

Clonazepam

Klonopin

A long-acting medicine for panic disorder or certain seizures, with a plan for safe use and review.

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

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

DO NOT STOP SUDDENLY

AVOID ALCOHOL AND UNAPPROVED SEDATIVES

Panic and seizure treatment use different dose plans. Follow your own prescription, not another person's.

What it is used for

It can reduce panic attacks and treat certain seizure disorders. Your team may sometimes prescribe it for another reason and should explain that goal.

For anxiety, it may be part of a plan that also includes therapy or other medicines. Feeling calmer matters, but so do clear thinking and daily function.

How it works

It strengthens GABA, a brain chemical that quiets nerve signals. This can reduce panic or seizures, but may also slow reactions and affect memory.

It stays in the body a long time. Effects can carry into the next day or build up with repeated doses; long-lasting does not mean risk-free.

What to expect over time

EARLY ON

Relief or sleepiness may begin with the first doses.

DOSE CHANGES

Check steadiness, alertness and symptom control.

ONGOING

Review benefits, side effects and the longer-term plan.

Taking your medication

Take exactly as prescribed, with or without food. Do not add extra doses or use a seizure-treatment dose for anxiety. Arrange refills before running out.

For a dissolving tablet, use dry hands and peel back the foil; do not push it through. Place it in your mouth to dissolve, then swallow with or without water.

Never abruptly stop regular treatment. Your prescriber will tailor any gradual reduction. A dissolving tablet is not a substitute for your seizure-rescue plan.

When to get help

Call 911: slow or difficult breathing, collapse, inability to wake, a prolonged seizure or repeated seizures without recovery. Follow your seizure emergency plan.

Get urgent help: severe confusion, hallucinations, unusual aggression or suicidal thoughts. Call 911 for immediate danger; do not drive yourself.

Seek prompt advice: marked unsteadiness, worsening seizures, a rash or yellow skin/eyes. Swelling of the face or throat or trouble breathing needs emergency care.

Early side effects

Sleepiness, dizziness, slowed thinking and poor balance can occur. Avoid driving or hazardous work until you know it is safe.

Other effects to discuss

Report memory problems, falls, persistent grogginess, constipation, extra saliva or sexual changes. You do not need to push through them.

What to keep track of

Keep a record of panic attacks or seizures, missed doses and side effects. Long-term treatment may need blood counts and liver tests. Tell your team if you feel you need more medicine.

Before you start

Share all medicines and supplements, alcohol or other substance use, past withdrawal problems, liver or kidney disease, glaucoma, breathing problems, sleep apnea and falls. Discuss pregnancy or breastfeeding promptly; do not stop suddenly. Exposure late in pregnancy can affect a newborn. If breastfeeding is chosen, watch for unusual infant sleepiness, poor feeding or poor weight gain. Tell your pharmacist about phenylketonuria before using a dissolving tablet.

Medicines & interactions

Alcohol & opioids

Alcohol, opioid pain medicines and other sedatives can dangerously slow breathing. Check every combination with your team. Ask about naloxone when opioids are involved; it does not reverse clonazepam itself.

Sleep & cold remedies

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

Medicines that change levels

Some antifungals and seizure medicines alter exposure. Valproate needs special seizure monitoring. Ask your pharmacist to check new prescriptions, supplements and grapefruit.

Shared care

Tell all prescribers and your dentist you take clonazepam. Do not stop buprenorphine or methadone yourself; your clinicians should coordinate a safe plan.

Everyday tips

Track symptoms and how well you function.

Keep therapy and other treatment appointments.

Use one clear medication and refill plan.

Arrange a ride if sleepy, dizzy or unsteady.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is nearly due; then skip it. Never double. If you miss several doses, run out or notice withdrawal or seizure changes, contact your team promptly.

Does dependence mean addiction?

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

Can I stop when panic improves?

Talk with your prescriber first. After regular use, a gradual taper may take longer than expected and can be adjusted if symptoms occur. Feeling better does not make sudden stopping safe.

Is the dissolving tablet stronger?

No. It is another way to take the prescribed amount, not a long-acting or emergency-rescue version. Check the strength on the package each time you refill.

Storage & safety

Store securely in the original container, away from moisture, children and pets. Never share; ask about medicine take-back. For overdose, call Poison Control at 1-800-222-1222; call 911 for collapse, seizures, 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/lookup.cfm?setid=8bb69bbe-07e1-4123-9b70-fde78d1d0a34>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=19fc756c-72fe-4504-beaa-4fa2235af18c>
 3. <https://medlineplus.gov/druginfo/meds/a682279.html>
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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.

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