

Case Report

Zolpidem Dependence and Withdrawal. Case Report

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Abstract

Zolpidem is an hypnotic drug that acts on the GABA receptor A. It is widely used in the treatment of insomnia.

In this paper, we present the case of a patient who suffered abuse and dependence on this component. She was hospitalized for treatment of withdrawal syndrome. Such syndrome was similar to that reported by withdrawal to benzodiazepines.

After the hospitalization, the patient remains without relapses. Using quetiapine 300 mg per day as maintenance therapy.

Keywords

- Zolpidem
- Side effects
- Abuse
- Dependence

BACKGROUND

Zolpidem is a non-benzodiazepine hypnotic with short-duration, agonist receptor GABA A (gamma-amino butyric acid type A). Shows preferential affinity of the omega-1 subunits receptors [1].

This compound is widely used in insomnia conciliation and the recommended dose is 5 to 10 mg per day, with an approximate half-life of 1.4 to 4.5 hours [2].

Zolpidem shows affinity, for subunits omega-1 receptor and a low dependence and abuse potential. Although suprathreshold doses, may induce withdrawal symptoms [3]. There are a number of case reports zolpidem or dependence [4-7].

CASE

A 47 years old woman, with insomnia, she has used various drugs, such as diphenhydramine, amitriptyline, trazodone, clonazepam and finally zolpidem with improvement of insomnia. Using this compound, without checks by the physician.

Initially, sleep symptoms improved with 5 mg per day, sleeping an average of six hours each night during the first month usage. She was gradually increasing the dose, without mixing other hypnotics. Clarifies the dose increases for its anxiolytic effect throughout the day.

During second year, zolpidem had increased to 30 mg per day, not to treat symptoms of sleep, but for its anxiolytic effects.

In the fourth year using consecutively zolpidem like anxiolytic drug, the dose was 50 mg per day and begins to perceive as a problem. Refers, was impossible stay more that one day, without using zolpidem, because was becoming irritable and felt palpitations, weakness, tremor in the hands, what corresponds to some of the related symptoms the withdrawal syndrome to benzodiazepines.

Finally, patient comes to outpatient psychiatry, where is referred and hospitalized for treatment of dependence symptoms. Receiving lorazepam 4 mg per day, during the acute phase of withdrawal. Four weeks later, the patient completely discontinues use the drug and receives maintenance treatment, quetiapine (300 mg / day) and lorazepam (2 mg / day), because during withdrawal appear depressive symptoms (anhedonia), with rumination about the use of zolpidem as anxiolytic, with appropriate response to use of quetiapine.

Two months later, lorazepam also retires and remains using quetiapine 300 mg per day, without relapses regarding the use of zolpidem.

At present, patient has no anxiety or depressive symptoms at present, mental examination, no abnormalities. She has no epilepsy, traumatic, high blood pressure, cerebrovascular or heart disease. Not use any medication at present, except quetiapine and apart from zolpidem, no history of substance abuse.

DISCUSSION

Zolpidem, it is a drug used for insomnia conciliation. It has been considered a compound with similar efficacy to benzodiazepines, with abuse and dependence profile lower than those [8].

Safety of the drug, would be given by the affinity to omega 1 receptor, but other effects, such as its anxiolytic activity, as well as some cases reports about seizures in the withdrawal of this drug. It seems to suggest that zolpidem, may interact with other GABA A receptor subunits [9]. Possibly, this interaction with other subunits is greater using suprathreshold doses.

Withdrawal symptoms are similar to those produced by benzodiazepines, such as insomnia, anxiety, tremor, palpitations and convulsions [10].

In general, women seem to be more susceptible, because they seem to maintain higher serum concentrations of the drug longer than men [11].

The topic is important, because occasionally, there is ignorance of this fact. Zolpidem under certain circumstances can produce withdrawal symptoms and need hospitalization for treatment of dependence symptoms.

Therefore, it is necessary to perform a complete medical history, when considering treatment with this compound, evaluating patient profile, before prescribe medication, could prevent this kind of adverse events.

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