- **CAUTIONS** Avoid prolonged use (risk of tolerance and withdrawal symptoms) · chronic pulmonary insufficiency (increased risk of respiratory depression) · elderly · history of drug abuse · muscle weakness · myasthenia gravis (avoid if unstable) · psychiatric illness

CAUTIONS, FURTHER INFORMATION

- Elderly For hypnotic Z-drugs, prescription potentially inappropriate (STOPP criteria) in elderly (may cause protracted daytime sedation and /or ataxia).
See also Prescribing in the elderly p. 33.

- **INTERACTIONS** → Appendix 1: zopiclone
- **SIDE-EFFECTS**
- **Common or very common** Dry mouth · taste bitter
- **Uncommon** Anxiety · dizziness · fatigue · headache · nausea · sleep disorders · vomiting
- **Rare or very rare** Behaviour abnormal · confusion · dyspnoea · fall · hallucination · irritability · libido disorder · memory impairment · skin reactions
- **Frequency not known** Cognitive disorder · concentration impaired · delusions · depressed mood · diplopia · drug dependence · dyspepsia · movement disorders · muscle weakness · paraesthesia · respiratory depression · speech disorder · withdrawal syndrome
- **PREGNANCY** Not recommended (risk of neonatal withdrawal symptoms). Use during late pregnancy or labour may cause neonatal hypothermia, hypotonia, and respiratory depression.
- **BREAST FEEDING** Present in milk—avoid.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in mild to moderate impairment; avoid in severe impairment (risk of decreased elimination).
Dose adjustments Manufacturer advises dose reduction to 3.75 mg in mild to moderate impairment, dose can be increased with caution if necessary.
- **RENAL IMPAIRMENT** Increased cerebral sensitivity.
Dose adjustments Start with reduced dose of 3.75 mg.
- **PATIENT AND CARER ADVICE**
Driving and skilled tasks Drowsiness may persist the next day and affect performance of skilled tasks (e.g. driving); effects of alcohol enhanced.
- **NATIONAL FUNDING/ACCESS DECISIONS**
NICE decisions
- **Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia (April 2004)**
NICE TA77
Zopiclone is recommended for the short-term management of severe insomnia that interferes with normal daily life, and should be prescribed for short periods of time only.
www.nice.org.uk/guidance/ta77

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, oral solution

Tablet

CAUTIONARY AND ADVISORY LABELS 19, 25

- Zopiclone (Non-proprietary)
Zopiclone 3.75 mg Zopiclone 3.75mg tablets | 28 tablet PoM £2.49 DT = £1.13 CD4–1
Zopiclone 7.5 mg Zopiclone 7.5mg tablets | 28 tablet PoM £3.75 DT = £1.13 CD4–1
- Zimovane (Sanofi)
Zopiclone 3.75 mg Zimovane LS 3.75mg tablets | 28 tablet PoM £2.24 DT = £1.13 CD4–1
Zopiclone 7.5 mg Zimovane 7.5mg tablets | 28 tablet PoM £3.26 DT = £1.13 CD4–1

7.2 Narcolepsy

Other drugs used for Narcolepsy Dexamfetamine sulfate, p. 368 · Methylphenidate hydrochloride, p. 365

CENTRAL NERVOUS SYSTEM DEPRESSANTS

Sodium oxybate

- **DRUG ACTION** A central nervous system depressant.

- **INDICATIONS AND DOSE**

Narcolepsy with cataplexy (under expert supervision)

- BY MOUTH
- Adult: Initially 2.25 g daily, dose to be taken on retiring and 2.25 g after 2.5–4 hours, then increased in steps of 1.5 g daily in 2 divided doses, dose adjusted according to response at intervals of 1–2 weeks; dose titration should be repeated if restarting after interval of more than 14 days, maximum 9 g daily in 2 divided doses

DOSE ADJUSTMENTS DUE TO INTERACTIONS

- Manufacturer advises reduce dose by 20 % with concurrent use of sodium valproate or valproic acid.

- **CONTRA-INDICATIONS** Major depression · succinic semi-aldehyde dehydrogenase deficiency
- **CAUTIONS** Body mass index of 40 kg/m^2 or greater (higher risk of sleep apnoea) · elderly · epilepsy · heart failure (high sodium content) · history of depression · history of drug abuse · hypertension (high sodium content) · respiratory disorders · risk of discontinuation effects including rebound cataplexy and withdrawal symptoms
- **INTERACTIONS** → Appendix 1: sodium oxybate
- **SIDE-EFFECTS**
- **Common or very common** Abdominal pain upper · anxiety · appetite abnormal · arthralgia · asthenia · back pain · concentration impaired · confusion · depression · diarrhoea · dizziness · dyspnoea · fall · feeling drunk · headache · hyperhidrosis · hypertension · increased risk of infection · movement disorders · muscle spasms · nasal congestion · nausea · palpitations · peripheral oedema · sedation · sensation abnormal · skin reactions · sleep disorders · sleep paralysis · snoring · taste altered · tremor · urinary disorders · vertigo · vision blurred · vomiting · weight decreased
- **Uncommon** Behaviour abnormal · faecal incontinence · hallucination · memory loss · psychosis · suicidal tendencies · thinking abnormal
- **Frequency not known** Angioedema · dehydration · delusions · dry mouth · homicidal ideation · loss of consciousness · mood altered · respiratory depression · seizure · sleep apnoea
- **PREGNANCY** Avoid.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution (risk of increased exposure).
Dose adjustments Manufacturer advises initial dose reduction of 50%.
- **RENAL IMPAIRMENT** Caution—contains 3.96 mmol Na^+ per mL.
- **DIRECTIONS FOR ADMINISTRATION** Dilute each dose with 60 mL water; prepare both doses before retiring. Observe the same time interval (2–3 hours) each night between the last meal and the first dose.
- **PATIENT AND CARER ADVICE** Patients or carers should be given advice on how to administer sodium oxybate oral solution.
Driving and skilled tasks Leave at least 6 hours between taking sodium oxybate and performing skilled tasks (e.g.