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Gabapentin improves sleep in the presence of alcohol.

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Abstract

STUDY OBJECTIVES: To evaluate the ability of a single dose of gabapentin to improve sleep disruption caused by alcohol consumption.

METHODS: Double-blind, randomized, single-dose, crossover study of normal subjects (age 21-45 years) who were free of known sleep disorders or medical conditions that could interfere with sleep. Subjects first received baseline polysomnography and, upon awakening, subjective scales of drowsiness and functioning. One to 2 weeks later, they returned to the sleep lab. They consumed 4 ounces of 40% alcohol and gabapentin (300 or 600 mg) or placebo 1 hour prior to bedtime. Polysomnography and subjective scales were repeated. One to 2 weeks later, subjects returned and were given the same dose of alcohol and the other treatment, followed by repeat testing. Differences between baseline and placebo (alcohol) results were compared to the difference between baseline and gabapentin (alcohol) by paired t tests.

RESULTS: Thirteen subjects were enrolled; 12 completed the study. Mean age was 30.8 years (range 25-37 years). No difference in total sleep time was seen for any of the groups. Gabapentin (300 or 600 mg) showed a significant decrease in stage 1 (9.3% vs 5.5%) and number of awakenings (11 vs 6) with increased sleep efficiency (93% vs 96.2%). Subjects receiving 600 mg also showed increased slow wave sleep, decreased rapid eye movement sleep, and decreased arousals. No differences were seen in any of the subjective tests of drowsiness and performance.

CONCLUSIONS: Single-dose gabapentin at bedtime can improve sleep through decreased stage 1 sleep, increased slow-wave sleep, increased sleep efficiency, and decreased arousals. Gabapentin may be useful in the treatment of conditions in which frequent awakenings and decreased sleep efficiency are seen.

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