



Capitol Sleep Medicine Newsletter

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Insomnia and Menopause

Insomnia is more common in women than in men. Why would this be true? The most specific risk factors for insomnia may be gender-related, being the higher prevalence rates of depression and anxiety among women.¹

Insomnia seems to worsen as women age but is this related to menopause? A telephone study of 3243 subjects including 982 women aged 35 to 65 years determined that hot flashes were present in 12.5% in premenopausal, 79.0% in perimenopausal, and 39.3% in postmenopausal women while the prevalence of chronic insomnia was 36.5% in premenopausal, 56.6% in perimenopausal, and 50.7% in postmenopausal women ($P < .001$).²

Is this something worth treating? A study of 81 postmenopausal women who had not used hormone therapy in the last six months evaluating quality of life assessed by the Medical Outcomes Study 36-item Short-Form Health Survey (SF-36) questionnaire, revealed that menopausal symptoms negatively affected the physical and mental components of quality of life in postmenopausal women.³ What is the best way to treat insomnia symptoms in this patient group? Estrogen, either by itself or with progestins, is the most consistently effective therapy for menopausal symptoms. However, the Women's Health Initiative (WHI) has identified important risk factors associated with use of these therapies.⁴

Non-addictive SSRI antidepressants have also been examined in this patient group. A study of 150 healthy women suffering from menopausal symptoms were recruited in a placebo-controlled double-blind study where patients were randomized into three groups receiving placebo, fluoxetine, or citalopram. The initial dose was 10 mg of both fluoxetine and citalopram, and it was increased to 20 mg at 1 month and to 30 mg at the 6-month visit. This study demonstrated no statistically significant differences between the groups in respect to number of hot flashes, Kupperman index, or Beck's Depression Scale. The authors concluded that citalopram and fluoxetine have little effect on hot flashes and cannot therefore be recommended for the treatment of menopausal symptoms.⁵



If SSRIs have little efficacy, what can be done for insomnia exacerbated by hot flashes? A study of 141 perimenopausal or postmenopausal women with insomnia for ≥ 6 months were enrolled in a randomized double-blind placebo controlled study regarding the treatment of insomnia with zolpidem 10mg or placebo. The reported total sleep time was significantly greater ($P < 0.01$), while wake time after sleep onset and number of awakenings were significantly decreased in the zolpidem

group compared with the placebo group ($P < 0.05$). Further, daytime functioning was significantly improved in the zolpidem group compared to the placebo group ($P < 0.05$).⁶ A different 4 week double-blind, placebo-controlled study in 410 perimenopausal and early postmenopausal women with insomnia evaluated the efficacy of eszopiclone 3 mg for treatment of insomnia. This study determined that those women receiving eszopiclone reported improvements in sleep induction, sleep maintenance, sleep duration, sleep quality, and next-day functioning relative to placebo ($P < .05$). Further, eszopiclone provided significant improvements in sleep and positively impacted mood, quality of life, and menopause-related symptoms in this patient group.⁷

Treating insomnia in perimenopausal and postmenopausal women is clearly beneficial. However, it is important not to overlook the fact that the prevalence of obstructive sleep apnea more than doubles across menopause.⁸ Of interest is that of the 2,852 women who participated in the Sleep Heart Health Study who were 50 years of age or older, the risk of obstructive sleep apnea among hormone users (61 of 907) was approximately half the prevalence among nonusers (286 of 1,945). This inverse association between hormone use and sleep-disordered breathing was evident in various subgroups and was particularly strong among women 50 to 59 years old.⁹

¹ [Arch Womens Ment Health](#), 2005 Nov;8(4):205-13. Epub 2005 Sep 30.

² [Arch Intern Med](#), 2006 Jun 26;166(12):1262-8.

³ [Gynecol Endocrinol](#), 2006 Aug;22(8):441-6.

⁴ [NIH Consens State Sci Statements](#), 2005 Mar 23-25;22(1):1-38.

⁵ [Menopause](#), 2005 Jan-Feb;12(1):18-26.

⁶ [Clin Ther](#), 2004 Oct;26(10):1578-86.

⁷ [Obstet Gynecol](#), 2006 Dec;108(6):1402-10.

⁸ [Diabetes Nutr Metab](#), 2004 Oct;17(5):296-303.

⁹ [Am J Respir Crit Care Med](#), 2003 May 1; 167(9):1186-92. Epub 2003 Jan 16.

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