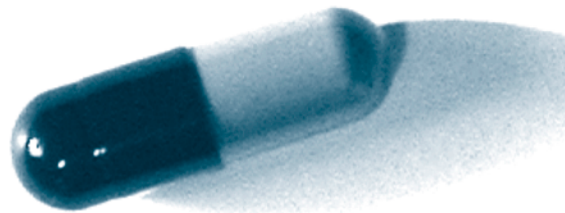




For better  
mental health

## Making sense of sleeping pills



## **Making sense of sleeping pills**

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# Making sense of sleeping pills

**This booklet looks at the way sleeping pills should be used, their drawbacks and their side effects, and briefly outlines other ways of dealing with sleep problems. It provides detailed information about the different types of pills.**

## **How do sleeping pills work?**

Most sleeping pills are closely related to the drugs that are given for anxiety to help people feel calmer (sedatives). Drugs prescribed as sedatives will help you sleep if taken at night, while sleeping pills will sedate you if taken during the day. Generally speaking, the short-acting drugs are those that are prescribed as sleeping tablets, and the longer-acting are prescribed for anxiety.

Sleeping drugs are more likely to be effective in cases where the difficulty getting to sleep or staying asleep (insomnia) is short-lived. They are less helpful when the insomnia has been going on for a long time. No sleeping pills should be used for long-term treatment.

## **When do doctors prescribe sleeping pills?**

If someone is having problems sleeping, every effort should be made to treat the underlying problems and develop successful sleeping habits more naturally before resorting to sleeping drugs.

Current advice is that sedatives should only be used for short periods, and only for insomnia that is severe, disabling, or causing extreme distress. The British National Formulary (BNF) – the twice-yearly book which gives details of all the drugs licensed for use in this country – advises that sleeping tablets should only be prescribed when the cause of insomnia is known and underlying factors have been treated.

This is because the drugs are likely to cause dependence; meaning people may have great difficulty coming off them. Also, people are likely to become so used to them (tolerant) that they need to take increasing doses to achieve the same effect. This increases the risk of side effects and of having difficulties withdrawing from them.

In spite of this, these drugs are still widely prescribed and sleeping pills are frequently given in hospital. Many people take sleeping pills for the first time while they are patients on a hospital ward.

The National Institute for Clinical Excellence (NICE) has now also issued guidelines. They state that sleeping drugs should only be used for severe insomnia, for short periods, and only after considering other forms of treatment, such as cognitive behaviour therapy (CBT). (See Mind's booklet, *Making sense of cognitive behaviour therapy (CBT)*. Details of this and other publications mentioned here may be found under *Further reading*, on p. 22.)

## **What should I know before taking these drugs?**

The law says that you have the right to make an informed decision about which treatment to have, and whether or not to accept the treatment a doctor suggests. To consent, properly, you need to have enough information to understand the nature, likely effects and risks of the treatment, including its chance of success, and any alternatives to it.

Generally, you can only receive treatment that you have specifically agreed to. Once you have given your consent, it isn't final and you can always change your mind. This consent to treatment is fundamental, and treatment given without it can amount to assault and negligence. To find out more about when treatment can be given without consent, see *Mind rights guide 3: consent to medical treatment*. (See *Further reading*, on p. 22.)

## **Patient information leaflets**

People who are prescribed medication as outpatients, or from their GP, should find with it an information sheet called a patient information leaflet (PIL), in accordance with a European Union directive. Inpatients may have to ask for it, specifically. The EU directive sets out what information should be included in the leaflet, and in what order.

It starts with the precise ingredients of the medicine, including the active ingredient, the drug, and the extra contents that hold it together as a tablet or capsule, such as maize starch, gelatine, cellulose and colourings. This information is important because some people may be allergic to one of the ingredients, such as lactose. The leaflet gives the name of the pharmaceutical company that made the drug. It explains what the drug is prescribed for, any conditions which mean you should avoid it, and anything else you should know before taking it. The leaflet states whether the drug is dangerous with other medicines, and, if so, which types. There are details about how to take it: by mouth or other means, when to take it in relation to meals (if necessary), the usual dose levels, and what to do if you take too much or forget to take it. Next, comes the list of possible side effects, and then the storage instructions.

