

Scientists Raise Concerns About Effects of Commonly Prescribed Sleeping Pill

Analysis by [Dr. Joseph Mercola](#)

August 15, 2026

STORY AT-A-GLANCE

- › A low dose of quetiapine improved sleep quality and reduced breathing interruptions during sleep, but participants showed slower reaction times and poorer driving performance the following morning
- › Some participants performed worse on objective alertness tests even though they didn't feel especially sleepy, raising concerns about hidden impairment during everyday activities such as driving
- › Quetiapine is approved for schizophrenia and bipolar disorder, yet millions of prescriptions are written each year for insomnia despite limited evidence about its effects on next-day functioning
- › Better sleep measurements don't always translate into better daytime performance, highlighting the importance of evaluating how a treatment affects both nighttime rest and daytime alertness
- › Consistent sleep schedules, limiting evening light exposure, avoiding late-night meals, creating a sleep-friendly bedroom, and reducing nighttime exposure to electronic devices help improve sleep naturally without relying on sedating medications

In 2023, 10.7 million quetiapine prescriptions were dispensed in the U.S., even though the drug is approved to treat schizophrenia and bipolar disorder, not insomnia.¹ That figure reflects how routinely it's handed out for sleep. Because quetiapine carries strong

sedative effects, people who can't fall asleep or stay asleep are often given a low dose, usually with an unspoken assumption: that more sleep will deliver a sharper, more capable next day.

That assumption deserves scrutiny, especially for the millions of adults living with obstructive sleep apnea (OSA). In OSA, breathing repeatedly pauses or grows shallow during sleep, so your brain and body take in less oxygen hour after hour. The condition brings loud snoring, frequent awakenings, morning headaches, poor concentration, and daytime fatigue. Left untreated, it raises the risk of cardiovascular disease, metabolic dysfunction, and memory problems.

Many people with OSA also battle insomnia — particularly the kind that wakes them repeatedly before morning — and they're the very group most likely to reach for a nightly sedative. Research from a team at Flinders University in Australia put that exact combination to the test, and the results complicate the tidy idea that better sleep automatically means better days.²

Overnight, a single low dose of quetiapine did much of what a sleep aid is supposed to do. The trouble surfaced the next morning, in the ordinary tasks — driving, working, or staying alert — that a sleep aid is supposed to help with.

The most unsettling detail was the gap between perception and reality. Some participants didn't feel especially impaired, yet objective testing told another story entirely. That disconnect — feeling fine while your brain lags behind — is what caught the researchers' attention, and it's worth a closer look.

Sleeping Pill Improved Sleep but Impaired Next-Day Performance

For the study, published in the *Annals of the American Thoracic Society*, researchers set out to answer what happens when people with both **obstructive sleep apnea** and trouble staying asleep take a low dose of quetiapine before bed. Researchers enrolled 15 adults and used a rigorous double-blind, randomized, placebo-controlled crossover design, meaning every participant served as his or her own comparison.

Each person spent two separate nights in a sleep laboratory about a week apart, taking either 50 milligrams (mg) of quetiapine or a placebo before sleep.^{3,4} The next morning, researchers measured not only sleep quality but also reaction time and driving performance.

- **Several sleep measurements improved during the night** — Participants who took quetiapine experienced fewer breathing interruptions. Their apnea-hypopnea index, a measure of how often breathing slows or stops during the night, dropped from an average of 27 events per hour to 20 events.

Researchers also recorded fewer nighttime awakenings and disruptions, reflected by a reduction in the arousal index from 32 to 25 per hour. People slept more continuously and experienced fewer disturbances throughout the night.

Sleep efficiency also improved. This measures how much of the time spent in bed is actually spent asleep. Higher numbers generally indicate more consolidated sleep. In this study, sleep efficiency increased from 80% with placebo to 87% with quetiapine.

- **Morning performance moved in the opposite direction** — Despite the improvements recorded during sleep, the next morning told a different story. Reaction times during a psychomotor vigilance test slowed significantly after quetiapine. Researchers measured a median reaction time of 382 milliseconds after quetiapine compared to 336 milliseconds after placebo.

That difference might sound small, but when you're driving, crossing a busy intersection, responding to an emergency, or making a split-second decision, fractions of a second matter. Researchers also found significantly worse driving simulator performance, with greater steering deviation after quetiapine. So, while participants slept better, they functioned worse.

- **The findings challenge a common assumption about sleep medications** — Many people assume that if a drug improves sleep quality, it automatically improves daytime alertness and performance. This study showed that those two outcomes

are not always linked. You could wake up believing you had a better night's sleep while your reaction speed, attention, and driving ability remain impaired.

That disconnect creates a problem because you might trust how you feel instead of how your brain is actually performing.

- **The researchers identified a safety concern that many people wouldn't notice on their own** — Objective testing revealed performance declines that participants were unlikely to detect without specialized equipment. Unlike obvious drowsiness, slower reaction times often develop quietly.

You don't receive a warning light telling you your brain is processing information more slowly. That makes these findings particularly relevant for anyone who drives to work, operates equipment, cares for children, or performs tasks that require sustained attention the morning after taking a sleep medication.

- **The study highlights the importance of measuring outcomes that matter in daily life** — From a practical standpoint, the most important question isn't whether a medication helps you stay asleep. The more important question is whether it helps you live better the next day.

According to this study, low-dose quetiapine improved several nighttime measurements but also produced measurable declines in vigilance and driving performance. Those findings suggest that better sleep on paper doesn't always translate into better functioning where it matters most — in the real world.

