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## Do antidepressants cause insomnia

Antidepressants can actually improve sleep in some people and are often prescribed by doctors for insomnia.However, many other people have the opposite reaction and find that antidepressants cause insomnia for them.There's a lot of research that demonstrates this (1).If you'd like to know why, and which antidepressants are more likely to cause insomnia than others, read on.Types of Antidepressants and Risk of Sleep IssuesAntidepressants work by manipulating neurotransmitters. They are classified depending on the specific transmitter(s) that they target.Most antidepressants fall into the following 4 categories (2):TCAs (e.g. Amitriptyline, Doxepin) - Used to treat depressed patients who have long-term insomnia symptoms. Typically improves sleep quality and reduces insomnia symptoms (3).MAOIs (e.g. Marplan, Nardil) - The first main type of antidepressant developed. Insomnia is one of the more common side effects.SSRIs (e.g. Celexa, Fluoxetine) - Improves sleep in most people, but causes insomnia in some (4). About 15% of patients on Celexa experience insomnia.Selective SNRIs - Similar to SSRIs, they usually improve sleep, but cause insomnia in some (5).SummaryIn summary, MAOI antidepressants are most likely to cause insomnia, and SSRIs/SNRIs both carry some risk of insomnia, but generally improve sleep.Potential Antidepressants Known To Cause InsomniaThis is far from a complete list, but here are some of the most popular antidepressants that cause insomnia in a significant amount of patients:ZelaparMarplanNardilParlateEmasamZoloftCelexaLexaproProzacTrazodoneWhy Do Antidepressants Cause Sleep IssuesDepression and insomnia are intrinsically linked. Depression often causes insomnia, and insomnia often causes depression.Both issues aren't fully understood yet.In sleep science, the typical approach so far has been to identify neurotransmitters that are involved in keeping us awake or getting us to sleep, and then finding medication that blocks or encourages those transmitters in certain parts of the brain.Due to the complexity of transmitter interactions, researchers don't fully understand all the effects any one change will have.That's why there are often unintended side effects to this approach. Insomnia is one of the big ones.SummarySometimes, side effects like insomnia come from having too high of a dosage. More often though, certain drugs just cause unintended results in certain people, while being effective in most other people.What To Do If An Antidepressant is Causing InsomniaNever stop taking your medication or deviate from your prescription without your doctor's consent.Instead, go see your doctor and tell them about any sleep issues and the severity of them. They will decide if the benefits are worth the risk for that particular antidepressant.Alternatively, they can prescribe a different antidepressant that you may feel better on.It may be the same kind of antidepressant (e.g. another SSRI for example), but that doesn't necessarily mean that it will have the same kind of side effects.Every drug is different, and it can take some time for your doctor to help you find the safest and most effective one. Be as patient as possible.Finally, if some minor sleep issues are the only major side effect and everything else is fine, you may be able to reduce those issues just by improving your sleep hygiene.ReferencesAntidepressant insomnia is a common side effect of medication taken to help a non-sleep-related condition such as depression, anxiety, chronic fatigue syndrome, fibromyalgia or another of the many conditions for which antidepressants are sometimes prescribed. Antidepressant medications are well-known for causing insomnia as a side effect. The SSRIs (selective serotonin reuptake inhibitors) seem to be the main culprits in this particular side effect, but any antidepressant may cause insomnia in those who are already susceptible to it. The Irony — and Frustration — of Antidepressant Insomnia As someone who once experienced antidepressant insomnia, I can sympathize with anyone going through this. I took Zoloft at one point when I was bothered by serious generalized anxiety. Immediately I had sleeping problems. Besides the fact that I just didn't feel tired, I also had constant muscular twitches that would prevent me from falling asleep even when I got sleepy. So I would be lying in bed starting to finally relax after several hours. Then one muscle would twitch. Then another. Then another. Sometimes even just my little finger, other times my whole leg or my head. There was simply no way I could sleep with all that muscular activity. Soon I was a complete nervous wreck, and despite the reassurances from my doctor that the twitches and insomnia would eventually go away and that it took at least two weeks for the medication to actually start working on the anxiety — I had doubts I could survive that long. So I quit the Zoloft and never went back on any antidepressant. I have since learned that SSRI medications — such as Prozac, Paxil, Zoloft, etc. — can cause involuntary muscular movements as well as insomnia in some people. But I have also learned that some people actually sleep better while on SSRI's... so go figure! It is simply another example of the differences among people and their individual physiologies and responses. This is why an insomnia site such as this one really needs to be inclusive, and it's why I continue to learn and add new information whenever possible. What to Do If You have Antidepressant Insomnia If you are experiencing insomnia while on antidepressants, the first thing you need to do is tell your prescribing doctor. While some people get prescriptions from their primary physician, I