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### ZOLPIDEM INDUCED DELIRIUM

Sir,

Zolpidem is a newer Non-Benzodiazepine hypnotic which act at GABA-BDZ complex and widely in use for sleep disturbances. A number of side effects have been mentioned in literature i.e. dizziness, Abdominal pain, amnesia, anxiety, insomnia and other rare side effects like stupor, syncope, tremors, abnormal thinking, anaphylactic shock, delusion, dementia, depersonalisation, panic attacks, illusion, somnambulism and suicide attempts. The occurrence of confusion, disorder thinking, tangential thoughts and amnesia for the episode have been reported recently (Hoyler et al., 1996 & Thara, R.2001). Here the authors have reported a rare side effect in the form of Zolpidem induced Delirium which is not mentioned in the literature.

Mr.P.P. a33 yrs. old married male from middle socio-economic status with urban background, OT technician by profession presented in Psychiatry OPD of Government Medical College Hospital (GMCH), Chandigarh with 4 yrs.history of Smack Dependence, currently abstinent for last 2 weeks without any withdrawal symptoms except of sleep disturbance for last 2 days. He was prescribed tablet Zolpidem 10mg at bed time. Next day he visited the De-addiction OPD with his mother with complaints of irrelevant talk, suspicious attitude, hearing of voices after taking single dose of Zolpidem 10mg. The provisional diagnosis of Acute Psychosis was made and was admitted in the ward. In the ward

he started picking up bed sheets, try to run away but not able to guide his way to the exit of the ward, not recognizing surroundings and familiar faces, not oriented to time, place and person, had visual hallucination and hallucinatory behaviour and coarse tremors. The diagnosis was changed to Acute Delirium and I.V.line was started with Inj.Diazepam 10 stat and S.O.S and Tab.Lorazepam 8 mg in divided doses and vitals were closely monitored. Repeated inquiries did not reveal any history of Alcohol Dependence. Head injury or High grade fever. Patient started showing improvement within couple of hours and completely recovered by next day. All routine investigations were within normal limits. He was put on tab. Naltrexone 50 mg once daily for maintenance treatment for opiate dependence.

The striking adverse event in this case is sudden onset of delirious symptoms like fluctuating consciousness, disorientation, perceptual abnormalities and quick resolution of symptoms with I.V. Benzodiazepines.

### REFERENCES

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