

More on insomnia disorders in older patients

Regarding Drs. Irene S. Hong's and Jeffrey R. Bishop's article, "Sedative-hypnotics for sleepless geriatric patients: Choose wisely" (CURRENT PSYCHIATRY, 2014;13(10):36-39, 46-50, 52 [http://bit.ly/1ApmcoO]), which undertook a comprehensive review of current therapies for insomnia in geriatric patients, here are 3 clarifications.

- I want to reinforce the latest thinking about the nature and pathophysiology of insomnia. DSM-5 classifies insomnia as a disorder, not as a symptom of other problems; the concept of "secondary insomnia" is rejected in DSM-5. Insomnia typically is seen as comorbid with other medical and psychiatric disorders. Often, insomnia predates the comorbid disorder (eg, depression), but rarely is it resolved by treating the comorbid condition.

- Good clinical practice, therefore, requires treating the comorbid condition *and* the insomnia each directly.

- The insomnia disorder manifests itself, in part, by a report of difficulty falling asleep or staying asleep. The authors use the example of sleep-onset insomnia as typical in older adults. However, sleep maintenance and early morning awakenings are the most common symptoms among geriatric insomnia patients.

- The authors mention only in passing an important medication for sleep maintenance in adults and in the geriatric patient specifically: doxepin. Low-dose doxepin, at 3 mg (for the geriatric patient) and 6 mg, is FDA-approved as a nonscheduled hypnotic for sleep maintenance insomnia. This formulation^a is the only hypnotic classified as safe for geriatric patients in the 2012 Beers Criteria Update of the

American Geriatrics Society.¹ Unlike higher dosages of doxepin, the action of low-dose doxepin is, essentially, selective H1 antagonism.

^aSold as Silenor.

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Reference

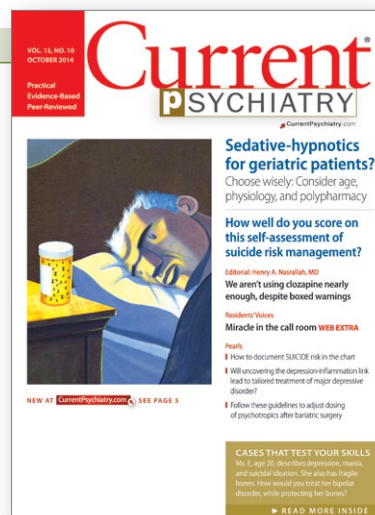
1. American Geriatrics Society 2012 Beers Criteria Update Expert Panel. American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc.* 2012;60(4):616-631.

Beware of methylmercury during pregnancy!

Dr. Henry A. Nasrallah is correct that wild salmon is a good choice for pregnant women who want to boost intake of omega-3 fatty acids (CURRENT PSYCHIATRY, Comments & Controversies, December 2014; pg 33 [http://bit.ly/1wQoXdP]). The main concern about fish intake during pregnancy is exposure to methylmercury, and much of this concern is derived from the tragic results of epic mercury poisonings of food sources in the past.

The FDA advises that pregnant women and children avoid eating shark, tilefish, king mackerel, and swordfish because these fish have a relatively high level of mercury.¹ Fish that are low in methylmercury include salmon and canned light tuna. (More information is available at <http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm083324.htm>.)

Although wild fish tend to be higher in omega-3 fatty acids than farm-raised fish, farmed fish can be an excellent source of omega-3 fatty acids. This is analogous to eating farm-produced



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livestock vs free-range, grass-fed livestock: Animals in their natural environment eat healthier and have more omega-3 fatty acids, whereas farmed livestock generally eat cheap and less healthy feed. Because wild fish can be pricey, it's important that women understand that farm-raised fish are a good source of protein and other nutrients such as omega-3 fatty acids.

Research has been inconclusive regarding the antidepressant benefits of omega-3 fatty acids, with some, but not all, studies demonstrating an additional benefit of omega-3 fatty acid supplements for mood disorders. However, several epidemiological studies have reported that the low quality of dietary intake of omega-3 fatty acids is associated with psychiatric illness, and fish and seafood are sources of essential fatty acids and other nutrients.²

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1. Food safety for moms-to-be: while you're pregnant—methylmercury. U.S. Food and Drug Administration. <http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm083324.htm>. Updated October 30, 2014. Accessed January 5, 2015.
2. Quirk SE, Williams LJ, O'Neil A, et al. The association between diet quality, dietary patterns and depression in adults: a systematic review. *BMC Psychiatry.* 2013;13:175.