The final item on the leaflet tells you that it contains only the most important information you need to know about the medicine, and that if you need to know more, you should ask your doctor or your pharmacist. Pharmacists are drug specialists, and may be more knowledgeable about your drugs than the doctor who prescribes them. They may be more aware of possible side effects, and also possible interactions with other drugs. This is when a drug changes the effect of other drugs you are taking, makes them less effective, or causes additional side effects.

Pharmacists are usually very willing to discuss drugs with patients, and some high-street chemists have space set aside where you can talk privately.

This is a lot of information to include in the PIL, so it's often printed in very small type, on a piece of paper that is folded many times, which may get thrown away with the packaging by mistake. If you do not receive this information with your medicine, you should ask for it from the person who makes up your prescription.

Many people would like to have all this information in advance and not after they have obtained the drugs. The following are questions you might like to raise with your doctor when she or he gives you a prescription for a drug:

- What is the name of the drug, and what is it for?
- How often do I have to take it?
- If I am taking any other drugs, will it be all right to take them together?
- Will I still be able to drive?
- What are the most likely side effects, and what should I do if I get them?
- When I want to stop taking it, am I likely to have any problems with withdrawal?

You may well think of other questions you wish to ask. (For more information, see the Mind website, where you can find the factsheet: *Getting the best from your pharmacist.*)

## **When may sleeping pills be helpful?**

Sleeping pills can be helpful for short-term sleeping problems when the cause of the problem is understood. Often, short-term sleeping difficulties are related to an emotional problem such as bereavement, or to serious illness. Sleeping tablets should not be used for more than three weeks, and preferably for no more than a week. It's also best not to take them every night.

Sleeping pills rarely help long-term sleep problems. Instead, doctors should investigate and treat the underlying problems. Sleeping pills may be used to try and break a bad sleep habit, but other techniques, such as CBT, have been found to be more effective for some people. In some instances, your doctor may be able to refer you to a specialist sleep laboratory, which would assess your insomnia and sleep patterns. (See Mind's booklet, *How to cope with sleep problems*, for more information.)

## **How can I improve my sleep without pills?**

There are some simple steps you can take to begin with:

- Make sure your bed and mattress are comfortable.
- Think about whether the level of light suits you (some people like it really dark; others sleep better with a light on).
- Make sure that you are not going to be disturbed by noise.
- Go to bed only when you are feeling tired. If you don't sleep within about 20 minutes, get up and relax in another room for a while before going back to bed.
- Don't read or watch television in bed. These activities will only encourage you to stay awake.
- Avoid coffee, tea, and other caffeine-containing drinks in the evening. A hot, milky drink may help you to sleep.
- Get enough exercise during the day; fit people sleep better.
- Don't eat a large meal too late in the day. Eating gives you an energy boost, which may keep you awake.
- Try to relax before you go to bed, so that you are not preoccupied with daytime concerns. Yoga and meditation could prove helpful.
- Avoid alcohol! Although alcohol is sedating and may help you get to sleep initially, it interferes with sleep later on in the night. Because it's a diuretic (increasing urine production) it may cause you to wake up to use the toilet or because you are thirsty. After long-term use, it disturbs sleep patterns and causes insomnia.

There are many possible causes for sleeping difficulties – including stress, ill health, old age or emotional difficulties – and there are various ways of tackling them. These include changes to lifestyle, holistic approaches, such as homeopathy or herbal remedies, or talking treatments, such as counselling or CBT. Information about sleep problems and ways of improving sleep is included in Mind’s booklet, *How to cope with sleep problems*. (See *Further reading*, on p. 22.)

## **Are sleeping pills ever dangerous?**

There are some medical conditions that make sleeping pills dangerous to take. (This does not necessarily apply to antihistamines). These are:

- obstructive sleep apnoea (periods when breathing stops briefly during sleep; often associated with heavy snoring)
- breathing or lung problems
- heart disease
- severe liver or kidney disease
- *myasthenia gravis* (a serious illness affecting muscle control)
- psychotic states (when people are out of touch with reality and may have perceptions that are not shared by others, such as hearing voices).

