you also take a benzodiazepine at first. This is because benzodiazepines work quickly, while antidepressants may take a few weeks to have an effect. Once the antidepressants start to have an effect, you can stop the benzodiazepine and continue with the antidepressant.
- **Benzodiazepines and antipsychotics** – sometimes used together to treat schizophrenia or similar conditions. You may be given them short-term to calm you down quickly if you are very agitated or over-excited, or having a severe mental health crisis (especially if you are in hospital).

For specific drug interactions, see Mind's online 'Sleeping Pills and Minor Tranquillisers A-Z'.

Note: drinking alcohol increases the sedative effect of benzodiazepines. Ask your doctor or pharmacist whether it's safe to drink alcohol while you're taking these drugs.

What side effects can benzodiazepines cause?

The side effects listed below may be caused by any benzodiazepines. Everyone reacts to medication differently, so you may or may not experience them.

Most common	<ul style="list-style-type: none">• drowsiness• light-headedness• confusion• unsteadiness (especially in older people, who may have falls and injure themselves as a result)• dizziness• slurred speech• muscle weakness• memory problems• constipation• nausea (feeling sick)• dry mouth• blurred vision
Less common	<ul style="list-style-type: none">• headaches• low blood pressure• increased saliva production• digestive disturbances• rashes• sight problems (such as double vision)• tremors (shaking)• changes in sexual desire• incontinence (loss of bladder control)• difficulty urinating
Also reported	<ul style="list-style-type: none">• blood disorders• jaundice (yellow skin)• breast development in men

Memory problems

Benzodiazepines are associated with an inability to form new memories. Due to this, it is usually recommended that they should not be used for sleep unless you are sure of not being disturbed before you have had a full night's sleep (seven to eight hours).

Paradoxical effects

In some people, these drugs may cause effects which are the opposite of tranquillising and are therefore called 'paradoxical'.

These may include:

- increased anxiety
- aggressive behaviour
- agitation
- delusions
- depersonalisation (feeling detached from your surroundings)
- depression
- derealisation (feeling that your surroundings are not real)
- hallucinations
- inappropriate behaviour, with loss of normal inhibitions
- irritability
- nightmares
- personality changes
- psychoses
- rages
- restlessness
- suicidal thoughts or behaviour.

These effects may occur with any benzodiazepine. They are more common in children and older people, and with short-acting drugs.

Effects of continuous use

If you take these drugs for more than two to four weeks, you may experience the following:

- difficulty concentrating
- feeling dulled and slow
- feeling isolated and unreal
- feeling cut off from your emotions
- irritability and impatience
- loss of confidence
- weight problems
- memory problems.

You may also experience withdrawal symptoms while you are still taking the drugs, or you may need to take a higher dose to achieve the same level of effectiveness as before.

💬 *Recently I had a tough time and would love to go back on diazepam to help me through it, but personally wouldn't trust myself on it as I have a three-year-old son and I'm a single parent. I'm not sure I'd wake in the night or be able to function in the day.* 💬

What withdrawal problems can benzodiazepines cause?

If you take benzodiazepines as recommended, and take them as a one-off dose, you would not normally have any problems in stopping them.

But if you have taken benzodiazepines regularly over a long period of time, you could become physically addicted or psychologically dependent on them. For example, you may experience physical withdrawal symptoms if you stop or reduce your dose, or you may feel that you cannot cope

with your day-to-day life unless you take them.

The longer you stay on benzodiazepines, the more likely it is that you will find it difficult to stop taking them and the greater your risk of withdrawal symptoms.

Short-acting benzodiazepines (which are most likely to be taken as sleeping pills) can be particularly difficult to come off if you have been taking them for a long time.

If you want to stop taking benzodiazepines, it's important to reduce the dose gradually, and to get as much information and support as possible. You are more likely to experience withdrawal symptoms if you stop or reduce your dose suddenly. (For more information, see Mind's resource 'Coming off psychiatric drugs').

👉👉 *Eventually my doctor weaned me off it, very slowly, over months. Which was hard, as I really liked being on it. But I knew it was the right thing to do.* 👉👉

Possible withdrawal symptoms

Withdrawal symptoms can occur several hours after taking a short-acting benzodiazepine, and up to three weeks after taking a long-acting benzodiazepine. If you have taken benzodiazepines for a long time, symptoms can last for weeks or months.

Withdrawal symptoms may include:

- abdominal cramps
- agoraphobia (fear of crowded places)
- increased anxiety
- physical symptoms of anxiety (muscle tension, tight chest, palpitations, fast heartbeat, sweating, trembling or shaking)
- blurred vision
- depression

Making sense of sleeping pills and minor tranquillisers

- difficulty sleeping
- dizziness
- face and neck pain
- headaches
- inability to concentrate
- increased sensitivity to light, noise, touch and smell
- loss of interest in sex
- loss of appetite
- nausea (feeling sick)
- nightmares
- panic attacks
- restlessness
- sore eyes
- sore tongue and metallic taste
- tinnitus (ringing in the ears)
- tingling in the hands and feet
- unsteady legs
- vomiting (being sick)
- weight loss.

