



Sonata (zaleplon)

Generic name: Zaleplon
Available strengths: 5 mg, 10 mg tablets
Available in generic: No
Drug class: Nonbenzodiazepine/sedative-hypnotic

General Information

Sonata (zaleplon), a sedative-hypnotic medication, is unrelated to the benzodiazepines or barbiturates and was approved for short-term treatment of insomnia. In contrast to the other benzodiazepines, Sonata does not appear to have antianxiety or muscle relaxant effects at the recommended hypnotic doses. Sonata has a short duration of action and no active metabolite and appears to cause very little daytime sedation and drowsiness. For this reason Sonata has been favored by international travelers requiring a sleep aid as they cross different time zones. Generally, Sonata 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, Sonata may be associated with dependence and abuse and is therefore regulated as a controlled substance by federal and state laws.

Dosing Information

The usual starting dose of Sonata is 10 mg at bedtime, and it is rarely necessary to go beyond this amount. Seniors may require only 5 mg at bedtime. Sonata is rapidly absorbed and should be taken within 30 minutes before bedtime.

Common Side Effects

The common side effects of Sonata are memory disturbance, drowsiness, and sedation. Because of its short half-life, Sonata 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

Sonata 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 Sonata with other central nervous system (CNS) depressants such as alcohol, narcotics, and barbiturates may compound these CNS effects.

Prolonged use of Sonata 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 When Sonata is abruptly withdrawn, mild symptoms of withdrawal may occur.

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

Possible Drug Interactions

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

Use in Pregnancy and Breastfeeding: Pregnancy Category C

Sonata has not been clinically investigated in pregnant women, so our understanding of the risk in pregnancy is limited. Reproduction studies in animals demonstrated that Sonata had an effect on bone development. Sonata should not be used during pregnancy.

Nursing mothers should not take Sonata, 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

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

