Halcion (triazolam) is a benzodiazepine sedative-hypnotic medication approved for short-term treatment of insomnia. Similar to other benzodiazepines, Halcion has anxiolytic effects (i.e., relieves anxiety), but it is seldom prescribed for this use. It has a short duration of action (i.e., half-life around 3 hours) and no active metabolite. Consequently, Halcion is unlikely to produce daytime sedation and drowsiness. For this reason Halcion has been widely prescribed for international travelers requiring a sleep aid as they cross different time zones. Generally, Halcion should be used for brief treatment of insomnia for not longer than 1 week. However, longer use occasionally may be necessary for some patients; in such cases, careful monitoring is needed to prevent physical or psychological dependence. As with other benzodiazepines, Halcion is associated with dependence and abuse and is therefore regulated as a controlled substance by federal and state laws.

Dosing Information

The starting dose of Halcion should be the lowest possible, which is usually 0.125 mg at bedtime. The dose may be increased to the next higher strength of 0.25 mg if needed, but it should not exceed this amount. When Halcion was first introduced, it was widely prescribed in a dose of 0.5 mg. At this and higher doses, Halcion was associated with bizarre behavior, violence, and amnesia. Since then, the 0.5 mg formulation has been taken off the market, and physicians have become more cautious, prescribing Halcion at lower doses.

Common Side Effects

The common side effects of Halcion are memory disturbance, drowsiness, and sedation. Because of its short half-life, Halcion is less likely to produce daytime sedation than longer-acting agents, such as Dalmane (flu-
At higher doses, Halcion has a profound effect on memory and behavior (see “Adverse Reactions and Precautions”). Other frequent complaints are impaired concentration and memory, feeling of dissociation (“spacey”), and impaired coordination.

**Adverse Reactions and Precautions**

Halcion may affect alertness and coordination the next day after taking a single bedtime dose. Patients should exercise caution when driving or performing other tasks requiring alertness while taking this medication. Seniors may be more adversely affected, because it may affect their coordination and reflexes and lead to falls and injury. Taking Halcion with other central nervous system (CNS) depressants such as alcohol, narcotics, and barbiturates may compound these CNS effects.

Short-term amnesia of varying severity has been reported with Halcion. Those experiencing this effect have no memory of events after taking the hypnotic medication. This occurrence was reported widely with travelers who took the 0.5-mg tablets of Halcion, but it has also been reported with the 0.125 mg and 0.25 mg dosages. A few reports have also been made of individuals taking Halcion committing violent or bizarre acts. Afterward, the individuals had no recollection of their actions.

Prolonged use of Halcion can lead to dependence. When the medication is abruptly withdrawn, symptoms of withdrawal may occur. Withdrawal symptoms include headache, vomiting, impaired concentration, confusion, tremor, muscle cramps, and seizures. Halcion, as well as other benzodiazepines, are centrally acting depressants, and they can depress respiration. This can affect patients with chronic obstructive pulmonary disease and emphysema by decreasing their “respiratory drive” or their ability to breathe. Patients with sleep apnea—a sleep disorder in which respiration is interrupted by long pauses during the sleep cycle—should not take Halcion or other benzodiazepines. The respiratory depressant effect of benzodiazepines may further suppress the respiratory drive in these patients and put them at risk for respiratory depression.

Benzodiazepines may induce paradoxical reactions in susceptible individuals. Instead of the expected depressant effects, the medication stimulates excitement, aggression, anger, uninhibited behavior, and rage in the susceptible person. These reactions are more likely to occur in seniors, people with brain damage, and individuals with personality and impulse-control disorders.

**Possible Drug Interactions**

The potential drug interactions with Halcion are summarized in the table below.

<table>
<thead>
<tr>
<th>Central nervous system (CNS) depressants (e.g., alcohol, narcotics, barbiturates, hypnotics) and antihistamines</th>
<th>Combination of Halcion with another CNS depressant may impair coordination and breathing, increase sedation, and produce other CNS depressant effects.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tagamet (cimetidine), Serzone (nefazodone); oral contraceptives; Antabuse (disulfiram); isoniazid (e.g., INH); Prozac (fluoxetine), Luvox (fluvoxamine), and other selective serotonin uptake inhibitor antidepressants; Diflucan (fluconazole), Nizoral (ketoconazole), and Sporanox (itraconazole); protease inhibitors (e.g., Crixivan, Norvir, Fortovase); grapefruit juice</td>
<td>When any of these medications, or grapefruit juice, are taken concurrently with Halcion, they can inhibit its metabolism and increase blood levels. This may increase the likelihood of adverse side effects from Halcion (e.g., sedation, drowsiness, amnesia). The dosage of Halcion may need to be reduced when any other of these medications are present in the regimen.</td>
</tr>
</tbody>
</table>
Patients taking Halcion should not consume alcohol because the combination may increase sedation and drowsiness.

**Use in Pregnancy and Breastfeeding: Pregnancy Category X**

Halcion, as well as other benzodiazepines and their metabolites, is known to cross the placenta and accumulate in the fetal circulation. Reproduction studies in animals demonstrated that Halcion was absorbed into fetal circulation and increased the occurrence of abnormalities. Halcion should not be used during pregnancy.

Nursing mothers should not take Halcion, because it will pass into breast milk and be ingested by the baby. If stopping the drug is not an alternative, breastfeeding should not be started or should be discontinued.

**Overdose**

Overdose from oral ingestion of benzodiazepines alone is generally not fatal. Most fatalities reported with benzodiazepines implicate multiple medication ingestion, particularly the combination of a benzodiazepine with CNS depressants, including alcohol, narcotics, and barbiturates.

Mild symptoms of benzodiazepine overdose include drowsiness, confusion, somnolence, tiredness, impaired coordination, clumsiness in walking (ataxia), and slow reflexes. Benzodiazepine overdose, when these agents are taken alone, is rarely fatal. When multiple medications are taken in benzodiazepine overdose, severe symptoms include slowing of respiratory and heart rate, low blood pressure, loss of coordination, and loss of consciousness leading to coma and, potentially, death.

Any suspected overdose should be treated as an emergency. The person should be taken to the emergency department for observation and treatment. The prescription bottle of medication (and any other medication suspected in the overdose) should be brought as well, because the information on the prescription label can be helpful to the treating physician in determining the number of pills ingested.

**Special Considerations**

- Halcion should only be taken when needed for sleep. Do not take more than the prescribed dose.
- Halcion may cause sedation and drowsiness, especially during initiation of therapy, and impair your alertness. Use caution when driving or performing tasks that require alertness. Avoid alcohol when taking Halcion, because alcohol may intensify these effects.
- Store the medication in its originally labeled, light-resistant container, away from heat and moisture. Heat and moisture may precipitate breakdown of your medication.
- Keep your medication out of reach of children.

*If you have any questions about your medication, consult your physician or pharmacist.*