Severe withdrawal symptoms can include:

- burning sensations in the skin
- confusion
- depression (severe)
- depersonalisation (feeling detached from your surroundings)
- derealisation (feeling out of touch with reality)
- hallucinations
- memory loss
- muscle twitching
- paranoia and delusions (strongly held beliefs that other people don't share)
- seizures (fits).

Broken sleep with vivid dreams may continue for a while after you have

come off the drug.

If you withdraw from benzodiazepines suddenly, this can cause serious symptoms including:

- confusion
- psychosis (symptoms such as seeing or hearing things that others don't)
- seizures (fits)
- a condition resembling delirium tremens (caused by alcohol withdrawal) with symptoms including a rapid heartbeat, sweating, high blood pressure, tremor (shaking), hallucinations and agitated behaviour.

Antidepressants and benzodiazepine withdrawal

Many people become depressed after coming off benzodiazepines, and your GP may offer you antidepressants to help you deal with this. If you are considering this, make sure you are aware of all the possible benefits and side effects before taking them, and discuss any concerns you have with your doctor.

Some research suggests that SSRI antidepressants (serotonin specific re-uptake inhibitors) are not effective for treating depression that happens after benzodiazepine withdrawal. See Mind's 'Antidepressants' resource for further information.

What are the different types of benzodiazepines?

Here's an overview of all the benzodiazepines currently licensed in the UK. Some of these drugs have more than one name. You might know a drug by its generic name or its trade name (see Mind's page 'About drug names' for more information on this). For detailed information about a particular drug, you can look it up in Mind's online 'Sleeping Pills and Minor Tranquillisers A-Z'.

What's the difference between them?

The main difference between the different benzodiazepines is the length of time they are active in the body. This is measured by the half-life of each drug.

Short-acting benzodiazepines have a short half-life. This means that the drugs are processed more quickly and leave your body more quickly. Short-acting drugs have a greater risk of withdrawal symptoms because your body has less time to adapt to working without the drug.

Long-acting benzodiazepines have a long half-life. This means that the drugs are processed by your body more slowly and take longer to leave the body. You are more likely to experience a hangover effect but less likely to have withdrawal problems.

Generally speaking, short-acting benzodiazepines are used as sleeping pills and long-acting benzodiazepines are used for anxiety. However, this difference is not clear-cut – drugs for anxiety will help you sleep if you take them at night, and sleeping pills will calm you if you take them during the day.

The different benzodiazepines used for anxiety and sleeping problems are listed in the tables below. All drugs are listed under the generic names, with the trade names in brackets afterwards. All the tablet versions contain lactose.

Overview of benzodiazepines mainly used for anxiety

Long-acting drugs

Generic name	Trade names	Form	Half-life	Dietary considerations
chlordiazepoxide	Librium Tropium	<ul style="list-style-type: none"> • capsules • tablets 	5–30 hours (36–200 hours*)	contains lactose
diazepam	Dialar Diazemuls Diazepam RecTubes Rimapam Stesolid Tensium Valclair	<ul style="list-style-type: none"> • tablets • oral liquid 	20–100 hours (36–200 hours*)	tablets contain lactose

Short-acting drugs

alprazolam	Xanax	<ul style="list-style-type: none"> • tablets 	6–12 hours	contains lactose
lorazepam	Ativan	<ul style="list-style-type: none"> • tablets 	10–20 hours	tablets contain lactose
oxazepam	none	<ul style="list-style-type: none"> • tablets 	4-15 hours	contains lactose

* This refers to the half-life of the active metabolite (the substance the drug turns into) in the body, which has the therapeutic effect.

Overview of benzodiazepines mainly used as sleeping pills

Long-acting drugs

Generic name	Trade names	Form	Half-life	Dietary considerations
flurazepam	Dalmane	• capsules	(40–250 hours*)	contains lactose
nitrazepam	Mogadon	• tablets	15–38 hours	contains lactose

Short-acting drugs

loprazolam	none	• tablets	6–12 hours	contains lactose
lormetazepam	Dormagen	• tablets	10–12 hours	contains lactose
temazepam	none	• tablets • oral liquid	8–22 hours	tablets contain lactose

* This refers to the half-life of the active metabolite (the substance the drug turns into) in the body, which has the therapeutic effect.

Note: flunitrazepam (Rohypnol) and chlorazepate (Tranxene) have been taken off the market in the UK but may still be available through unregulated sources.

What are the different types of sleeping pills?

Here's an overview of all the non-benzodiazepine sleeping pills currently licensed in the UK.