In addition (as with all drugs) doctors are warned that they should always be used with caution for people who have liver or kidney disease. It may be possible to take a reduced dose if the condition is not too severe.

You should not use sleeping pills if you are pregnant, unless (rarely) the doctor decides that the possible benefits to you outweigh the possible risks to your child. There is some evidence that taking benzodiazepines during pregnancy may be linked to problems in the newborn baby, including breathing difficulties, poor muscle tone, cleft palate, low birth weight and signs of addiction.

Sleeping pills should not be used while breastfeeding, either, because they may get into the breast milk.

There are particular concerns about elderly people taking sleeping pills, since the drugs tend to remain in their system longer. This can lead to feeling tired and sedated during the day and may cause confusion and affect the memory. (For more information, see Mind's website for their factsheet on *Older people and mental health*.)

All sedative drugs carry a warning about driving and operating machinery, and it's very important to take this seriously. A recent study has shown that users of benzodiazepines and zopiclone were more likely to have a road traffic accident. Research into a number of different studies of benzodiazepines suggests that the short increase in sleep time they offered was not worth the increased drowsiness and dizziness that followed, and the increased risk of road accidents and falls.

## **What side effects do these drugs have?**

All drugs have side effects, although some people may be more likely to get them than others. Doctors should always be cautious about prescribing the drugs to people with certain medical conditions. (These conditions are listed under the descriptions of the drugs and their possible side effects, starting on p. 13.)

Sleeping pills may interact with other drugs and change their effects, or make either drug less effective, or cause additional side effects. Taking sleeping pills with medication that already makes you sleepy will obviously cause more sedation. If your doctor or psychiatrist suggests prescribing a sleeping pill for you, you may like to make sure they know about any other medication you are taking, including over-the-counter (non-prescription) remedies and herbal remedies.

Alcohol increases the sedative effect of sleeping pills. There are no interactions that are classed as hazardous between sleeping pills and other psychiatric drugs listed in the BNF. However, they do interact with some antidepressants and some antipsychotics, and zaleplon interacts with carbamazepine.

### **Is it difficult coming off sleeping pills?**

People can become dependent on sleeping pills – a combination of physical and psychological need for the drug. The drug may become less effective, but the person may feel anxious about being able to manage without it. A pattern of withdrawal symptoms can emerge when the drug is stopped, which makes it very difficult to stop taking it.

Problems with dependence and withdrawal from sleeping pills mainly involve the benzodiazepine group, but can also occur with the other types of drugs. The risk of such problems increases the longer someone has been taking the drugs. Because of this, doctors are advised to prescribe the drugs only if absolutely necessary, and only for short periods. Tolerance to their effects (meaning that they become less effective) may develop in three to 14 days.

Withdrawal symptoms vary from person to person, but may include: increased anxiety and depression, insomnia, muscle tension, tight chest, sweating, trembling, shaking, dizziness, headaches, nausea, blurred vision, increased sensitivity to light, noise, touch and smell, jelly legs, tingling in hands and feet, loss of interest in sex, nightmares, restlessness, panic attacks and agoraphobia. At the extreme, severe symptoms can include: hallucinations, paranoia, delusions, confusion and epileptic fits.

Withdrawal symptoms may occur within a few hours of stopping a short-acting benzodiazepine (the type most likely to be used as sleeping pills). The symptoms may not start until about three weeks after stopping a long-acting benzodiazepine. The length of time they last is very variable, but people who have been taking these drugs for many years may be troubled by withdrawal symptoms for weeks or months after stopping the drugs. (See *Making sense of minor tranquillisers*, under *Further reading*, on p. 22.)

Withdrawal programmes will often involve switching from a short-acting to a long-acting benzodiazepine (usually diazepam, Valium) and then cutting down the dose very gradually. Your GP should be able to help with this. There are a number of supportive organisations that are very helpful and also some very useful books. (See *Useful organisations*, on p. 20, and *Further reading* on p. 22.)

