

Zolpidem

Ambien / Ambien CR • medicine for short-term insomnia

Helps with falling asleep; the CR form also helps with staying asleep. The right formulation and next-day plan matter.

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

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

IR OR CR TABLETS

ONCE AT BEDTIME • SCHEDULE IV

PAM means positive allosteric modulator: it strengthens GABA's calming action. Nonbenzodiazepine does not mean risk-free.

What it is used for

Ambien immediate-release (IR) treats trouble falling asleep. Ambien CR also treats trouble staying asleep.

Both are for short-term treatment. Review the cause of poor sleep and the stopping plan with your prescriber.

How it works

Helps GABA, a calming brain messenger, work more strongly at GABA-A receptors.

It can also affect memory, balance and alertness. A short half-life does not guarantee that driving is safe the next morning.

What to expect over time

AT BEDTIME

Take only when ready to get straight into bed for a full night.

NEXT DAY

IR: wait at least 8 hours and be unimpaired. CR: do not drive the next day.

WITHIN 7–10 DAYS

Call if sleep is worse or not improving; the cause may need another look.

Taking your medication

Take only the prescribed dose once at bedtime, with 7–8 hours available for sleep. Do not repeat a dose or combine zolpidem products.

Do not take with or right after food. Swallow CR tablets whole; do not cut, crush or chew them.

Do not take it after drinking alcohol that evening. Check all other sedating medicines with your prescriber; do not add another sleeping pill.

When to get help

Stop and call right away: sleepwalking, sleep-driving, eating or other activity while not fully awake—even once. Do not restart it.

Call 911: slow or difficult breathing, inability to wake, collapse, throat swelling, a seizure or immediate self-harm danger.

Too much medicine? Call Poison Control at 1-800-222-1222 now. Report new confusion, hallucinations, unusual behavior or worsening mood promptly.

Early side effects

Sleepiness, dizziness, headache, diarrhea, nausea, a drugged feeling, memory gaps or poor balance can occur. Get up carefully at night and report troublesome symptoms.

Other effects to discuss

Dependence and misuse are possible, especially with longer or higher-dose use. Sleep may briefly worsen when stopping, but withdrawal can also be serious. Ask for a stopping plan after regular use.

What to keep track of

Ask someone close about nighttime events you cannot remember. Feeling awake does not prove that driving or dangerous work is safe. Follow the IR/CR restrictions above.

Before you start

Tell your team about any unusual sleep behavior after zolpidem, zaleplon or eszopiclone; breathing problems or sleep apnea; myasthenia gravis; liver disease; falls; depression or suicidal thoughts; alcohol/drug problems; pregnancy or breastfeeding. Review morning driving and overnight caregiving before starting.

Medicines & interactions

Alcohol and other sleep medicines

Do not combine. Alcohol, anxiety medicines, sedating allergy/PM products and herbal sleep aids can add dangerous impairment.

Opioids and gabapentin/pregabalin

Combinations can increase sedation or breathing risks. A different drug target does not make them automatically safe together.

Medicines that increase zolpidem

Some antifungals and other medicines can raise levels. Sertraline can also increase exposure. Ask before adding or changing medicines.

Medicines that reduce its effect

Rifampin and St. John's wort are not recommended together with zolpidem. Do not compensate by taking extra tablets.

Everyday tips

Ask about CBT-I, structured treatment for insomnia.

Keep a consistent wake-up time and sleep routine.

Limit late caffeine and create a quiet, dark bedroom.

Track actual sleep and keep your follow-up visits.

Your questions, answered

What if I miss it or wake up overnight?

Do not catch up in the daytime or take a second dose. Skip IR/CR if a full night is no longer possible. A separate low-dose under-the-tongue product has a four-hour rule; that rule does not apply to these tablets.

Can I stop when sleep improves?

After brief occasional use, a taper is usually unnecessary. After regular use, plan a gradual reduction with your prescriber. Shakiness, sweating, vomiting or confusion need prompt advice; a seizure is an emergency. Unsafe sleep behavior means stop immediately and call.

Can I become dependent or act differently?

Yes. Dependence, memory gaps, unusual behavior and mood changes can happen. Tell your team if you need more for the same effect or find it hard to cut back. Do not increase the dose yourself.

What about pregnancy or breastfeeding?

Discuss a plan before use. Late-pregnancy exposure can affect a newborn's breathing and alertness. Zolpidem enters milk; your team can advise about feeding and timing. A very sleepy, limp or poorly breathing baby needs urgent care.

Storage & safety

Store at room temperature, securely away from children and pets. Never share it. Ask your pharmacist about safe take-back of unused tablets.

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=c36cadf4-65a4-4466-b409-c82020b42452>
 2. <https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=2d934da3-bd77-4470-e063-6294a90a64f5>
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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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