

**Little evidence on effective pharmacotherapies for sleep disturbances in dementia**

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<b>Clinical Question</b>	Compared to placebo, how effective are pharmacotherapies for sleep disturbances in dementia?
<b>Bottom Line</b>	The evidence reviewed suggested that melatonin was unlikely to be of benefit to patients with Alzheimer's disease (AD) and moderate to severe dementia and sleep problems. There was some evidence that a low dose (50 mg) of trazodone improved sleep in people with AD, although a larger trial would be needed to be able to draw a more definitive conclusion on the balance of risks and benefits. Until further evidence emerges, trazodone and other hypnotic drugs should be used with particular caution in patients with AD or other dementias, with careful assessment of the risks (of treatment and of no treatment), efficacy, and adverse effects in individuals.
<b>Caveat</b>	Due to lack of primary evidence, the implications of this review for practice are limited. There were no randomised controlled trials of many drugs that are widely prescribed, including benzodiazepine and non-benzodiazepine hypnotics.
<b>Context</b>	Sleep disturbances, including reduced nocturnal sleep time, sleep fragmentation, nocturnal wandering, and daytime sleepiness are common clinical problems in dementia, and are associated with significant caregiver distress, increased healthcare costs, and institutionalisation. Drug treatment is often sought to alleviate these problems, but there is significant uncertainty about the efficacy and adverse effects of the various hypnotic drugs in this vulnerable population.
<b>Cochrane Systematic Review</b>	<a href="#">McCleery J et al. Pharmacotherapies for sleep disturbances in dementia. Cochrane Reviews, 2016, Issue 11. Art. No.: CD009178.DOI: 10.1002/14651858.CD009178.pub3.</a> This review contains six studies involving 326 participants.

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