Some of these drugs have more than one name. You might know a drug by its generic name or its trade name (see Mind's page 'About drug names' for more information on this).

For detailed information about a particular drug, you can look it up in Mind's online 'Sleeping Pills and Minor Tranquillisers A–Z'.

The 'Z' drugs

Generic name	Trade names	Form	Half-life	Dietary considerations
zaleplon	Sonata	• capsules	about 1 hour	contains lactose and gelatin
zolpidem	Stilnoct	• tablets	about 2.4 hours	contains lactose
zopiclone	Zimovane	• tablets	about 5 hours	contains lactose

The 'Z' drugs were designed to try to overcome some of the problems associated with benzodiazepines, but they act in a very similar way.

Dependence and withdrawal symptoms are just as likely to occur as with benzodiazepines.

'Z' drugs should be given:

- for severe problems only
- at the lowest effective dose
- for the shortest possible time.

They should be withdrawn gradually.

Guidelines on use

- 'Z' drugs are short-acting and have little or no hangover effect
- it's best not to take them with (or immediately after) food, as this may make them work more slowly
- you should not take them with alcohol
- you should not take a second dose in one night
- you should take them when you are ready for sleep, and not before
- you shouldn't normally take sleeping pills for more than three weeks, and preferably for no more than one week.

'Z' drugs are better than other sleeping pills for older people because their short half-life means they are less likely to accumulate in the body and cause adverse effects. After taking them you may be rather unsteady and clumsy if you need to get up during the night, e.g. to go to the toilet.

NICE (the National Institute for Health and Care Excellence) guidelines on the use of 'Z' drugs

- doctors should not prescribe a sleeping pill unless non-drug treatments have been tried unsuccessfully
- they should be prescribed only for short periods and strictly according to the licence for the drug
- as these three drugs are very similar, the cheapest drug should be used (taking the dose needed into account)
- if one 'Z' drug is unsuccessful, others should not be tried.

●● *Confused GPs prescribed me an endless succession of sleeping tablets, increasing the dose of zopiclone then, when the effects wore off, alternating it with other 'Z' pills such as zolpidem.* ●●

Sleep-driving

All 'Z' drugs can occasionally cause a type of sleep-walking, when you may get up and do things while you are not really awake. These include:

- dangerous activities like driving
- eating, including inappropriate food (e.g. raw food that should be cooked)
- having sex
- being violent to your bed partner.

When you wake up you may not remember anything about what you have done.

If anything like this happens to you, talk to your doctor about it immediately.

You should not take 'Z' drugs:

- if you have sleep-related breathing problems (e.g. obstructive sleep apnoea)
- if you have neuromuscular weakness (e.g. myasthenia gravis)
- during pregnancy or breastfeeding.

The same cautions about who should take them apply as for benzodiazepines.

●● *In the past I have suffered manic and psychotic episodes. Being able to sleep was important in helping me recover, so the 'Z' drugs they gave me in hospital really helped.* ●●

Other non-benzodiazepine sleeping pills

These drugs are of several different types and do not form a single group. They vary in their effectiveness and general characteristics.

Generic name	Trade names	Form	Half-life	Dietary considerations
chloral hydrate	Welldorm	<ul style="list-style-type: none">• liquid	more than 6 days	none
clomethiazole/ chlormethiazole	Heminevrin	<ul style="list-style-type: none">• capsules• liquid	3.6–5 hours	capsules contain gelatin
diphenhydramine	Sleepeaze Sleep aid tablets	<ul style="list-style-type: none">• tablets	7–17 hours	contains lactose
melatonin	Circadin	<ul style="list-style-type: none">• tablets	3.5–4 hours	contains lactose
promethazine	Phenergan Sominex	<ul style="list-style-type: none">• tablets• liquid• injection*	5–14 hours	tablets contain lactose

* Promethazine injection is a prescription-only medicine and administered only by healthcare professionals in appropriate circumstances.

Antihistamines

Antihistamines are primarily used for treating allergic reactions and conditions such as hay fever. Their main side effect is drowsiness, so they can also be used for short-term sleeping problems.

The following are available as sleeping tablets over the counter from a pharmacist without a prescription:

- diphenhydramine (Nytol)
- promethazine (Phenergan, Sominex).

They are long acting and so often leave a hangover effect the following day.

They may be slow to act, and lose their effectiveness after a few days.

Antihistamines should be used with caution by:

- men with an enlarged prostate
- anyone with problems urinating (urinary retention)
- anyone with glaucoma (raised pressure in the eye)
- anyone with liver disease
- anyone with epilepsy
- anyone with porphyria (a rare, inherited illness).

Antihistamines should not be used during pregnancy or while breastfeeding.

