Dr. Henry writes about Ambien

Ambien is a very effective and relatively safe sleep hypnotic, but it is not indicated for long term use. Below are the indications for Ambien in the current 1998 PDR.

INDICATIONS AND USAGE:

Ambien (zolpidem tartrate) is indicated for the short-term treatment of insomnia. Hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks.

Ambien should not be prescribed in quantities exceeding a 1-month supply (see Warnings). Ambien has been shown to decrease sleep latency and increase the duration of sleep for up to 5 weeks in controlled clinical studies (see Actions/Clinical Pharmacology).

Although Ambien does not produce the degree of drug dependence of the benzodiazepines, it is a controlled substance and requires a Federal license to prescribe. The following is mentioned in the PDR

DRUG ABUSE AND DEPENDENCE:

CONTROLLED SUBSTANCE: Zolpidem tartrate is classified as a Schedule IV controlled substance by federal regulation.

ABUSE AND DEPENDENCE: Studies of abuse potential in former drug abusers found that the effects of single doses of Ambien (zolpidem tartrate) 40 mg were similar, but not identical, to diazepam 20 mg, while zolpidem tartrate 10 mg was difficult to distinguish from placebo. Sedative/hypnotics have produced withdrawal signs and symptoms following abrupt discontinuation. These reported symptoms range from mild dysphoria and insomnia to a withdrawal syndrome that may include abdominal and muscle cramps, vomiting, sweating, tremors, and convulsions. The U.S. clinical trial experience from zolpidem does not reveal any clear evidence for withdrawal syndrome. Nevertheless, the following adverse events included in DSM-III-R criteria for uncomplicated sedative/hypnotic withdrawal were reported during U.S. clinical trials following placebo substitution occurring within 48 hours following last zolpidem treatment: fatigue, nausea, flushing, light-headedness, uncontrolled crying, emesis, stomach cramps, panic attack, nervousness, and abdominal discomfort. These reported adverse events occurred at an incidence of 1% or less. However, available data cannot provide a reliable estimate of the incidence, if any, of dependence, during treatment at recommended doses. Rare post-marketing reports of abuse, dependence and withdrawal have been received. Because persons with a history of psychiatric disorders or addiction to, or abuse of, drugs or alcohol are at increased risk of habituation and dependence, they should be under careful surveillance when receiving zolpidem or any other hypnotic.

I have personally prescribed Ambien for patients for longer than one month time periods, but in PPSers, one must be convinced that the Ambien is not hiding an underlying respiratory or sleep apnea problem and that the Ambien is not contributing to an underlying respiratory problem. If there is an existent sleep apnea problem or respiratory difficulties, Ambien should be used with caution and only under the supervison of a physician familiar with PPS as it may intensify the existent problem. I personally think that Ambien holidays would be wise in many PPSers. Many can tolerate Ambien holidays by using Tylenol PM (combines one extra strength Tylenol and 25 mg of Benadryl) or Benadryl 25mg (OTC), taking one or two at bedtime. Of course, in every case, your individual management should discussed and managed by your personal physician. I should also mention that Ambien in combination with any other central nervous system acting drug should be used with caution, especially in PPSers. Again, consult your physician about Ambien in combination with other drugs.

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According to **Raymot's International Generic-Brand Dictionary** Ambien is marketed in the U.K. under the brand name **Stilnoct**.

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