
Letters to the Editor

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DEPENDENCE ON ZOPICLONE

Zopiclone is a cyclopyrrolone derivative, prescribed frequently for the short-term management of insomnia. Its hypnotic action comes about through benzodiazepine-like activity at the GABA-A receptor (Karle & Nielsen 1998). The resultant chloride ion influx leads to membrane hyperpolarization and a general central inhibition. Initially heralded widely as a safe alternative to benzodiazepines, increasing experience has yielded clearer information regarding potential dependence and subsequent hazards.

A 76-year-old married woman with a history of recurrent depressive disorder had been prescribed zopiclone in increasing doses for insomnia related to a recurrence of depression. Eventually, for some months she was consuming up to 9×7.5 mg per day in three divided doses. She described symptoms consistent with dependence, including increased tolerance. Withdrawal phenomena such as agitation, tremor and speech difficulties began 5–6 hours after the previous dose.

Two days after abrupt withdrawal of the drug she had three tonic-clonic seizures. She was admitted to hospital and managed with symptomatic anti-epileptic treatment. The daily dose of zopiclone was gradually reduced over a 1-week period, without further adverse effects.

The risk of misuse and seizures following zopiclone was reported shortly after its launch (Aranko *et al.* 1991). However, a review of case reports and epidemiological data (Hajak *et al.* 2003) revealing a low number of reported adverse events supported the conclusion that zopiclone and the structurally similar hypnotic, zolpidem, were relatively safe drugs in terms of abuse potential and dependence. More recently, an investigation of dependence on prescribed psychotropic medication among alcohol-dependent patients in Sweden (Johansson *et al.* 2003) found significant levels of zopiclone dependence compared to the general population. Their conclusions support the advice given in the *British National Formulary* (British Medical Association & Royal Pharmaceutical Society of Great Britain 2005). It suggests caution in the prescription of these drugs to alcohol and drug-dependent patients, individuals who are at high risk of further addiction.

A meta-analysis of randomized controlled trials has refined our understanding of the risks and benefits of hypnotics, particularly in the over-60s (Glass *et al.* 2005).

This study confirms a modest improvement in sleep, but highlights potential adverse effects.

In the light of the initial acceptance of zopiclone as a relatively low-risk drug, it is important that more current evidence that questions this view is disseminated widely. The case we report confirms the risks of dependence and serious adverse events and highlights the need for education in primary care and throughout the health community. Addiction services should be well placed to provide this advice.

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RUSSIA, SUBSTANCE MISUSE AND SOCIAL TRANSITION

This letter is a response to McKee & Leon's [1] recent paper, and their elegant portrayal of the social transition of the USSR in the context of Durkheim's theory and substance abuse [2].

To understand McKee & Leon's paper, it is essential to identify the period over which the relevant social transition occurred. Every historical event has a pre- and post-history, but the transition as such began in 1988 with *perestroika* (restructuring). The acceleration that pre-