

## The Carlat Psychiatry Report

### **AMBIEN (zolpidem) Fact Sheet**

**Manufacturer:** Sanofi-Aventis; Ambien is available in generic form (patent expired in 2006); Ambien CR's market exclusivity expires in 2009 (see "Ambien CR Fact Sheet").

**Indications:**

- Indicated for both sleep initiation and sleep maintenance.

**Mechanism:** A so-called "non-benzodiazepine" in the chemical category called "imidazopyridines." Binds to the GABA-benzodiazepine receptor complex, like benzodiazepines, but is more selective for the omega-1 receptor subtype than are BZs.

**Dosing:**

- Supplied as 5 mg pink and 10 mg white tablets (breakable).
- Start at 5 mg QHS for elderly, 10 mg QHS otherwise. PDR lists maximum dose of 10 mg, but in practice many patients require and tolerate 20 mg QHS dosing.

**Side effects:**

- Most common: drowsiness and dizziness.
- Does not alter normal sleep stages.
- Anecdotal: uncommonly, can cause black outs (loss of memory of activities) soon after ingested if the patient does not go right to sleep.
- Classified as a Schedule IV drug, but abuse potential is likely somewhat less than BZs.
- Pregnancy Category C

**Drug-drug interactions:**

- Additive effect when combined with alcohol and other drugs or medications that have sedative effects.
- Zoloft appears to increase Ambien concentrations by about 40%.

**Pharmacokinetics:**

- Half life is 2.5 hours; duration of action about 10 hours.
- Metabolized in the liver.
- Works more slowly if taken after eating.
- Cut dose in half in hepatic insufficiency. No adjustments needed in renal impairment.

**Advantages/disadvantages compared to others in class:**

- Good, solid sleeping pill for both sleep initiation and sleep maintenance. Generally just as effective as Ambien CR, but much cheaper because it is generic.