ABOUT YOUR MEDICINE

Eszopiclone

Lunesta, a sleep medicine

Eszopiclone helps you fall asleep and stay asleep through the night, and it is meant for a limited stretch of time.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Falling and staying asleep	At bedtime, not after a meal	About 30 minutes	Yes, with regular use

⚠ IMPORTANT SAFETY WARNING

People have sleepwalked, sleep-driven, eaten, and held conversations while not fully awake, with no memory of it, and some were badly hurt. If that happens, stop **eszopiclone** and call your prescriber. It should not be taken again.

WHAT THIS MEDICINE DOES

- **Eszopiclone** calms the brain enough for sleep to start and to keep you from surfacing repeatedly overnight.
- It is not a benzodiazepine, but it works on the same brain switch, so many of the same cautions apply to it.
- It lasts longer than most sleep medicines, which is why it helps middle-of-the-night waking but also causes morning fog.
- It does not treat why you are awake. Sleep coaching, called CBT for insomnia, works better over the long run.

WHAT TO EXPECT

- Most people fall asleep within about **30 minutes**, and the medicine keeps working through most of the night.
- Expect somewhat faster sleep onset and fewer wake-ups, not a perfect night. Studies show a modest, real gain.
- A metallic or bitter taste in the mouth is very common and often shows up on the very first night.
- It holds up better than most sleep medicines over months, but your prescriber will still revisit whether you need it.

HOW TO TAKE IT

- Take **eszopiclone** right before bed, once the lights are off and the day is finished. It works quickly.
- Do not take it right after a heavy or fatty meal. That delays it, and then it hits when you are trying to wake up.
- Only take it when you can stay in bed a full **7 to 8 hours**. Anything less leaves you groggy and unsafe to drive.
- Swallow the tablet whole with water. Do not crush or chew it, and do not take a second one on the same night.
- If you missed it and it is already late in the night, skip that night rather than starting the clock over.

COMMON SIDE EFFECTS

- A strong metallic or bitter taste is the signature effect. Brushing your teeth or a mint in the morning helps some.
- Next-morning grogginess is common because this one lasts a while. It is much worse if you drank the night before.
- Dizziness and unsteadiness happen, especially getting up at night. Turn on a light and move slowly to the bathroom.
- Memory can be blank for anything after you take it. Do not plan calls, texts, or decisions for that stretch of time.
- Headache and dry mouth are common. Keep water by the bed and take small sips rather than a full glass.
- Vivid dreams or a strange, heavy sleep can happen early on and usually settle down within a week or two.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Sleepwalking, sleep-driving, cooking, or eating with no memory: stop and call your prescriber before the next night.
- Very slow or shallow breathing, blue lips, or being very hard to wake: call **911** right away.
- Swelling of the face, lips, or tongue, or trouble breathing after a dose: call **911**.
- New or worse thoughts of hurting yourself: call your prescriber today, or call or text **988** if you might act.

WHAT TO AVOID

- Do not drink alcohol on an evening you take **eszopiclone**. Alcohol multiplies the grogginess and the odd sleep behaviors.
- Do not drive until you have had a full night of sleep and feel clear. This one can dull driving into the morning.
- Taking it with opioid pain medicine can slow your breathing dangerously. Your prescriber needs to know about both.
- Avoid other sleep aids, including antihistamines and cannabis, unless your prescriber has cleared the combination.
- If you are pregnant, nursing, or planning a pregnancy, tell your prescriber before you take another dose.

STOPPING IT SAFELY

- After regular nightly use, check with your prescriber before stopping so you can step down instead of quitting cold.
- A few nights of worse sleep after stopping is normal. It usually settles within a week and does not mean you need it forever.
- Working on a fixed wake time, morning daylight, and a wind-down routine while you taper makes the landing much easier.
- If it has stopped helping, say so rather than taking more. Your prescriber has other options to try with you.

QUESTIONS TO ASK

- How long do you expect me to stay on this medicine?
- Is the metallic taste something we can do anything about?
- Could sleep apnea or another condition be keeping me awake?
- Can you refer me for CBT for insomnia, the sleep coaching kind?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.