Note: These findings come from a small clinical study. Results may not apply to all individuals.

Address the Reasons You're Not Sleeping Well

The study highlights a problem with relying on a [sleeping pill](#). While quetiapine improved some nighttime sleep measurements, it also impaired next-day alertness and driving performance. Instead of [forcing sleep through sedation](#), focus on creating the

conditions that allow your brain and body to produce healthy, restorative sleep naturally. The goal is not simply to spend more time asleep. The goal is to wake up refreshed, mentally sharp, and fully functional the next day.

- 1. Anchor your body clock with a consistent sleep schedule** — Your brain runs on timing. When bedtime shifts by hours from one night to the next, your internal clock struggles to predict when it should release sleep-promoting hormones and prepare you for rest. Choose a bedtime and wake-up time that you can maintain throughout the week, including weekends.

Going to bed at a consistent, earlier hour helps because much of your body's repair and recovery happens in the first sleep cycles of the night. A predictable schedule trains your brain to become sleepy at the right time instead of depending on medication to force the process.

- 2. Protect your brain from artificial light after sunset** — Darkness is one of the most powerful sleep signals your body receives. At night, **bright indoor lighting**, televisions, tablets, and smartphones send the opposite message. They tell your brain to stay alert when it should be preparing for sleep. As evening approaches, dim the lights throughout your home.

Avoid scrolling on your phone or watching screens during the hour before bed. Morning sunlight exposure is equally important because it helps set your circadian rhythm, the internal timing system that regulates sleep, hormone production, and energy levels throughout the day.

- 3. Give your digestive system the night off** — Many people unknowingly sabotage their sleep by eating too close to bedtime. Digestion requires energy and keeps your body focused on processing food when it would be better served by recovery and repair. Finish your last meal at least three hours before going to bed.

If you regularly eat late dinners or snack in front of the television at night, moving that food intake earlier often improves sleep quality. This simple habit also supports healthier metabolic function and more stable overnight blood sugar levels.

4. Turn your bedroom into a true recovery environment — Even brief awakenings disrupt the deep stages of sleep that support physical restoration, memory processing, and brain health. The more interruptions you experience, the less restorative your sleep becomes. Keep your bedroom cool, dark, and quiet. Blackout curtains help block outdoor light.

An eye mask helps if light still enters the room. If noise is a problem, earplugs or other noise-reduction strategies help create a more restful environment. Every small improvement reduces sleep disruption and helps your brain remain asleep longer.

5. Reduce nighttime exposure to wireless devices and electronics — Modern bedrooms often contain phones, tablets, smart watches, televisions, wireless routers, and chargers. These devices create an environment that is very different from the one humans evolved in. Keep your phone out of your bedroom and place it in airplane mode before sleep. Remove unnecessary electronic devices from your bedroom as well. Turn off your Wi-Fi router overnight if practical.

If you want to go further, reducing [electromagnetic field \(EMF\) exposure](#) in your sleeping area creates an environment that supports deeper rest and recovery. The less stimulation your nervous system encounters during the night, the easier it becomes for your body to settle into restorative sleep naturally instead of relying on sedating medications.

FAQs About Sleeping Pills and Quetiapine

Q: What is quetiapine, and why is it prescribed for sleep?

A: Quetiapine is a prescription drug approved to treat schizophrenia and bipolar disorder. However, because it has strong sedative effects, it's frequently prescribed off-label for insomnia and anxiety. Quetiapine is one of the most commonly used

medications for sleep problems despite not being approved specifically for insomnia.

Q: Did quetiapine improve sleep in the study?

A: Yes. Researchers found that a single 50-mg dose reduced nighttime breathing interruptions, decreased sleep disruptions, and improved sleep efficiency in adults with obstructive sleep apnea and difficulty staying asleep. Participants spent more of their time in bed actually sleeping and experienced fewer awakenings throughout the night, but it led to impaired performance the next day.

Q: What concerned researchers most about quetiapine?

A: The biggest concern was what happened the next morning. Despite sleeping better, participants had slower reaction times and poorer performance on a driving simulator test. Researchers found that objective measures of alertness declined even though some participants didn't feel especially sleepy, creating a mismatch between how they felt and how they actually functioned.

Q: Why is relying on a sleeping pill not always the best solution?

A: A sleeping pill often addresses the symptom rather than the cause of poor sleep. Problems such as obstructive sleep apnea, excessive nighttime light exposure, irregular sleep schedules, late-night eating, and an unhealthy sleep environment continue to disrupt normal sleep physiology. Addressing those underlying factors helps improve both sleep quality and daytime performance rather than simply creating sedation.

Q: What are some ways to improve sleep naturally?

A: Some of the most effective strategies include maintaining a consistent bedtime and wake-up time, reducing exposure to artificial light after sunset, finishing meals at least three hours before bed, keeping your bedroom cool, dark, and quiet, and minimizing nighttime exposure to electronic devices and wireless technology. These habits support your body's natural sleep mechanisms instead of relying on medications to force sleep.

This article is for informational purposes only and does not constitute medical advice. It is not a recommendation to stop or adjust any medication on your own. Consult a qualified health care provider before making changes to your health regimen, especially if you have obstructive sleep apnea or another diagnosed condition.

Sources and References

- [1, 2, 3 Annals of the American Thoracic Society April 10, 2026](#)
- [4 Independent June 2, 2026](#)