# The sleeping pills and their side effects

**Drugs can have two types of names: their general (generic) names and the trade name given by the drug company (starting with a capital letter). The same drug can have several different trade names. When a drug is listed as a controlled drug, it means that the rules for storing it, and writing and dispensing prescriptions are stricter than for other drugs.**

## **Benzodiazepines**

These have been available since the 1960s, and are the most commonly used sleeping pills. They include:

- nitrazepam (trade names Mogadon, Remnos, Somnite)
- flunitrazepam (Rohypnol)
- flurazepam (Dalmane)
- loprazolam (previously available under the trade name Dormonoc)
- lormetazepam
- temazepam.

Although all of these are prescription-only medicines, none of them is available on the NHS under its trade name, but only under its generic (-azepam) name.

Flunitrazepam and temazepam are particularly subject to abuse as street drugs, and are therefore controlled drugs. Temazepam used to be available in the form of gel-filled capsules, which were abused by users who melted the gel and injected it. This practice caused blocked blood vessels, leading to gangrene and amputations, in some cases. For this reason, the drug in this form is no longer available on the NHS. Temazepam is still available as tablets and as an oral liquid.

Nitrazepam, flunitrazepam and flurazepam are all relatively long-acting and may give a hangover effect the next day. Loprazolam, lormetazepam, and temazepam are all short-acting and produce little or no hangover. However, they are more likely to produce withdrawal symptoms. Benzodiazepines that are normally used for anxiety, such as diazepam (Valium), may also be used as sleeping pills (see Mind's booklet *Making sense of minor tranquillisers*, listed under *Further reading*, on p. 22.)

### **Possible side effects**

The benzodiazepines all have similar side effects. The most common effects are: drowsiness and light-headedness the next day, confusion and unsteadiness (especially in elderly people), forgetfulness, dependence and problems with withdrawal, increase in aggression, and muscle weakness.

Occasional side effects include: headache, vertigo, changes in saliva production, low blood-pressure, stomach upsets, rashes, visual disturbances, joint pain, tremor, changes in libido (interest in sex), incontinence (loss of bladder control), difficulty urinating, blood disorders, and jaundice.

They should be used with caution in: people who have respiratory disease (such as bronchitis or asthma), muscle weakness, a history of drug or alcohol abuse, and marked personality disorder (a psychiatric diagnosis). The dose should be reduced in elderly people and others whose metabolism is slow (because the drugs stay in the system longer) and in those with porphyria (a rare, inherited illness).

## **Zolpidem, zopiclone and zaleplon**

Zolpidem tartrate (trade name Stilnoct), zopiclone (Zimovane) and Zaleplon (Sonata) have been introduced more recently than the benzodiazepines. Although they are different from them, they act on the same brain receptors (the area of the brain where the drug has its main chemical effect). They are short acting and have little or no hangover effect.

Because problems of dependence and withdrawal occur with these drugs, as well as with the benzodiazepines, guidelines for all of them say that they should be given at the lowest effective dose, for the shortest possible time, and they should be withdrawn gradually. For zolpidem and zopiclone, a course of treatment should not last longer than four weeks, including the tapering off. For zaleplon, the manufacturer recommends that treatment should be as short as possible, and a maximum of two weeks.

Zaleplon (Sonata) appears to have less hangover effect than other sleeping pills, but is also less effective in keeping people asleep. It's another option for people who have difficulty falling asleep, but will be less helpful for people who wake frequently. A study of zaleplon in older people showed that they got to sleep more quickly and stayed asleep for longer after zaleplon than after a placebo (dummy pill), and there seemed to be no significant hangover effects next day.

The National Institute for Clinical Excellence (NICE) says there is no evidence that these drugs are a better option, and that doctors should prescribe short-acting benzodiazepines. However, the British Sleep Society, a professional organisation for medical and scientific staff who deal with sleep disorders, disputes this. They say that benzodiazepines should not be considered short-acting, because they remain in the system the next day, while the so-called Z drugs are considered likely to be free of significant hangover effects the next day.

## **Possible side effects**

### **Zolpidem (Stilnoct)**

Diarrhoea, feeling or being sick, dizziness, headache, daytime drowsiness, weakness, memory problems, nightmares, restlessness at night, reduced alertness, confusion, gait disturbances or unsteadiness, falls, double vision, upset stomach, changes in libido, and skin rashes.

