

Study examines association between sleep medication use and risk of dementia

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A new study shows that sleep medications increase the risk of dementia for people who are white. But the type and quantity of the medication

may be factors in explaining the higher risk.

It follows previous work that shows people who are Black have a higher likelihood than people who are white of developing Alzheimer's, the most common type of dementia, and that they have different risk factors and disease manifestations.

The final corrected draft of the study published in the *Journal of Alzheimer's Disease* on Jan. 31, 2023.

Approximately 3,000 [older adults](#) without dementia, who lived outside of nursing homes, were enrolled in the Health, Aging and Body Composition study and followed over an average duration of nine years. Their average age was 74; 58% were white and 42% were Black.

During the study, 20% developed dementia. White participants who "often" or "almost always" took sleep medications had a 79% higher chance of developing dementia compared to those who "never" or "rarely" used them. Among Black participants—whose consumption of [sleep aids](#) was markedly lower—frequent users had a likelihood of developing dementia similar to those who abstained or rarely used the medications.

Income may play a role in dementia

"Differences may be attributed to socioeconomic status," said first author Yue Leng, Ph.D., of the UCSF Department of Psychiatry and Behavioral Sciences and UCSF Weill Institute for Neurosciences. "Black participants who have access to sleep medications might be a select group with high socioeconomic status, and thus greater cognitive reserve, making them less susceptible to dementia. It's also possible that some sleep medications were associated with a higher risk of [dementia](#) than others."

The researchers found that people who are white, at 7.7%, were three times as likely as people who are Black, at 2.7%, to take sleep medications "often" (five to 15 times a month), or "almost always" (16 times a month to daily). Whites were almost twice as likely to use benzodiazepines, like Halcion, Dalmane and Restoril, prescribed for chronic insomnia.

People who are white were also 10 times as likely to take trazodone, an antidepressant known by the trade names of Desyrel and Oleptro, which may also be prescribed as a sleep aid. And they were more than seven times as likely to take "Z-drugs," such as Ambien, a so-called sedative-hypnotic.

While future studies may offer clarity on the cognitive risks or rewards of sleep medications and the role that race may play, patients with poor sleep should hesitate before considering medications, according to Leng.

"The first step is to determine what kind of sleep issues patients are dealing with. A sleep test may be required if sleep apnea is a possibility," she said. "If insomnia is diagnosed, [cognitive behavioral therapy](#) for insomnia (CBT-i) is the first-line treatment. If [medication](#) is to be used, melatonin might be a safer option, but we need more evidence to understand its long-term impact on health."

More information: Yue Leng et al, Race Differences in the Association Between Sleep Medication Use and Risk of Dementia, *Journal of Alzheimer's Disease* (2022). [DOI: 10.3233/JAD-221006](https://doi.org/10.3233/JAD-221006)

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