The main side effects of antihistamines are:

Most common	Occasionally	Rare
<ul style="list-style-type: none">• disorientation• dizziness• headaches• nightmares• restlessness• tiredness.	<ul style="list-style-type: none">• blurred vision• confusion• dry mouth• excitement (especially in children also)• urinary retention.	<ul style="list-style-type: none">• blood cell disorders• disturbances of heart rhythm• loss of appetite• low blood pressure• muscle spasms• sensitivity to sunlight• shaking• stomach discomfort• tic-like movements.

If you are in doubt whether antihistamines are suitable for you, or if you are taking any other medication (including herbal remedies), you should discuss this with the pharmacist before you buy them.

Melatonin (Circadin)

Melatonin is a natural hormone produced by the pineal gland – a gland in the brain which regulates the body's response to the 24-hour night and day cycle.

It is licensed:

- as a supplement for insomnia
- for adults aged 55 years and over
- for short-term use only.

It is not recommended for children and adolescents below the age of 18 (but may be used in certain circumstances).

Chloral hydrate and clomethiazole

These are old drugs which are now rarely used as sleeping pills.

Chloral hydrate and clomethiazole used to be given to children, but nowadays this is not recommended. They are not particularly useful in older people.

They should not be taken in pregnancy or while breastfeeding.

They should be used with caution for people who have a history of drug or alcohol abuse, and marked personality disorder. Contact with the skin should be avoided.

Barbiturates

Barbiturates were used as sedatives before benzodiazepines became available. They are rarely prescribed now, so we do not give any details about their use here.

The British National Formulary (BNF) says that intermediate-acting barbiturates (available for named patients only) should:

- be used only to treat severe insomnia that has not improved with other treatment in patients already taking barbiturates
- be avoided in older people
- the use of the long-acting barbiturate pentobarbital for sleep is unjustified.

What are the different types of anti-anxiety medication?

Here's an overview of all the non-benzodiazepine anti-anxiety drugs currently licensed in the UK.

Some of these drugs have more than one name. You might know a drug by its generic name or its trade name (see Mind's page 'About drug names' for more information on this).

For detailed information about a particular drug, you can look it up in Mind's online 'Sleeping Pills and Minor Tranquillisers A-Z'.

You may also be prescribed other types of drugs for anxiety, such as antidepressants, beta-blockers or antipsychotics (at low doses).

Overview of non-benzodiazepine anti-anxiety drugs

Generic name	Trade names	Form	Half-life	Dietary considerations
buspirone	Buspar	<ul style="list-style-type: none">• tablets	2–4 hours	contains lactose, avoid grapefruit juice
pregabalin	Alzain Lecaent Lyrica Rewisca	<ul style="list-style-type: none">• capsules• liquid	about 6.3 hours	capsules contain gelatin
meprobamate	none	<ul style="list-style-type: none">• tablets	6–17 hours	none

These three drugs are all quite different and have no shared characteristics.

For information on when to avoid taking these drugs and adverse effects, see the listing for each drug in Mind's online 'Sleeping Pills and Minor Tranquillisers A-Z'.

Useful contacts

Battle Against Tranquillisers (BAT)

web: bataid.org
 Helps with withdrawal from benzodiazepines and sleeping pills.

benzo.org.uk

web: benzo.org.uk
 Information about benzodiazepines, addiction and withdrawal.

Electronic Medicines Compendium (eMC)

web: medicines.org.uk
 Access to patient information leaflets (PILs) for most medicines licensed in the UK.

Insomniacs

web: insomniacs.co.uk
 Information about sleeping problems.

Medicines and Healthcare Products Regulatory Agency (MHRA)

web: mhra.gov.uk
 Responsible for licensing all medicines and medical devices. Access to patient information leaflets (PILs) for medicines licensed in the UK. Also collects data on adverse effects via the Yellow Card scheme: yellowcard.mhra.gov.uk

The National Institute for Health and Care Excellence (NICE)

web: nice.org.uk
 Guidance on health and social care, including the use of medication.

Rethink Mental Illness

web: rethink.org
 tel: 0300 5000 927
 Information and support for people affected by mental illness.

Royal College of Psychiatrists

web: rcpsych.ac.uk
 Information about psychiatric medication, including sleeping pills and minor tranquilisers.

Royal Pharmaceutical Society

web: rpharms.com
 Information on Medicines Use Reviews.

Samaritans

Freepost RSRB-KKBY-CYJK, Chris, PO Box 90 90, Stirling FK8 2SA
 24-hour helpline: 116 123
 email: jo@samaritans.org
 web: samaritans.org
 24-hour support for anyone experiencing distress, despair or suicidal thoughts.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

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This information was written by
Dr Katherine Darton

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(National Association for Mental Health)
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tel: 020 8519 2122
fax: 020 8522 1725
web: mind.org.uk

Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

Mind Infoline: 0300 123 3393 / Text: 86463
info@mind.org.uk
mind.org.uk

