ZALEPLON ABUSE & DEPENDENCE IN A CASE OF GERIATRIC DEPRESSION

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ABSTRACT

Zaleplon is a commonly prescribed short acting non benzodiazepine hypnotic that is used in the treatment of insomnia. We present a case of a 72 year old lady with geriatric depression with Zaleplon abuse and treatment with Sertraline and Chlordiazepoxide.

Key words: Zaleplon Abuse, Geriatric Depression.

INTRODUCTION

Zaleplon is a commonly prescribed short acting non benzodiazepine hypnotic that potentiates GABA an inhibitory neurotransmitter with a selective binding to the omega 1 (BZ_1 receptors) of the $GABA_A$ receptors. It is known to have a very short half life and promote sleep initiation rather than sleep maintenance[1]. Zaleplon has shown to improve sleep latency and sleep quality in older patients with insomnia[2]. There are no reports of Zaleplon abuse to the best of our knowledge though driving impairment and perceptual impairments have been reported[3, 4]. Several cases of Zolpidem abuse, a drug of the same family however exist[5, 6]. This is the first case report of Zaleplon abuse in an elder woman with geriatric depression.

CASE HISTORY

Ms A was a 72 year old Indian woman who came as an out patient with symptoms of geriatric depression. She was previously treated for depression, anxiety and insomnia 2 years prior to her visit. She had discontinued her previous medication 6 months prior to her visit due to complete remission of her symptoms. She was treated previously with Sertraline and Clonazepam. In addition to her depressive symptoms like sadness of mood, hopelessness, crying spells and decreased appetite she also complained of inability to fall off to sleep with sleep latency being 1-2 hours. She was started on Sertraline 25mg twice a day and Zaleplon 10mg at night for her sleep initiation problem. She did not follow up for 8 months after this first visit and then presented 8 months later with Zaleplon Abuse and Dependence.

She had increased the dose of Zaleplon on her own using upto 80-100mg per day in the last 4 months. She presented with severe tremors, excess sweating, breathlessness, agitation, depressive features, anxiety and panic attacks. Once she had increased the dose of Zaleplon the initial response prompted her to stop Sertraline hence there was a rebound of her depressive features that led to further consumption of Zaleplon.

The dose of Zaleplon was tapered over one week while Chlordiazepoxide was initiated in a dose of 200mg over 24 hours. Immediate relief from all symptoms was experienced when Zaleplon 20mg was consumed by the patient. The patient is presently being managed with no symptoms on Sertraline and Chlordiazepoxide. Her family members administer the medication on a daily basis.

DISCUSSION

This case demonstrates the risk of abuse and dependence with Zaleplon in high doses even in the geriatric population. Zaleplon has been used in elderly patients for the management of insomnia even in the presence of medical illnesses[7, 8]. Zaleplon has been widely implicated in problems related to initiation of sleep[9]. Although effective in short term usage Zaleplon needs to be monitored when used in patients. Side effects like illusions, hallucinations and delirium have been noted with these drugs[10-12]. An important feature in the case was the relief from most of her symptoms with the administration of Zaleplon. Being a non benzodiazepine hyponotic does not spare it totally of addictive potential[13]. Though the at risk populations are not well defined, the use of Zaleplon in elderly patients needs to be viewed stringently to prevent such cases from occurring.

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