

# Widely Used, Rarely Studied-the Over-the-Counter Sleep Aids

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## INTRODUCTION

It is estimated that the some 18% of the population have taken an Over-The-Counter (OTC) sleep aid with some 41% using OTC sleep aids for more than one year. While the Federal Drug Administration recognizes OTC Insomnia drugs of Benadryl (diphenhydramine) and Unisom (doxylamine), the marketing of other products fill pharmacy shelves and offerings from online mailings. Insomnia has been reported in some 30% of the general population based on large scale survey studies (Sleep In America Polls). Thus, the high need for a treatment to address the poor sleep quality of Insomnia is eminent. Measurements of OTC use of Sleep aids are survey are restricted to the reporting's of the usage but not the reasons and ways in which the OTC sleep aids are used. Further, the measurement of possible complicating factors such as interaction effects with other medicines the patient is taking, the effectiveness of the OTC counter sleep aid, the aftereffects of the OTC sleep aids, and habit forming behaviours are reduced to reporting's rather than measurement.

Insomnia, by its nature, places a person in a diminished capacity to make decisions as the sleepiness subtracts attention, concentration and cognitive abilities. This perhaps, may be why decisions to take a little known and perhaps complicating substance for their sleeplessness may be being made. However, this is why the Health Care Professional specializing in Sleep medicine needs to intervene. The assessment of all substances that they are taking, including OTC sleep aids, is necessary. It is an as much a part of the clinical picture of the patient as any other aspect about their demographic history. While little is known about the additive elements (both physiologically and psychologically) of OTC sleep aids, the frequency of usage increases.

The complicating factor of poorly researched substances places a patient at risk. More study of the usage patterns is needed,

and biophysical properties of sarcomeric contraction, the dynamic since 41% are estimated to take not take the OTC sleep aid as directed<sup>1</sup>. The interference with other medications the patient may be taking as prescribed, their nutritional health and presence of disease are necessary to assess. With the usage of OTC sleep aids the next day effects of sleepiness, dizziness, confusion and impaired balance are often reported<sup>1</sup> but not studied. Further, it is uncertain which populations of patients are taking the OTC sleep aids. Recent reporting's have identified the overuse of OTC sleep aids in the elderly in reporting's of studies linking OTC sleep aid use and dementia. These impactful findings need to be studied further and more rigorously. Variable such as tolerance and sensitivity to OTC sleep aids is unknown and such factors strongly determine patient reactions to substances.

Work to address these areas is to be multicomponent. Standardization of interview formats to include OTC (including sleep aids) usage patterns is necessary. Investigations in terms of pharmacology of the OTC sleep aid use that interactions with other medications and the classification of tolerance, sensitivity, addictive components of OTC sleep aids is necessary. The FDA specifies Sleep Disorder Information for prescribers, however, reporting of patient behaviours indicates alternative actions to those prescribed, measure and researched medications. At minimum, some universal evaluation methods of patient usage patterns and further study for patient safety is essential.

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**Received:** 01-Aug-2022, Manuscript No. JSDT-22-20531; **Editor assigned:** 03-Aug-2022; PreQC No. JSDT-22-20531 (PQ); **Reviewed:** 17-Aug-2022, QC No. JSDT-22-20531; **Revised:** 24-Aug-2022, Manuscript No. JSDT-22-20531 (R); **Published:** 31-Aug-2022, DOI: 10.35248/2167-0277.22.11.373

**Citation:** Wang Z (2022) Note on Pathophysiology and Muscle Physiology. J Sleep Disord Ther. 11:373.

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