



# Ambien (zolpidem)

Generic name: Zolpidem

Available strengths: 5 mg, 10 mg tablets

Available in generic: No

Drug class: Nonbenzodiazepine/sedative-hypnotic

## General Information

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**Ambien (zolpidem)**, a sedative-hypnotic medication, is unrelated to the benzodiazepines or barbiturates and was approved for short-term treatment of insomnia. In contrast to the benzodiazepines, Ambien does not appear to have antianxiety or muscle relaxant effects. Ambien has a short duration of action and no active metabolite and does not appear to cause daytime sedation or drowsiness. For this reason Ambien has been favored by international travelers requiring a sleep aid as they cross different time zones. Generally, Ambien should be used for brief treatment of insomnia for no longer than 1 week. However, longer use occasionally may be necessary for some patients; in such cases, careful monitoring is needed to prevent physical or psychological dependence. Like the benzodiazepines, Ambien may be associated with dependence and abuse and is therefore regulated as a controlled substance by federal and state laws.

## Dosing Information

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The usual dose for Ambien is 10 mg at bedtime. Patients should not exceed this amount. Seniors may require only 5 mg at bedtime. Ambien is rapidly absorbed and should be taken within 30 minutes before bedtime.

## Common Side Effects

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The common side effects of Ambien are memory disturbance, drowsiness, and sedation. Because of its short half-life, Ambien is unlikely to produce daytime sedation or drowsiness. Other occasional complaints are impaired concentration and memory, a feeling of dissociation (“spacey”), and impaired coordination.

## Adverse Reactions and Precautions

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Ambien may affect alertness and coordination the next day after taking a single bedtime dose. Patients should exercise caution when driving or performing other tasks requiring alertness while taking this medication. Seniors may be more adversely affected, because it may affect their coordination and reflexes and lead to falls and injury. Taking Ambien with other central nervous system (CNS) depressants such as alcohol, narcotics, and barbiturates may compound these CNS effects.

Prolonged use of Ambien may rarely lead to dependence. Its abuse potential is very low, and it is one of the sedative-hypnotic agents of choice for individuals with a history of alcohol or drug abuse. When Ambien is abruptly withdrawn, mild symptoms of withdrawal may occur. Withdrawal symptoms may include headache, vomiting, impaired concentration, confusion, tremor, and muscle cramps.

Ambien, like other sedative-hypnotics, is a centrally acting depressant and can depress respiration. In healthy adults, Ambien has very little effect on respiratory function, but in patients with compromised respiratory function (such as chronic obstructive pulmonary disease and emphysema), Ambien may depress their “respiratory drive” or their ability to breathe.

## Possible Drug Interactions

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Ambien is one of those few medications that have few or no clinically significant drug interactions. However, patients taking Ambien should not consume alcohol because the combination may increase sedation and drowsiness.

## Use in Pregnancy and Breastfeeding: Pregnancy Category B

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Ambien has not been clinically investigated in pregnant women, so our understanding of the risk in pregnancy is limited. Reproduction studies in animals showed no teratogenic effect (i.e., caused no congenital malformation), but Ambien had some effect on bone development in rats and rabbits. Ambien should not be used during pregnancy, if possible.

Nursing mothers should not take Ambien, because it will pass into breast milk and be ingested by the baby. If stopping the drug is not an alternative, breastfeeding should not be started or should be discontinued.

## Overdose

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Overdoses from oral ingestion of Ambien alone have not proven to be fatal. Reported symptoms of overdose with Ambien include somnolence, dizziness, impaired coordination, and loss of consciousness. More severe symptoms, including fatalities, were reported with overdoses of Ambien in combination with multiple medications, especially with another CNS depressant, including narcotics and barbiturates.

Any suspected overdose should be treated as an emergency. The person should be taken to the emergency department for observation and treatment. The prescription bottle of medication (and any other medication suspected in the overdose) should be brought as well, because the information on the prescription label can be helpful to the treating physician in determining the number of pills ingested.