It should be used with caution for people with depression, a history of drug or alcohol abuse and for the elderly.

### **Zopiclone (Zimovane)**

Mild bitter or metallic after-taste, mild stomach upset (including feeling or being sick), dizziness, headache, drowsiness and dry mouth. More rarely: irritability, aggressiveness, confusion, depression, difficulty remembering new information, hallucinations, nightmares, skin rashes, light-headedness, and loss of coordination.

It should be used with caution for elderly people, those with a history of drug abuse, and psychiatric illness.

### **Zaleplon (Sonata)**

Loss of memory, tingling sensations, and painful periods. Less commonly: feeling sick, loss of appetite, feeling weak, hypoaesthesia (reduced sensation), malaise, sensitivity to light, unsteadiness, confusion, loss of concentration, apathy, feeling detached from things, depression, dizziness, hallucinations, slurred speech, and visual disturbances. Very rarely: severe allergic reactions.

It should be used with caution for people with a history of alcohol or drug abuse, psychotic illness and depression. Zaleplon interacts with carbamazepine.

## **Chloral and related drugs**

The drugs in this group are chloral hydrate (Welldorm) and triclofos sodium. These used to be given to children, but nowadays giving children sleeping drugs is not recommended. Nor is there any convincing evidence that they are particularly useful in elderly people, and so they are not much used as sleeping drugs, nowadays. Triclofos is available only as a syrup in the UK.

### **Possible side effects**

Abdominal distension and wind, feeling unwell, feeling or being sick, blood changes, unsteadiness, drowsiness, headache, light-headedness, staggering gait, vertigo, confusion, excitement, hangover, nightmares, allergic reactions and skin rashes.

They should be used with caution for people who have a history of drug or alcohol abuse, and marked personality disorder. Avoid contact with the skin.

## **Clomethiazole (chlormethiazole, Heminevrin)**

This should be prescribed only for elderly people (and only for the short term), and for very short-term use in younger people who are going through alcohol withdrawal.

### **Possible side effects**

Nasal congestion and irritation, eye irritation, and headache. More rarely: excitement, confusion, dependence, stomach upsets, rashes, severe allergic reaction and alterations in liver function.

It should be used with caution for people who have a history of drug abuse, marked personality disorder, and for elderly people. People who are still alcohol-dependent should not use it.

## **Antihistamines**

Some antihistamines, such as diphenhydramine (Dreemon, Medinex, Night-calm or Nytol) and promethazine (Phenergan Nighttime or Sominex) are available, without a prescription, to treat insomnia. Antihistamines are primarily used for treating allergic reactions and conditions such as hay fever. They can be used for short-term sleeping problems, because they cause drowsiness, which is their main side effect. Diphenhydramine is also available as Panadol Night, combined with paracetamol, for relief of temporary insomnia and night-time pain. These drugs are long-acting and so often leave a hangover the following day. They may be slow to act, and their sedative effect may diminish after a few days.

### **Possible side effects**

Dizziness, restlessness, headaches, nightmares, tiredness and disorientation. Occasionally, especially in older people: blurred vision, dry mouth, urinary retention, confusion, and excitement (also, especially in children). More rarely: loss of appetite, stomach discomfort, palpitations, low blood pressure, disturbances of heart rhythm, shaking, muscle spasms, tic-like movements, blood disorders, and sensitivity to sunlight.

They should be used with caution for men with an enlarged prostate, people with problems urinating (urinary retention), glaucoma (an eye disease), liver disease, epilepsy and porphyria (a rare, inherited problem).

They should not be used during pregnancy or while breastfeeding.

If you are in any doubt about whether they are suitable for you, or if you are taking any other medication, you should discuss this with the pharmacist before you buy them.

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- New drug evaluation: zaleplon* (NHS Northern and Yorkshire Regional Drug and Therapeutics Centre 2000)
- New product evaluation: zaleplon (Sonata)* (Trent Drug Information Services 2000)
- Prescribing guidelines (5th ed)* M. Dunitz (The Bethlem and Maudsley NHS Trust 1999)
- Psychotropic drug directory* S. Bazire (Quay Books 1999)
- Short-term zaleplon use effective in older patients with chronic insomnia* J. K. Walsh et al (*Clinical Drug Investigations* 20, 143-149, 2000)

## Useful organisations

### Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: [www.mind.org.uk](http://www.mind.org.uk) or MindinfoLine on 0845 766 0163.

