zopiclone (zop-ik-loh-neh)

Indications
Short-term treatment of insomnia characterized by difficulty falling asleep and frequent/early awakenings.

Action
Interacts with GABA-receptor complexes; not a benzodiazepine. Therapeutic Effects: Improved sleep with decreased latency and increased maintenance of sleep.

Pharmacokinetics
Absorption: Rapidly absorbed (75%) following oral administration.
Distribution: Rapidly distributed from extravascular compartment Enters breast milk in concentrations that are 50% of plasma levels.
Metabolism and Excretion: Extensively metabolized (mostly by the CYP3A4 enzyme system), metabolites have minimal sedative/hypnotic activity; 4–5% excreted unchanged in urine.
Half-life: 5 hr.

TIME/ACTION PROFILE
ROUTE ONSET PEAK DURATION
PO rapid 2 hr 6 hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Myasthenia gravis; Severe hepatic impairment; Severe respiratory impairment (including sleep apnea); GERD; May cause fetal harm, neonatal CNS depression or withdrawal. Lactation: Breastfeeding is not recommended. Galactose intolerance (5 mg tablet contains lactose).

Use Cautionally in: Renal, hepatic or pulmonary impairment (dose reduction may be recommended). Past history of paradoxical reactions in sedative/hypnotics or alcohol or violent behavior; History of depression or suicidal ideation. Geri: Increased sensitivity may increase the risk of falls, confusion or anterograde amnesia (use lowest effective dose). Pedi: Safe and effective use in children <12 yr has not been established.

Adverse Reactions/Side Effects
CV: abnormal thinking, behavioral changes, sleep-driving.
GI: bitter taste, anorexia, constipation, dry mouth, dyspepsia.
Resp: respiratory depression.
Misc: allergic reactions including ANAPHYLAXIS, ANAPHYLACTOID REACTIONS and ANGIOEDEMA.

Interactions
Drug-Drug: Risk of CNS depression with other CNS depressants including antihistamines, antidepressants, opioids, sedative/hypnotics and antipsychotics. Levels and risk of CNS depression with drugs that inhibit the CYP3A4 enzyme system, including erythromycin ketoconazole, itraconazole, clarithromycin, nefazodone, ritonavir and nelfinavir; dose increase may be necessary. Levels and effectiveness may be increased by drugs that induce the CYP3A4 enzyme system, including carbamazepine, phenobarbital, phenytoin rifampin, and rifampin; dose increase may be necessary.

Route/Dosage
PO (Adults): 5–7.5 mg taken immediately before bedtime; not to exceed 7.5 mg or 7–10 days use.
Geri: 3.75 mg initially taken immediately before bedtime; may be increased up to 7.5 mg if needed.

NURSING IMPLICATIONS
Assessment
● Assess mental status, sleep patterns, and previous use of sedative/hypnotics. Prolongation of >7–10 days may lead to physical and psychological dependence.
Assess alertness at time of peak of drug. Notify health care professional if desired sedation does not occur.

Assess patient for pain. Medicate as needed. Untreated pain decreases sedative effects.

Potential Nursing Diagnoses

Insomnia
Risk for injury

Implementation

Before administering, reduce external stimuli and provide comfort measures to increase effectiveness of medication.


Use lowest effective dose.

PO:
Tablets should be swallowed with full glass of water. For faster onset of sleep, do not administer with or immediately after a meal.

Patient/Family Teaching

Instruct patient to take zopiclone as directed. Advise patient not to take zopiclone unless able to stay in bed a full night (7–8 hours) before being active again. Do not take more than the amount prescribed because of the habit-forming potential. Not recommended for use longer than 7–10 days. If used for 2 wk or longer, abrupt withdrawal may result in fatigue, nausea, vomiting, GI upset, panic attack, or nervousness. Instruct patient to read patient information before taking and with each Rx refill, changes may occur.

Because of rapid onset, advise patient to go to bed immediately after taking zopiclone.

May cause daytime drowsiness or dizziness. Advise patient to avoid driving or other activities requiring alertness until response to this medication is known.

Caution patient that complex sleep-related behaviors (sleep-driving) may occur while asleep.

Advise patient to notify health care professional immediately if signs of anaphylaxis (swelling of the tongue or throat, trouble breathing, and nausea and vomiting) occur.

Caution patient to avoid concurrent use of alcohol or other CNS depressants.

Evaluation/Desired Outcomes

Relief of insomnia by improved falling asleep and decreased frequency of nocturnal and early morning awakenings.

Why was this drug prescribed for your patient?