personally would rather deal with an experienced psychiatrist, despite the added cost and inconvenience involved. They are the best to deal with the side effects of antidepressant medication. They are also (in my opinion) the most able to prescribe an alternate drug that retains the good effects but have less of the bad ones. General practitioners or internists simply don't have the time or training to understand these issues really well. Sleep is so important for mental well-being as well as physical health, that I would not advise anyone to trade in a good night's rest for relief of other symptoms. It is worth the time and effort to find the best medication for your individual condition. Perhaps a combination of two different medications is a better fit for you, if an alternative can't be found. Antidepressants to Treat Insomnia? In some cases of severe insomnia or idiopathic insomnia, a sleep doctor may decide to prescribe an antidepressant as treatment. While it seems counterintuitive to give someone with severe insomnia a medication that may cause insomnia in many people as a direct side effect — it just might work in your individual case. As mentioned — human diversity is a wondrous thing, and what causes one person untold misery may grant another person relief from their misery. You just never know. Chronic Insomniacs and Antidepressants If you have chronic insomnia plus anxiety and/or depression, it's important for you to figure out what is causing what. As I've mentioned in various articles already, insomnia can cause anxiety and anxiety can cause insomnia, and the same thing applies to a depressed state. These conditions all tend to magnify one another. If you decide that anxiety or depression is primary and is causing your insomnia as a secondary condition (or just a symptom), keep in mind that treating the primary condition with medications may cause antidepressant insomnia. You can try the antidepressants and just see what happens. It could work well for you — by treating the primary condition (anxiety or depression), your insomnia could get better as a result. If you do experience antidepressant insomnia, you could take a "wait and see" approach — that is, just hang in there until the medication starts working (two to three weeks in some instances) and an accurate picture emerges of what, if any, side effects are just too severe to deal with. If the side effects show no sign of abating, then you need to 1) try different medications or 2) try different treatment approaches. Many people find that cognitive behavioral therapy works just as well as medication. Others try a more physical approach with acupuncture, exercise, dietary change and herbal remedies. And still others get good results with meditation, EFT, hypnosis, relaxation therapy, and so on. Personally I found that a combination of these natural treatments for insomnia and anxiety helped both together. You deserve to feel good and I encourage you to explore new methods and avenues that may be helpful to you. Cultivating a spirit of discovery and learning is a great antidepressant all by itself! I wish you the best in your own journey of finding what works for you. Return to the Physical Causes of Insomnia homepage. 1. Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the world health surveys. *Lancet*. 2007;370:851–858. doi: 10.1016/S0140-6736(07)61415-9. [PubMed] [CrossRef] [Google Scholar]2. Greden JF. Unmet need: what justifies the search for a new antidepressant? *J Clin Psychiatry*. 2002;63(Suppl 2):3-7. [PubMed] [Google Scholar]3. Wichniak A, Wierzbicka A, Jernajczyk W. Sleep and antidepressant treatment. *Curr Pharm Des*. 2012;18:5802–5817. doi: 10.2174/138161212803523608. [PubMed] [CrossRef] [Google Scholar]4. Le Bon O. Contribution of sleep research to the development of new antidepressants. *Dialogues Clin Neurosci*. 2005;7:305–313. [PMC free article] [PubMed] [Google Scholar]5. Mendlewicz J. 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Normal values are typically below 30 min in young and below 45 min in elderly patients. Total sleep time (TST)The total time spent asleep during the sleep episode. This is equal to the time in bed less the awake time. In insomnia research as shortened sleep time are considered usually values below 6.5 h in young and below 6 h in elderly patients (these values are not applicable to short sleepers) Sleep efficiency (SE)The ratio of total sleep time to time in bed expressed as a percentage of time spent asleep during the recording period. Normal values are typically above 90% in young and above 85% in elderly patients. Wake after sleep onset (WASO)The total time scored as awake occurring after the sleep onset. Typically WASO should not exceed 30 min.Parameters of sleep depth Total and relative amounts of stage N3Total duration in minutes and as percentage relative to total sleep time of sleep stage N3. The amount of stage N3 decreases with older age, normal values are around 10% for elderly and 20–25% for young subjects. Delta sleep ratio(R)The ratio of slow wave sleep in the first and second sleep cycle. Normally, values exceed 1.1.Parameters of REM sleep REM latencyThe number of minutes from the onset of sleep to the onset of the first REM sleep period. Reduced values are typically below 65 min in young and 50 min. in elderly patients. Total and relative amounts of stage REMTotal duration in minutes and as percentage relative to total sleep time of sleep stage REM. Normal values are 20–25%. REM densityThe ratio of the intensity of rapid eye movements phasic activity (number and duration of rapid eye movements) to duration of REM sleep, e.g., can be expressed as number of rapid eye movements per minute of REM sleep.

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