

Insomnia Drugs (Ambien) Linked to Increased Mortality (Death) or Cancer

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Hypnotic drugs, which many adults take for insomnia, have been associated with increased risks for cancer and death. Investigators clarified the extent of those risks by analyzing the medical records of 10,531 case patients (mean age, 54) who received prescriptions for hypnotic drugs and records of 23,674 matched controls who did not receive such prescriptions. Mortality data were acquired using the Social Security Death Index.

After a mean follow-up of 2.5 years, 6.1% of patients who received hypnotic drug prescriptions and 1.2% of patients who did not receive such prescriptions had died. Adjusted for multiple variables (e.g., age, tobacco use, body-mass index) and stratified by multiple comorbidities, the hazard ratios (HRs) for all-cause death were 3.6 for patients prescribed 1 to 18 doses yearly, 4.4 for patients prescribed 18 to 132 doses yearly, and 5.3 for patients prescribed >132 doses yearly compared with nonusers — a dose-response relation. The results were similar when the analysis was restricted to zolpidem (Ambien) or temazepam (Restoril), the most commonly prescribed hypnotic drugs. Patients who were prescribed >132 doses yearly of any hypnotic drug were also at significantly increased risk for cancer (HR, 1.4 compared with nonusers).

Comment: In this study, receiving a prescription for a hypnotic drug — even for ≤ 18 doses yearly — was associated with increased all-cause mortality risk, and receiving a prescription for many doses (>132 doses yearly) was associated with increased cancer risk. Given its design, this study does not prove that hypnotic drugs cause death or cancer. In addition, the authors were unable to control for psychiatric diagnoses such as depression or anxiety; therefore, residual confounding is possible. Nevertheless, the authors appropriately question the safety of these commonly prescribed drugs.

—Paul S. Mueller, MD, MPH, FACP

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Kripke DF et al. Hypnotics' association with mortality or cancer: A matched cohort study. *BMJ Open* 2012 Feb 27; 2:e000850. [Medline® Abstract]

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