

## Zolpidem-induced Sleep-driving

To the Editor:

We report a case of a 48-year-old man who experienced sleep-driving after taking zolpidem. Zolpidem is indicated for the short-term treatment of insomnia. Side effects including parasomnia and driving impairment have been reported with zolpidem.<sup>1-6</sup>

The man reported taking 10 mg of zolpidem at bedtime. He was then witnessed by his son to leave his house, enter and start his truck, and subsequently back into a tree. This caused a large scrape on the back of his truck, although there were no injuries to the patient. He then drove back into his driveway where the vehicle had been parked originally and went back inside. He went back into his bedroom, had trouble opening the door, kicked down the door to his bedroom, and went back to sleep. On awakening the following day, he felt disoriented and had no recollection of the previous night's events. He drove to work and although later had no recollection of driving to work, he still felt somewhat confused. The patient reports having had an episode more than 1 year ago when he took 30 mg of zolpidem and on the following day totaled his sport utility vehicle after falling asleep at the wheel.

The patient had a medical history of quiescent pulmonary and spinal neurosarcoidosis with secondary pain, anemia, B<sub>12</sub> deficiency, diet-controlled type 2 diabetes mellitus, depression, and gastroesophageal reflux disease. In addition to zolpidem, which he used 2 to 3 nights per week for 2 years, medications included hydrocodone/acetaminophen, fentanyl patch, and esomeprazole.

After the patient's episode of sleep-driving, zolpidem was discontinued. Given the patient's continued insomnia, he was given amitriptyline 10 mg at bedtime. For breakthrough insomnia, zaleplon 5 mg nightly as needed for sleep was offered. After 2 months of follow-up, the patient reported experiencing no further parasomnias and was sleeping well.

## DISCUSSION

Parasomnias are undesirable motor, verbal, or experiential events that occur during sleep. Complex motor behaviors such as sleepwalking, sleep eating, e-mailing, violence (including homicide), sex, and playing musical instruments have been reported. Family history, sleep deprivation, fever,

alcohol, and medications predispose people to parasomnia. Zolpidem has been implicated with parasomnias and impairment of driving. This is the first detailed case reported of sleep-driving after zolpidem use. Schenck et al<sup>6</sup> reported 2 cases of zolpidem sleep-driving involved with sleep-related eating disorder in an abstract, although detailed clinical data were not noted. A review of the literature of other sedative-hypnotics and sleep-driving, including zaleplon, esopiclone, and benzodiazepines, yielded no other medication-related sleep-driving events. Although opioids can cause mental status changes and impair driving, somnambulism has not been described. In addition, this patient had been on a stable dose of narcotics for 5 years.

## CONCLUSIONS

We describe the clinical presentation and review the relevant literature on zolpidem and sleep-driving. In 2005, more than 23 million prescriptions were issued for zolpidem. Physicians should be aware of the risk of both parasomnia and driving impairment. A history of parasomnia without precedent sedative-hypnotic use may predispose people to further episodes on such medication.<sup>7</sup> Caution is warranted when prescribing zolpidem and other sedative-hypnotics. We conclude that zolpidem can cause sleep-driving.

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