estazolam (ess-taz-oh-lam)

Classification
Therapeutic: sedative/hypnotics
Pharmacologic: benzodiazepines

Schedule IV
Pregnancy Category X

Indications
Short-term management of insomnia.

Action
Depresses the CNS, probably by potentiating GABA, an inhibitory neurotransmitter.

Therapeutic Effects: Relief of insomnia.

Pharmacokinetics
Absorption: Well absorbed following oral administration.

Distribution: Highly lipid-soluble. Crosses the blood-brain barrier and placenta; enters breast milk.

Protein Binding: 93%.

Metabolism and Excretion: Mostly metabolized by the liver; metabolites do not have CNS depressant activity.

Half-life: 10–24 hr.

TIME/ACTION PROFILE (hypnotic activity)
ROUTE ONSET PEAK† DURATION
PO 15–30min 2hr 6–8hr
†Plasma level

Contraindications/Precautions
Contraindicated in: Hypersensitivity to estazolam or other benzodiazepines; OB, Lactation, Pedi: Pregnancy, lactation, or children.

Use Cautiously in: Hepatic or renal dysfunction; Geri: Geriatric or debilitated patients (initial dose may be necessary); History of depression; History of drug abuse or suicidal attempt.

Adverse Reactions/Side Effects

Interactions
Drug-Drug: Additive CNS depression with alcohol, antihistamines, antidepressants, MAO inhibitors, other sedative/hypnotics (including benzodiazepines), or opioid analgesics. Enhanced or increased effects of estazolam or haloperidol and increased risk of toxicity. Estazolam may antagonize the effectiveness of levodopa. Rifampin or cigarette smoking may reduce metabolism and effectiveness of estazolam. May potentiate the effects of levodopa. Ethanol may antagonize the effectiveness of estazolam.

Drug-Natural Products: Concurrent use of kava, valerian, chamomile, or hops can potentiate effects of estazolam.

St. John’s wort may affect estazolam levels and effectiveness; avoid use.

Route/Dosage
PO (Adults): 1 mg at bedtime; some patients may require 2 mg (range 0.5–2 mg).

Debilitated or small elderly patients—may initiate at 0.5 mg, q4–6hr.

NURSING IMPLICATIONS
Assessment
● Assess sleep patterns prior to and periodically during therapy.

Potential Nursing Diagnoses
Insomnia (Indications)
Risk for injury (Side Effects)
Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation
● Supervise ambulation and transfer of patients following administration. Remove cigarettes. Side rails should be raised and call bell within reach at all times.
Patient/Family Teaching

- Advise patient to take medication as directed. Discuss the importance of preparing environment for sleep (dark room, quiet, avoidance of nicotine and caffeine).
- Gradual discontinuation may be required following prolonged therapy. May cause disturbed sleep for the first 2 nights following discontinuation.
- May cause daytime drowsiness. Caution patient to avoid driving and other activities requiring alertness until response to medication is known. Inform patient to notify health care professional if sleep-related behaviors (may include sleep-driving — driving while not fully awake after ingestion of a sedative-hypnotic product, with no memory of the event) occur.
- Caution patient to avoid taking alcohol or other CNS depressants concurrently with this medication.
- Inform patient that health care professional immediately if pregnancy is planned or suspected.

Evaluation/Desired Outcomes

- Improvement in sleep pattern.

Why was this drug prescribed for your patient?