

## LETTERS TO THE EDITOR

## Hypnotics and the Risks of Dementia

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I read with interest the recent clinical practice guideline for pharmacologic treatment of chronic insomnia in adults.<sup>1</sup> The guideline catalogued much of the literature supporting or advising against a number of commonly used hypnotic agents for the treatment of chronic insomnia. Harms were listed for each agent.

I was struck, however, by the absence of discussion of potential harm associated with the true benzodiazepines and possibly the benzodiazepine receptor agonists. That harm is dementia.

Since at least 2002, a number of studies—nested case-control studies,<sup>2–4</sup> prospective studies,<sup>5,6</sup> a retrospective cohort study,<sup>7</sup> and a case control study<sup>8</sup>—have shown increases in the incidence of dementia with long-term use of benzodiazepines. The average overall increase is 51% with benzodiazepine use over 3 months, and the increase is higher with longer acting benzodiazepines. In one study,<sup>3</sup> the incidence of dementia was higher when zolpidem was included in the analysis, raising the question of the potential for benzodiazepine receptor agonists to promote dementia as well.

The incidence of dementia in developed countries is already high, particularly with advanced age, so any further increase, particularly an avoidable one, should be given great attention.

There have already been calls for benzodiazepines to become controlled substances<sup>9</sup> and for hypnotic use to be restricted.<sup>10</sup> Given these concerns, how would the authors of the current guidelines advise practicing sleep physicians about these potential harms?

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## DISCLOSURE STATEMENT

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