

Letter to the editors

Alteration of sensory perception secondary to inadequate use of zolpidem

Dear editor,

The use of sleep inducers has been constantly growing, and there is often the case of abuse and self-medication. Based on the article “Tolerance to zolpidem-induced hallucinations: case report” (Rev Psiquiatr RS. 2005;27(3):319-22), we report a case of alteration of sensory perception secondary to the inadequate use of zolpidem in a young female patient.

W., 26 years, medical student. One night, because she “couldn’t sleep,” she decided to take half a tablet of zolpidem (5 mg) taken from her boyfriend, who was under psychiatric treatment due to anxiety disorder (citalopram 20 mg/day and zolpidem 10 mg/day). Approximately 20 minutes after its use, she started to “feel” that there was a person in the bedroom, near her bed. She found the sensation “curious,” since, despite not seeing anyone, she was sure about the presence of a man “in the bedroom.” During the incident, which lasted approximately 5 minutes, there were no more alterations. On the following day, W. perfectly remembered the previous night’s experience and told it to her boyfriend. After 2 days, she took another 5 mg of the medication. She had the same feeling that there was a man in her bedroom, presenting a hallucinatory phenomenon that lasted “more or less 5 seconds.” She reports that, after having seen “a figure passing by her side,” she sensed the presence of a black man, wearing a huge black coat with red details, standing beside her bed. She recalls this experience spontaneously, as if she had really met a person during the night, but maintained a critical attitude towards the phenomenon – “It seemed real, but I knew it wasn’t. (...) I wasn’t afraid and I didn’t worry. I knew it would pass, so I ended up sleeping after a few

minutes.” W. did not take the medication again, despite saying that she would not be afraid to take it one more time. For both situations, the patient denied sleepiness and sedation, consequently being oriented as to time and place. She was not taking any other drugs, nor presented underlying medical conditions.

The case presented here complements the article cited above, due to the few reports of hallucinations secondary to the use of zolpidem, stressing the following characteristics of the patient: strong relation of the sensory-perceptive alterations with the use of the drug; dose used by the patient (5 mg), which, according to the literature, is not usual in the described cases; adequate level of awareness, at first excluding the possibility of hypnagogic hallucinations; absence of other associated medical conditions and use of medication that could be related to the phenomenon.

In conclusion, an infrequently described adverse effect of zolpidem – a widely prescribed hypnotic drug – is registered here. More studies are needed in order to clarify the incidence and the pathophysiology of this and other collateral effects, which are seen in clinical practice and described in specialized journals.

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