

Estazolam

Former US brand: ProSom

A short-term sleep medicine. Better sleep should come with a safer, more alert next day.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ALLOW 7-8 HOURS FOR SLEEP

NO ALCOHOL OR UNAPPROVED SEDATIVES

Take only your prescribed bedtime dose. Do not add another dose during the night.

What it is used for

Estazolam can help you fall asleep, stay asleep or avoid waking too early. It is intended for short-term use, with a plan for review.

For ongoing insomnia, ask about CBT-I: a structured therapy for sleep-related thoughts and habits. It is more than a list of sleep tips.

How it works

It strengthens GABA, a brain chemical that slows nerve signals. This can help bring on sleep, but also affects memory, thinking and balance.

Some medicine remains the next day. Feeling used to it does not mean driving or other risky activities are safe.

What to expect over time

FIRST NIGHTS

Sleepiness may begin with the first dose.

NEXT MORNING

Notice grogginess, balance and clear thinking.

BY 7-10 DAYS

Call if sleep is no better; call sooner if worse.

Taking your medication

Take it just before bed, only when you can stay in bed for seven to eight hours before activity. Do not take it with or right after a meal.

Use exactly the dose prescribed. Do not take extra tablets or another sleep aid because you are still awake. Ask before splitting your actual tablet.

If taken regularly, do not stop or cut down suddenly. Ask for a written stop or taper plan. Plan refills ahead rather than running out unexpectedly.

When to get help

Call 911: slow or difficult breathing, collapse, inability to wake, a seizure, or swelling of the tongue/throat with trouble breathing.

Call your team immediately: sleep-driving, sleepwalking or other activities you cannot remember. Get advice before the next dose; regular use may need a supervised stop plan.

Get urgent help: suicidal thoughts, severe confusion, hallucinations or a blistering rash. Call 911 for immediate danger. Report fever with a severe sore throat promptly.

Early side effects

Drowsiness, dizziness, fatigue, weakness, headache, dry mouth, constipation or stomach discomfort can occur.

Other effects to discuss

Report memory gaps, poor coordination, agitation or morning grogginess. Do not drive or do hazardous work while impaired.

What to keep track of

Keep a sleep and next-day alertness record. Tell your team about falls or unusual nighttime behavior. Longer treatment may need blood and urine tests, as well as a renewed discussion of benefits and risks.

Before you start

Tell your team about sleepwalking or sleep-driving, loud snoring or breathing pauses, lung disease, falls, liver or kidney problems, depression, suicidal thoughts and prior withdrawal. Share all medicines, supplements, alcohol and other substance use. Discuss pregnancy or breastfeeding promptly: late exposure can affect a newborn, and breastfeeding is not recommended during treatment. Do not abruptly stop regular use on your own.

Medicines & interactions

Alcohol & opioids

Avoid alcohol. Opioid medicines can dangerously add to breathing suppression. Ask about naloxone if opioids are involved; it does not reverse estazolam itself. Do not stop methadone or buprenorphine yourself.

Sleep & allergy aids

Other sleep medicines, sedating allergy remedies, muscle relaxants and gabapentin/pregabalin can add impairment. Check before combining them.

Other medicines

Do not combine with ketoconazole or itraconazole. Some antibiotics, antidepressants and stomach medicines affect exposure. Ask your pharmacist before adding or stopping anything.

Smoking changes

Tell your team if you start or stop smoking. It can change how quickly your body clears estazolam; do not adjust the dose yourself.

Everyday tips

Ask for CBT-I if insomnia keeps returning.

Keep a consistent wake time and calming routine.

Review late caffeine, naps and bedroom distractions.

Address snoring, restless legs, pain or mood symptoms.

Your questions, answered

What if I miss a dose?

Skip a missed scheduled dose. Never double or take it before daytime activities. Take a bedtime dose only when your prescription allows it and a full seven to eight hours remain for sleep.

What if I feel fine the next day?

Do not assume that feeling awake means your coordination and memory are unaffected. Follow your team's driving advice; never drive while sleepy or impaired.

Does dependence mean addiction?

No. Physical dependence means your body has adapted; it can happen with prescribed use. Addiction involves a different pattern, such as loss of control or use despite harm. Both deserve care without blame.

Why did sleep worsen when I stopped?

Rebound insomnia or withdrawal can resemble the original problem. Contact your team instead of restarting or increasing tablets yourself. A taper and structured sleep therapy may help.

Storage & safety

Keep in the original tightly closed container at room temperature, secure from children, pets and others. Never share; use a medicine take-back program. For overdose, call Poison Control at 1-800-222-1222; call 911 for collapse, seizures, breathing trouble or inability to wake.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a1e3b4bf-22e9-430a-a768-4d86ae886c9e>
 2. <https://medlineplus.gov/druginfo/meds/a691003.html>
 3. <https://www.healthquality.va.gov/guidelines/CD/insomnia/index.asp>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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Jeffrey Panko, PMHNP-BC