

Ambien Addiction: Is America One Nation, Under Sedation?



By David A. Mayen, CNP

Arianna Huffington's Sleep Challenge 2010 is perhaps the most significant wake up call for American women since Gloria Steinem published *Outrageous Acts and Everyday Rebellions*. Yet for many women, even with the best of efforts, trying to sleep better still remains a waking nightmare. Pharmaceutical firms sold \$ 4.5 billion worth of sleep mediations to us in 2009, while the number of chronically sleep deprived in this country now tops 70 million and continues to climb.

For many women, being asked to adjust their sleep times and drink less caffeine simply rings hollow. They are hopelessly addicted to sleeping pills and hearing of others progress using these "tips and tricks" only makes them feel more left out and alone than they already had been before. This hopeless desperation can be a dangerous thing, because long term insomnia often leads to increased risk for heart attacks, strokes and suicide in females.

A recent study out of Norway had shown no increase in sleep quality in middle aged people using sedative hypnotics like Ambien and Lunesta, compared to the control group given only placebo. It also showed that slow wave sleep, the brainwaves responsible for providing restorative rest also diminished after two weeks into the medications use. Yet dependency on these and other sleep aids is troubling. Sleep walking, sleep eating and sleep driving are considerably more common than we are lead to believe by the slick pharma ads that tout soft blue butterflies.

So what are these medications and how do they work on the brain?

Ambien, Lunesta and Restril are a classification of sleep meds called "sedative hypnotics" that are marketed as patently non-addictive. But what your doctor isn't telling you is that the molecular structure of these medications differs little from that of Zanax and Klonopin, which by the way, are highly addictive and carry a withdrawal period of 6 weeks to 6 months, based upon the dosages and length of treatment.

The other issue that never seems to get mentioned about these drugs is the fact that when ingested for long periods of time, they take over the internal tasks of the brain to regulate its own sleep architecture. Once that entrenchment takes hold, the duties of the brain responsible for sleep begins to atrophy. So when people go cold turkey off of Ambien, the insomnia is usually much worse than before they started. It's a lot like asking a newly awakened coma patient to run a marathon. And after 5-6 nights of no sleep, most people will throw up their hands out of frustrated exhaustion and, you guessed it... resume their doses. (Okay, all together now! Give me that Big Pharma smile and say....cha-ching!)

Pharma-Treats have never tasted so profitable.

Short of obstructive sleep apnea and major depression, most sleep problems fall under one of four categories: The first being what we call having an "over-active" central nervous system. Over-active types will often have issues with "busy brain" when trying to fall asleep. They toss and turn a great deal and will wake up multiple times during the night. Waking up feeling like they've been just hit by a bus is a common, daily occurrence.

Under-actives are on the opposite end of the spectrum. These folks can sleep 10-12-14 hours a night and still wake up exhausted. For all practical purposes, they look like they're sleeping through the night, but again, the stages of sleep needed to wake up feeling rested and refreshed are simply not there. Spouses and family members don't seem to understand, they think under-actives are just hypochondriacs, chronic complainers or both. Many a good solid marriage has been blown apart due to this simple misunderstanding.

The third category is that some lucky winners have both problems in one brain. The left brain hemisphere is under-aroused, while the right is over. While the fourth factor is unresolved emotional trauma. (More on trauma and sleep in another post).

So is there hope for this legion of sleepless ladies? The answer is a resounding yes! But you probably won't hear about it from TV commercials or from your doctor. It's a small but growing field called neurofeedback. A 2004 study performed at the Norwalk Hospital Sleep Disorder Center, and published in the Journal *SLEEP*, showed a significant increase in sleep quality, compared to a control group who received only sham neurofeedback training. It's beautiful, it's reasonable, and no one seems to have ever heard of it. Why? Because it doesn't come in pill form and carries no warning label. Insurance companies, drug companies and the National Institute of Mental Health have done a masterful job of shutting neurofeedback out of the public eye.

So here's a quick rundown on how it works. Two sensors are placed on the scalp, much like very delicate microphones that listen in on your brainwaves. This information feeds into software that does a google-like search on your brain globally, (don't worry, it doesn't share all those nasty emails that you've decided not to send out!) and identifies where your brain has mis-alignments, such as being over-active, under-active, or both. It then feeds this data back the brain in the form of music with little skips and scratches imbedded in it. The human brain is so self intelligent that it goes right to work balancing itself *up* when under-active, or *down* when over-active. Over time and a number of sessions, it achieves its own optimal balance, and custom designs a protocol

tailored for *your* brain and *your* sleep quality. It carries virtually no side effects and results are typically seen in four sessions or less. The really cool thing about this type of neurofeedback, (as opposed to having to take Ambien long term) is that after 15 sessions or so, you're done. Your brain has learned to sleep better and will choose to stay that way.

So ladies, raise your glasses of warm milk, and toast! To a sweet dream tonight and a better rested tomorrow.

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