

eszopiclone (es-zop-i-klone)

Lunesta

Classification

Therapeutic: sedative/hypnotics

Pharmacologic: cyclopyrrolones

Schedule IV

Pregnancy Category C

Indications

Insomnia.

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 after oral administration.

Distribution: Unknown.

Metabolism and Excretion: Extensively metabolized by the liver (CYP3A4 and CYP2E1 enzyme systems); metabolites are renally excreted, <10% excreted unchanged in urine.

Half-life: 6 hr.

TIME/ACTION PROFILE (blood levels)

ROUTE	ONSET	PEAK	DURATION
PO	rapid	1 hr	6 hr

Contraindications/Precautions

Contraindicated in: Hypersensitivity.

Use Cautiously in: Debilitated patients may have ↓ metabolism or increased sensitivity; use lower initial dose; Conditions that may alter metabolic or hemodynamic function; Severe hepatic impairment (use lower initial dose); **OB, Pedi:** Safety not established; **Lactation:** Occasional use while breast feeding an older infant should

pose little risk (NIH); **Geri:** May impair motor and/or cognitive performance; see dosing guidelines.

Adverse Reactions/Side Effects

CNS: abnormal thinking, behavior changes, depression, hallucinations, headache, sleep-driving. **CV:** chest pain, peripheral edema. **GI:** dry mouth, unpleasant taste. **Derm:** rash.

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 ketoconazole, itraconazole, clarithromycin, nefazodone, ritonavir and nelfinavir. Levels and effectiveness may be ↓ by **drugs that induce the CYP3A4 enzyme system**, including rifampin.

Route/Dosage

PO (Adults): 2 mg immediately before bedtime, may be ↑ to 3 mg if needed (3 mg dose is more effective for sleep maintenance); *Geriatric patients*—1 mg immediately before bedtime for patients with difficulty falling asleep, 2 mg for patients who difficulty staying asleep; *Concurrent use of CYP3A4 inhibitors*—1 mg immediately before bedtime, may be ↑ to 2 mg if needed.

Hepatic Impairment

PO (Adults): *Severe hepatic impairment*—1 mg immediately before bedtime.

NURSING IMPLICATIONS

Assessment

- Assess sleep patterns prior to and during administration. Continued insomnia after 7–10 days of therapy may indicate primary psychiatric or mental illness.
- Assess mental status and potential for abuse prior to administration. Prolonged use of >7–10 days may lead to physical and psychological dependence. Limit amount of drug available to the patient.

Potential Nursing Diagnoses

Insomnia (Indications)

✳ = Canadian drug name.

⊞ = Genetic Implication.

CAPITALS indicate life-threatening, underlines indicate most frequent.

~~Strikethrough~~ = Discontinued.

Implementation

- **Do not confuse Lunesta with Neulasta.**
- **PO:** Onset is rapid. Administer immediately before going to bed or after patient has gone to bed and has experienced difficulty falling asleep, only on nights when patient is able to get 8 or more hours of sleep before being active again.
- Swallow tablet whole; do not break, crush, or chew.
- Eszopiclone is more effective if not taken with or before a high-fat, heavy meal.

Patient/Family Teaching

- Instruct patient to take eszopiclone immediately before going to bed, as directed. May result in short-term memory impairment, hallucinations, impaired coordination, and dizziness. Do not increase dose or discontinue without notifying health care professional. Dose may need to be decreased gradually to minimize withdrawal symptoms. Rebound insomnia may occur upon discontinuation and usually resolves within 1–2 nights.
- May cause daytime drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking any other Rx, OTC, or herbal products.
- Caution patient to avoid concurrent use of alcohol or other CNS depressants.
- Advise patient to notify health care professional if pregnancy is planned or suspected.

Evaluation/Desired Outcomes

- Decreased sleep latency and improved sleep maintenance.

Why was this drug prescribed for your patient?