

Chlordiazepoxide

Librium

A long-acting medicine for alcohol withdrawal or anxiety, with a clear plan for monitoring and stopping.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

FOLLOW YOUR DOSE PLAN

AVOID ALCOHOL AND UNAPPROVED SEDATIVES

Withdrawal treatment needs medical supervision. Do not start a home withdrawal plan using this handout.

What it is used for

In monitored care, it eases alcohol withdrawal and helps prevent serious complications. It is also prescribed for anxiety, including before surgery.

Withdrawal treatment is usually brief. It does not treat alcohol use disorder itself; ask about the ongoing care and support that follow.

How it works

It strengthens GABA, a brain chemical that quiets nerve signals. This can calm anxiety and withdrawal, but can also slow reactions and affect memory.

Your body changes it into other active substances that last a long time. This can smooth its effects, but can also cause sleepiness to build up over several days.

What to expect over time

STARTING

Relief and drowsiness can begin early; response varies.

NEXT FEW DAYS

Your team checks symptoms, breathing and steadiness.

AFTER THE COURSE

Follow the stop plan and continue longer-term support.

Taking your medication

Take exactly the amount and times on your written plan, with or without food. Do not add extra capsules or copy someone else's withdrawal schedule.

During withdrawal care, attend all check-ins and take thiamine or other support as directed. Tell your team immediately if drinking resumes or symptoms worsen.

After longer-term regular use, stopping suddenly can be dangerous. Your prescriber will tailor a gradual taper; do not extend a brief withdrawal course yourself.

When to get help

Call 911: slow or difficult breathing, collapse, inability to wake, a seizure or severe confusion. Do not drive yourself for help.

Get urgent assessment: hallucinations, marked agitation, repeated vomiting, worsening tremor or heavy sedation during withdrawal treatment. More intensive care may be needed.

Contact your team promptly: unusual aggression, suicidal thoughts, a severe rash, fever or yellow skin/eyes. Call 911 for immediate danger or breathing trouble.

Early side effects

Sleepiness, dizziness, weakness and poor balance can occur. Rise slowly and avoid driving until your team says it is safe.

Other effects to discuss

Report growing grogginess, memory trouble, falls, constipation, dry mouth or sexual changes. You do not need to push through them.

What to keep track of

Keep withdrawal checks for symptoms, alertness and breathing. Longer treatment may need blood counts and liver tests. Report increasing sleepiness even without a dose change.

Before you start

Tell your team about prior withdrawal seizures or confusion, all alcohol and other substance use, liver or kidney disease, breathing problems, sleep apnea and falls. Share all medicines and supplements. Discuss pregnancy or breastfeeding promptly: late-pregnancy exposure can affect a newborn, and US labeling advises against breastfeeding during treatment. Do not suddenly stop regular medicine or attempt alcohol withdrawal alone if pregnant.

Medicines & interactions

Alcohol & opioids

Alcohol, opioid pain medicines and other sedatives can dangerously slow breathing. If drinking resumes, call your withdrawal team rather than changing the schedule yourself. Ask about naloxone if opioids are involved.

Sleep & cold medicines

Sleeping pills, muscle relaxants, gabapentin/pregabalin and sedating allergy or cold remedies can add impairment. Check before taking them.

Medicines that affect levels

Disulfiram, cimetidine, some antidepressants and seizure medicines can change exposure. Your pharmacist should check the exact combination and any grapefruit use.

Shared care

Tell every prescriber and dentist you take it. Do not stop buprenorphine or methadone yourself; coordinated monitoring is safer than an unplanned medication change.

Everyday tips

Keep a written plan and attend every check-in.

Arrange help and transport during withdrawal care.

Keep fluids and nutrition on track as directed.

Continue therapy or alcohol-use treatment after the course.

Your questions, answered

What if I miss a dose?

Never double. For a several-times-daily schedule, skip the missed dose and continue as directed. During alcohol withdrawal, contact your treatment team for instructions rather than trying to catch up yourself.

Does dependence mean addiction?

No. Physical dependence means your body has adapted; it can happen with prescribed use. Addiction is a different pattern involving loss of control or continued use despite harm. Both deserve care without blame.

Can I stop when I feel better?

Follow the written stop plan for a brief withdrawal course. After longer-term regular use, your team will reduce the dose gradually. Long-lasting effects do not make sudden stopping safe.

Can I drive after the first hour?

Not just because an hour has passed. Effects can last into the next day or build up. Ask your team about driving and hazardous work; arrange another ride during withdrawal treatment.

Storage & safety

Keep in the original container, secure from children, pets and others. Never share; ask about medicine take-back. For overdose, call Poison Control at 1-800-222-1222; call 911 for seizures, collapse, breathing trouble or inability to wake.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=54d76424-7fab-c000-e063-6294a90af43e>
 2. <https://medlineplus.gov/druginfo/meds/a682078.html>
 3. <https://www.asam.org/quality-care/clinical-guidelines/alcohol-withdrawal-management-guideline>
-

Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC