JCSM
Journal of Clinical Sleep Medicine

LETTERS TO THE EDITOR

Alternatives to Clonazepam in REM Behavior Disorder Treatment

Jesús Escribá, MD; Blanca Hoyo, PhD

Sleep Unit, Neurophysiology Department, Lluís Alcanyís Hospital, Xátiva, Valencia, Spain

We have read the article with interest published by Esaki et al.,[1] and we take this opportunity to explain other therapeutic alternatives to clonazepam, also used in our extensive experience managing REM behavior disorder (RBD). We studied 23 patients (20 men) diagnosed with RBD, based on clinical and polysomnographic features, treated over the last 22 years.

We analyzed medical history (previous hyposmia-anosmia in 3 patients), sex, type of drug, doses and scale scores before and after treatment regarding symptoms, and sleep quality. Mean RBD onset symptoms age was 64.7 years old. Mean lag time between RBD onset and diagnosis and between RBD onset and start treatment were 4.8 and 10.5 years respectively. Frequent comorbidities were sleep apnea (12), Parkinson disease (10), cognitive and psychiatric disorders (8), Willis-Ekbom disease (3), and hypersomnia (1).

We used mostly monotherapy in each patient, as described below, changing or adding other medications if they presented side effects or were not effective (no reduction, regarding clinical anamnesis, in more than 50% of typical episodes): Gabapentin: 14 patients (300–800 mg, effective in 12, changed in 2); Pregabalin: 3 patients (75–150 mg, effective in 2, changed in 1); Melatonin (sustained-release): 5 patients (2 mg, effective in 4, mostly associated); and Benzodiazepines: 1 patient (0.5–2 mg, effective)

Based on this data, we think that gabapentin, pregabalin, and sustained-release melatonin could be better alternatives to clonazepam (first-choice treatment[2,4,6–8]) to manage RBD because they have excellent pharmacokinetics, low pharmacological tolerance, and less side effects.[3–8]

Moreover, they have not often previously been reported in the literature reviewed,[2–8] so we recommend consider them for the RBD treatment, although other well-known drugs like benzodiazepines, melatonin (immediate-release) and ramelteon[1] could be also useful[1–8] and analyze them with further studies without our limitations (randomized, double-blind, more patients and prospective design).

CITATION

Escribá J, Hoyo B. Alternatives to clonazepam in REM behavior disorder treatment. *J Clin Sleep Med* 2016;12(8):1193.

REFERENCES

1. Esaki Y, Kitajima T, Koike S, ET AL. An open-labeled trial of ramelteon in idiopathic rapid eye movement sleep behavior disorder. J Clin Sleep Med 2016;12:689–93.
2. Anderson KN, Shneerson JM. Drug treatment of REM sleep behavior disorder: the use of drug therapies other than clonazepam. J Clin Sleep Med 2009;5:235–9.
3. Gagnon JF Postuma RB, Montplaisir J. Update on the pharmacology of REM sleep behavior disorder. Neurology 2006;67:742–7.
4. Boeve BF, Silber MH, Ferman TJ. Melatonin for treatment of REM sleep behavior disorder in neurologic disorders: results in 14 patients. Sleep Med 2003;4:281–4.
5. Aurora RN, Zak RS, Maganti RK. Best practice guide for the treatment of REM sleep behavior disorder. J Clin Sleep Med 2010;6:85–95.
6. McCarter SJ, Boswell CL, St Louis EK, et al. Treatment outcomes in REM sleep behavior disorder. Sleep Med 2013;14:237–42.
7. Ferri R, Marelli S, Ferini-Strambi L, et al. An observational clinical and video-polysomnographic study of the effects of clonazepam in REM sleep behavior disorder. Sleep Med 2013;14:24–9.
8. Frauscher B, Jennum P, Ju YE, et al. Comorbidity and medication in REM sleep behavior disorder: a multicenter case-control study. Neurology 2014;82:1076–9.

SUBMISSION & CORRESPONDENCE INFORMATION

Submitted for publication May, 2016
Accepted for publication June, 2016
Address correspondence to: Jesús Escribá, Sleep Unit, Neurophysiology Department, Lluís Alcanyís Hospital, Xátiva, Valencia (Spain) Carretera Xátiva-Silla, Km 2, 46800 Xàtiva, Valencia; Email: jesusescriba@hotmail.com

DISCLOSURE STATEMENT

This was not an industry supported study. The authors have indicated no financial conflicts of interest.