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PSYCHIATRY

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PATIENT EDUCATION

Zopiclone

International short-term insomnia tablets

A guide for adults taking zopiclone.
Follow the directions on your prescription and your provider's recommendations.

SHORT-TERM SLEEP AID | TAKE ONCE JUST BEFORE BED

Formulations: Oral tablets are taken once at bedtime for a limited course. Follow the current local strength and duration instructions.

What it is used for

Zopiclone treats short-term insomnia in countries where it is approved. It is not FDA-approved in the United States and is different from eszopiclone.

How it works

It enhances GABA-related inhibition through benzodiazepine-receptor sites. Sleep benefit comes with risks of impairment, complex sleep behavior, dependence, and withdrawal.

What to expect over time

Benefit may begin with the first dose. Review ongoing insomnia rather than extending or increasing treatment yourself. CBT-I can address persistent sleep problems.

Taking your medication

- Take only when ready for bed with seven to eight hours available for uninterrupted sleep.
- Avoid driving and hazardous activity for at least 12 hours after a dose, and longer if impaired.
- Do not repeat during the same night. Skip a missed bedtime dose.
- Consult with your provider before stopping regular use; a taper may be needed.

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Side effects and safety

Possible side effects

- Bitter or metallic taste, or dry mouth
- Drowsiness, dizziness, or falls
- Memory problems
- Nausea

Keeping track of treatment

Some side effects resolve with time; others may require a change of medication. Discuss persistent or bothersome side effects with your provider.

Watch for next-day impairment, amnesia, falls, dose escalation, and unusual nighttime activity. Tolerance, dependence, and misuse can occur.

If you take too much

For a suspected overdose, call Poison Control at **1-800-222-1222** immediately, even if you feel well. Call 911 for a seizure, collapse, trouble breathing, or inability to wake.

Before you start

Do not use after prior complex sleep behavior with zopiclone. Discuss sleep apnea, respiratory failure, severe liver disease, myasthenia gravis, depression, or substance use.

Discuss pregnancy, pregnancy plans, and breastfeeding with your provider. Treatment decisions should consider both the medication and the condition being treated.

Medicines and interactions

Review all your medications with your provider, including over-the-counter medicines and supplements. Have new medications checked before taking them.

Avoid alcohol. Opioids and other sedatives can cause dangerous respiratory depression.

CYP3A inhibitors or inducers can alter exposure. Check antibiotics, antifungals, and seizure medicines before changes.

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Living with your treatment

When to get help

Emergency symptoms. Call 911 for slow breathing, inability to wake, collapse, a seizure, or severe allergy.

Prompt medical advice. Stop zopiclone and contact your provider immediately after sleep-driving or other complex sleep behavior. If using regularly, obtain urgent instructions addressing withdrawal risk as well.

If you feel unsafe or have thoughts of self-harm, call 911 or go to an emergency department.

Your questions answered

Is it the same as eszopiclone?
No. They are related but have different strengths and labeling. Do not substitute them yourself.

Can I drive after eight hours?
UK guidance cautions against hazardous activities within 12 hours. Wait longer if still impaired.

Everyday tips

Keep a consistent wake time and a sleep diary.

Do not combine with OTC “PM” or other sleep medicines without review.

Storage and safety

Keep medication in its labeled container, away from excess heat and moisture and out of reach of children and pets. Do not share it. Ask a pharmacy about disposal of unused medication.

Sources

Official prescribing information: zopiclone
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Educational handout; does not replace your prescription or provider's recommendations.