ABOUT YOUR MEDICINE

Zolpidem

Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist, a sleep medicine

Zolpidem helps you fall asleep faster, and it works best for short stretches rather than every night for years.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Trouble falling asleep	At bedtime, on an empty stomach	15 to 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 **zolpidem** and call your prescriber. It should not be taken again.

WHAT THIS MEDICINE DOES

- **Zolpidem** quiets the brain enough for sleep to start. It is not a benzodiazepine, but it acts on the same brain switch.
- It is meant for short-term use, often a few weeks, while whatever is wrecking your sleep gets looked at and treated.
- It does not fix why you are awake. Pain, worry, a late schedule, and sleep apnea each need their own treatment.
- Sleep coaching, called CBT for insomnia, beats sleeping pills over the long run and can be done alongside this.

HOW TO TAKE IT

- Take **zolpidem** right as you get into bed, with the lights already off. It works fast and you want to be lying down.
- Take it on an empty stomach. A meal right before slows it down, and then it kicks in later than you planned.
- Only take it when you can stay in bed a full **7 to 8 hours**. A short night is what leaves people groggy and unsafe.
- Swallow tablets whole. The CR tablets have two layers, and splitting or crushing one wrecks how it releases.
- If you wake at 3 a.m. and have not taken it, skip that night. Taking it late almost guarantees a foggy morning.

WHAT TO EXPECT

- Most people fall asleep about **15 to 30 minutes** after taking it, so have everything for the night done first.
- Realistically it saves you around **15 to 20 minutes** of lying awake and adds a modest amount of total sleep.
- Vivid dreams or an unusual, heavy sleep are common on the first nights and usually settle within a week.
- After a few weeks of nightly use, it often works less well. That is your body adapting, not a personal failure.

COMMON SIDE EFFECTS

- Next-morning grogginess is the most common effect. It is worse after a short night, and much worse with alcohol.
- Dizziness and unsteadiness are common, especially getting up at night. Turn a light on and move slowly.
- Memory can be blank for whatever happens after you take it. Do not plan calls, texts, or decisions for that window.
- Headache and a dry or bitter mouth happen for some people. Keep water at the bedside and sip a little at a time.
- Nausea or a queasy stomach can show up. Taking it a bit longer after dinner, still on an empty stomach, can help.
- Women and older adults clear this medicine slowly, so their prescribed amount is lower and their morning fog lasts longer.

⚠ 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 hard to wake up: 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 any evening you take **zolpidem**. Alcohol multiplies the grogginess and the risk of odd sleep behavior.
- Do not drive until you have slept a full night and feel truly awake. Morning fog is easy to underestimate.
- Taking it with opioid pain medicine can slow your breathing dangerously. Your prescriber must know about both.
- Skip 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 your next dose.

STOPPING IT SAFELY

- After nightly use, ask your prescriber before stopping. Cutting back gradually avoids a stretch of much worse sleep.
- Expect a few rough nights when you taper. That rebound fades in about a week and is not proof you need it forever.
- If you have used it only a handful of nights, stopping is straightforward. A quick check with your prescriber is still smart.
- Building sleep habits while you taper, such as a fixed wake time and morning light, makes the landing much softer.

QUESTIONS TO ASK

- How many nights a week should I actually take this?
- Could sleep apnea or another problem be the real cause here?
- Can you refer me for CBT for insomnia, the sleep coaching kind?
- What should I do if someone tells me I was up during the night?

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.