The Use of Clonidine in the Treatment of Geriatric Insomnia

Insomnia in geriatric patients with central nervous system disease (including but not limited to organic brain syndrome with dementia) is frequently caused by major disturbances in normal circadian (diurnal) sleep cycle. A major contributor to this circadian abnormality is abnormal activation of the sympathetic nervous system. This causes inappropriate secretion of adrenergic hormones (adrenalin and others) in the evening. This in turn causes abnormal alertness, wakefulness and delayed sleep latencies. This is also typically accompanied by anxiety and agitation eventually leading to reversal of normal day/night sleep cycles.

Clonidine, an alpha adrenergic blocking agent, taken in the evening results in a decrease to normal or near normal levels of circulating adrenergic hormones. This allows the resumption of a more normal sleep cycle. Occasionally, the addition of a beta adrenergic blocking agent is required to achieve this therapeutic goal. This use of these agents frequently allows a reduction or discontinuation of other agents used to treat insomnia. Finally, there is extensive medical evidence that this excessive activation of the sympathetic/adrenergic has other negative medical consequences, most notably on the cardio vascular system.