### Battle Against Tranquillisers

PO Box 658, Bristol BS99 1XP  
tel. 0117 966 3629, web: [www.bataid.org](http://www.bataid.org)

### **British Association for Behavioural and Cognitive Psychotherapies (BABCP)**

19 The Globe Centre, St James Square, Accrington BB5 0RE  
tel. 01254 875 277, web: [www.babcp.com](http://www.babcp.com)

### **British Association for Counselling and Psychotherapy**

1 Regent Place, Rugby, Warwickshire CV21 2PJ  
tel. 01788 550 899, web: [www.babcp.com](http://www.babcp.com)

### **Council for Involuntary Tranquilliser Addiction (CITA)**

JDI Centre, 3–11 Mersey View, Waterloo, Liverpool L22 6QA  
tel. 0151 474 9626, helpline: 0151 932 0102

### **First Steps to Freedom**

7 Avon Court, School Lane, Kenilworth, Warwickshire CV8 2GX  
helpline: 01926 851 608, tel./fax: 01926 864 473  
email: [info@first-steps.org](mailto:info@first-steps.org) web: [www.first-steps.org](http://www.first-steps.org)

### **The Institute for Complementary Medicine (ICM)**

PO Box 194, London SE16 7QZ  
tel. 020 7237 5165, web: [www.icmedicine.co.uk](http://www.icmedicine.co.uk)

### **National Institute of Medical Herbalists (NIMH)**

56 Longbrook Street, Exeter EX4 6AH  
tel. 01392 426 022, web: [www.nimh.org.uk](http://www.nimh.org.uk)

### **International Stress Management Association (ISMA)**

PO Box 348, Waltham Cross EN8 8ZL  
tel. 07000 780 430, web: [www.isma.org.uk](http://www.isma.org.uk)

### **Victims of Tranquillizers**

9 Vale Lodge, Vale Road, Bournemouth BH1 3SY  
tel. 01202 311 689

## Further reading and order form

- Anxiety and tension: symptoms, causes, orthodox treatment – and how herbal medicines will help* J. Wright (How To Books 2002) £6.99
- The BMA new guide to medicines and drugs (6th ed)* The British Medical Association (Dorling Kindersley 2000) £16.99
- The BMA family doctor guide to stress* (Dorling Kindersley) £4.99
- Drugs used in the treatments of mental health disorders: FAQs (4th ed)* S. Bazire (Academic Publishing Services 2002) £9.95
- Healing minds* J. Wallcraft (Mental Health Foundation 1998) £12
- How to cope with sleep problems* (Mind 2003) £1
- How to look after yourself* (Mind 2004) £1
- Learn to sleep well* C. Idzikowski (DBP 2000) £9.99
- Making sense of antidepressants* (Mind 2004) £3.50
- Making sense of antipsychotics (major tranquillisers)* (Mind 2003) £3.50
- Making sense of cognitive behaviour therapy (CBT)* (Mind 2003) £3.50
- Making sense of minor tranquillisers* (Mind 2003) £3.50
- The Mental Health Act 1983 – an outline guide* (Mind 2003) £1
- The Mind guide to managing stress* (Mind 2003) £1
- The Mind guide to massage* (Mind 2004) £1
- The Mind guide to physical activity* (Mind 2004) £1
- The Mind guide to relaxation* (Mind 2004) £1
- Mind rights guide 3: consent to treatment* (Mind 2004) £1
- Toxic psychiatry: a psychiatrist speaks out* P. Breggin (Harper Collins 1993) £12.99
- Understanding anxiety* (Mind 2003) £1
- Understanding bereavement* (Mind 2003) £1
- Understanding dual diagnosis* (Mind 2004) £1
- Understanding talking treatments* (Mind 2002) £1
- Your drug may be your problem: how and why to stop taking psychiatric medications* P. Breggin (Perseus 2000) £13.99

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Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

**This booklet was written by Katherine Darton**

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