

ADVERSE EVENTS AFTER ZOLPIDEM INTAKE

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ABSTRACT

Two case reports of adverse reactions to Zolpidem are described. In both cases, the reaction was to a dosage of 10 mg occurring about 15 minutes after intake of the drug.

Key words : Zolpidem - adverse effects

Zolpidem is an imidazopyridine differing in structure from benzodiazepines and zopiclone. It has been primarily used as a hypnotic with minimal anxiolytic, relaxant or anticonvulsant properties. The dosage recommended is 10 mg in the non-elderly and 5 mg in the elderly.

The drug has been in use in India for a little over a year and is primarily used for sleep related disorders.

I describe below two case reports, both similar in their presentation.

Case 1 : The first was a case of a 45-year old woman who had used Zolpidem very sporadically in the last few months, primarily for travel related sleep disturbances. She had found the drug effective and devoid of any unpleasant side effects. She was not suffering from any psychological problems. In July 2000, she used it after a trip abroad to help her cope with jet lag. About a quarter of an hour after taking the drug, she recalled going to the ground floor of her home to fetch water from the refrigerator, but nothing at all after that. The next morning, however her husband found that all the doors of the rooms on the ground floor which were normally locked were open, her plate with some food in the kitchen, a bottle of pickle was kept open and so was the door of the microwave oven. When he accosted her about this, she was unable to provide him with any details except for the fact that she did go down to get water from the refrigerator. There was nobody else at home

and they reluctantly explained this on the basis of confusion due to jet lag, although she, being a regular traveller had never before experienced anything like this.

Three days later, she repeated this dosage. About 15 minutes after this, her husband and daughter heard her talking loudly in a semidazed state, but her eyes were fully open. When they came into the room, she raised her voice and began accusing them of a lot of things. When she began telling her husband a few things that her daughter had told her in confidence, she was rebuked by her daughter, but still would not stop. Desperate in their inability to stop her from her continuous babble, water was poured on her face with no effect. Finally her husband had to give her a sharp slap only after which she settled down and went into deep slumber 10 minutes later. She however had totally no recollection of all these events including her changing into dry cloths and was embarrassed to hear about it the next morning. She stopped taking the drug after that.

Case 2 : This fifty-year old man was a hypertensive and would take minor tranquillisers on 3-4 days a week for disturbed sleep. He had taken Zolpidem at least 20 times and found it very suitable to his needs. One night, about 15 minutes after he took the drug, his sons found him rushing in a kind of mad rage into their room rebuking them about the extent of noise they were making.

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As the children were in a light-hearted mood, they did not take him seriously until they saw him getting physically aggressive towards the younger son, threatening to kill him. A lot of effort was required by his wife and the older son to pull him away and take him to his bed. He had no recollection of the entire episode the next morning.

DISCUSSION

Both these episodes occurred 15-20 minutes after the intake of 10 mg of Zolpidem in people who had used them before. The episodes themselves are very much akin to dissociative states in which complex acts are performed with no recollection of the event. There was no past history of dissociative states or sleep related disorders such as sleep walking, talking etc. They had indulged in fairly complex activities and were particularly distressed by the fact that they had total amnesia for the event.

A number of side effects of Zolpidem such as abnormal thinking, aggressive reaction, increased appetite, decreased libido, delusion, dementia, depersonalization, dysphasia, feeling strange, hypotonia, hysteria, illusion, intoxicated feeling, breast pain, leg cramps, neuralgia, manic reaction, panic attacks, somnambulism, suicide attempts, and yawning have been reported. What is probably most relevant to these case

reports is the occurrence of confusion, disordered thinking, and significantly loss of memory after taking the drug. While these episodes described are unlikely to be somnambulism, they were acute confusional states marked by some aggression and total amnesia for the event. These are indeed alarming side effects.

Agitation and disorganisation in a 61 year old woman 3 hours after a dose of Zolpidem has been reported. Increased psychomotor activity, tangential thoughts and loose associations were seen in her (Hoyler et al., 1996). There have been other reports of adverse perceptual reactions, psychotic reactions and hypervigilant behaviour as in delirium have all been reported in literature. However, in most of these reports, these reactions were to the first dose of Zolpidem. It has been suggested that while Zolpidem is generally safe and effective drug for insomnia, there could be a subset of patients who could react adversely to it. It is better to start on a dose of 5 mg and increase it after a period of observation, if found necessary.

REFERENCE

Hoyler, C.L., Tekell, J.L. & Silva, J.A. (1996) Zolpidem - Induced Agitation and Disorganisation. *General Hospital Psychiatry*, 18, 452-453.

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