

Zopiclone

Imovane / Zimovane • short-term sleeping medicine

Can help with falling asleep and staying asleep. This sheet uses UK guidance; zopiclone is not FDA approved in the US.

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

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

SHORT-TERM SLEEP AID

TAKE ONCE JUST BEFORE BED

PAM means positive allosteric modulator: it strengthens GABA's calming action. Zopiclone and eszopiclone are different medicines.

What it is used for

Used for a short course when insomnia is causing problems with daily life.

It may help you fall asleep or wake less often. It does not replace treatment for an underlying sleep or mood condition.

How it works

Strengthens the effect of GABA, a calming messenger in the brain.

The same action can cause sleepiness, poor balance and memory gaps. It can still affect you the next morning.

What to expect over time

FIRST DOSE

Usually starts working within about 30–60 minutes. Go straight to bed.

NEXT MORNING

No driving, cycling or machinery for at least 12 hours; longer if impaired.

SHORT COURSE

Agree on the review date and stopping plan from the start.

Taking your medication

Take exactly your prescribed dose once just before bed. Allow 7–8 uninterrupted hours for sleep. Never take a second dose that night.

Swallow with water; do not chew or suck it. Only split a tablet if your pharmacist confirms it is suitable for your prescribed dose.

Do not drink alcohol or add another sleep medicine. If the effect seems weaker, contact your prescriber instead of taking more.

When to get help

Stop and call immediately: sleepwalking, sleep-driving, eating or other activity while not fully awake. Do not restart it.

Get emergency help: slow breathing, inability to wake, collapse, throat swelling, a seizure or immediate self-harm danger.

Too much medicine? Seek poison-center or urgent medical advice now. Report confusion, hallucinations or major mood/behavior changes promptly.

Early side effects

A bitter or metallic taste, dry mouth and next-day sleepiness are common. Dizziness, headache, nausea or poor balance can also occur. Report symptoms that interfere with daily life.

Other effects to discuss

Your body can become dependent on it, and it may work less well over time. Withdrawal can be more than a few sleepless nights. A gradual stopping plan is important after regular use.

What to keep track of

Ask someone close about nighttime events you may not remember. Track sleep, daytime alertness and any falls. A full night's sleep does not cancel the 12-hour driving restriction or mean you are unimpaired afterward.

Before you start

Tell your team about sleep apnea, breathing or liver disease, kidney problems, muscle weakness/myasthenia gravis, falls, memory problems, depression, suicidal thoughts, alcohol/drug problems or previous unusual sleep behavior. Mention pregnancy, breastfeeding and all medicines or supplements. This medicine is not for people under 18 under UK guidance.

Medicines & interactions

Alcohol, opioids and other sedatives

Combinations can cause severe sleepiness or slow breathing. Do not add pain, anxiety, allergy or sleep medicines without review.

Some antibiotics and antifungals

Clarithromycin, erythromycin and some antifungals can increase zopiclone's effects. Your prescriber may need to adjust the plan.

Ritonavir and other interacting drugs

Check every new prescription and supplement with your pharmacist, including products from other prescribers.

St. John's wort and some seizure medicines

These and rifampin may reduce benefit. Do not take extra tablets to make up for a weaker effect.

Everyday tips

Ask about CBT-I, structured treatment for insomnia.

Keep a consistent wake-up time and sleep routine.

Limit late caffeine; keep the room quiet and dark.

Bring a sleep diary and medication list to follow-ups.

Your questions, answered

What if I forget a dose?

Skip it and take the next prescribed dose at bedtime the next day. Do not catch up during the day, take two doses or repeat a dose overnight.

How do I stop?

Follow your prescriber's plan rather than stopping regular use suddenly. The pace depends on your dose, duration and symptoms. Report shakiness, sweating, anxiety or confusion. Severe confusion or a seizure needs emergency care. Unsafe sleep behavior means stop immediately and call.

Can I drive after a full night's sleep?

Wait at least 12 hours after the dose. Do not drive, cycle or use machinery beyond that point if still sleepy, dazed or less alert. Plan transport and morning responsibilities before taking it.

What about pregnancy or breastfeeding?

Ask for an individual plan. Pregnancy use is generally avoided. Breastfeeding advice differs between the label and specialist guidance; your team should consider the baby's health and monitor feeding, sleepiness and breathing. Do not bed-share after taking a sedating medicine.

Storage & safety

Keep in the original packaging, securely away from children and pets. Follow your pack's storage directions. Never share it; ask a pharmacist how to return unused tablets.

A final reminder

Local product directions may differ.

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://www.nhs.uk/medicines/zopiclone/>
 2. <https://www.medicines.org.uk/emc/product/10590/smpc>
-

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.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC