

Antidepressants for Insomnia - Cochrane Review

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Objective

To assess the effects, safety and tolerability of Antidepressants adults

Background

Insomnia is common, 10-38% of the general population report the last year.

Antidepressants are widely prescribed for insomnia despite being this use, and limited evidence for their effectiveness in insomnia

Method

Types of studies

Randomised controlled trials (RCTs) including cluster and cross-**Types of participants**

Adults (aged 18 or over with no upper age limit) with a primary insomnia.

Types of interventions

•Any antidepressant as monotherapy including all doses.

 Antidepressants organised into classes: Selective serotonin reu (SSRIs): Tricyclic antidepressants: Heterocyclic antidepressants: antidepressants.

Comparator interventions

Placebo

- Other medications for insomnia (e.g. benzodiazepines, 'Z' drug
- •A different antidepressant.
- •Waiting list control or treatment as usual.

School for Primary Care Research

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	Outcome measures
for Insomnia in	Primary outcomes
	1. Efficacy: any subjective improvement in sleep quality or satisfaction
	total sleep duration, sleep onset latency (time taken to fall asleep), n
	nocturnal awakenings or total nocturnal awakening time or sleep effi
sleep problems in	
	2. Safety: number and type of spontaneously reported and measured
ng unlicensed for	including reports of toxicity.
a.	Secondary outcomes
a.	3. Objective measures of change in sleep (eg EEG data).
	4. Tolerability: reported information on tolerability (e.g. problems wit
	drowsiness, dropout rates).
over RCTs.	5. Effect on daytime symptoms/functioning
	J. Lifect on daytime symptoms/functioning
diagnosis of	Search methods for identification of studies
	We will search OVID MEDLINE, EMBASE, PsycINFO and the Cochrane
	of Controlled Trials (CENTRAL). No language or date restrictions appli
uptake inhibitors	Reference: Antidepressants for insomnia (Protocol). Everitt H, Baldwi
MAOIs: Other	Malizia AL, Wilson S. Cochrane Database of Systematic Reviews 2013
	No.: CD010753. DOI: 10.1002/14651858.CD010753.
	Progress (1997)
gs).	 Searching revealed 3737 studies for screening.
5.7.	 These have been first screened on title and abstract by 2 authors a
	progressed to second screening on full paper.
	• Second screening is ongoing and data extraction has commenced.

Southampton

p quality or satisfaction with sleep, taken to fall asleep), number of ening time or sleep efficiency (ratio of

eported and measured adverse events,

EG data). ility (e.g. problems with daytime

VFO and the Cochrane Central Register date restrictions applied.

ocol). Everitt H, Baldwin DS, Mayers A, tematic Reviews 2013, Issue 10. Art. 0753.

abstract by 2 authors and 209 have

NHS National Institute for Health Research