

Clorazepate

Tranxene

A long-acting medicine for anxiety, supervised alcohol withdrawal or added seizure control.

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

Anxiety, seizure and alcohol-withdrawal treatment use different plans. Do not change the schedule yourself.

What it is used for

It can ease anxiety or alcohol-withdrawal symptoms. It is also added to other medicines for certain seizures; it does not replace the rest of your treatment.

Alcohol withdrawal needs medical supervision. This medicine does not treat alcohol use disorder itself; ask about the care that follows the short course.

How it works

Your body quickly turns it into an active medicine called nordiazepam. This strengthens GABA, a brain chemical that quiets nerve signals.

The active medicine lasts a long time. That can smooth its effects, but sleepiness, poor balance or slowed thinking can build up over several days.

What to expect over time

STARTING

Relief and sleepiness may begin with early doses.

NEXT FEW DAYS

Watch for increasing grogginess or unsteadiness.

REVIEW

Discuss symptom control, function and the stop plan.

Taking your medication

Follow the exact dose and times on your prescription. Do not add extra tablets or use another person's anxiety or withdrawal schedule. Plan refills ahead.

For alcohol withdrawal, attend every check-in and take prescribed thiamine or other support. Tell the team immediately if drinking resumes or symptoms worsen.

Do not suddenly stop regular treatment. Your team will tailor a taper. A brief withdrawal course has its own step-down and stop plan; do not extend it yourself.

When to get help

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

Get urgent assessment: severe confusion, hallucinations, repeated vomiting, marked agitation or worsening symptoms during alcohol withdrawal.

Contact your team promptly: suicidal thoughts, new aggression, a rash, double vision or marked unsteadiness. Call 911 for immediate danger or face/throat swelling with breathing trouble.

Early side effects

Sleepiness, dizziness, fatigue, dry mouth, headache and stomach upset can occur. Report symptoms that interfere with daily life.

Other effects to discuss

Watch for memory trouble, falls, slowed speech or increasing grogginess. Do not drive or do hazardous work while impaired.

What to keep track of

Track symptoms, missed doses and alertness. Long-term treatment needs periodic blood counts and liver tests. Alcohol withdrawal also needs close checks of symptoms, breathing and hydration.

Before you start

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

Medicines & interactions

Alcohol & opioids

Alcohol and opioid medicines can dangerously add to breathing suppression. If drinking resumes during withdrawal treatment, contact your team. Ask about naloxone if opioids are involved; it does not reverse clorazepate itself.

Other sedatives

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

New medicines

Ask your pharmacist to review prescriptions, nonprescription products and supplements before adding or stopping them. Do not combine benzodiazepines unless specifically directed.

Coordinated care

Tell every prescriber and dentist you take clorazepate. Do not stop buprenorphine or methadone yourself; your team should coordinate monitoring.

Everyday tips

Keep a written plan and symptom record.

Attend therapy and withdrawal check-ins as directed.

Arrange help and transport when impaired.

Continue longer-term anxiety or alcohol-use care.

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. During alcohol withdrawal, ask your supervising team for instructions instead of catching 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 use despite harm. Both deserve care without blame.

Can I stop when I feel better?

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

Why am I sleepy the next day?

The active medicine remains in the body for a long time and can accumulate. Tell your team about persistent grogginess or poor balance. Do not use extra caffeine as proof you can drive safely.

Storage & safety

Keep in the original tightly closed container, secure from children, pets and others, and protected from moisture. Never share; ask about 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://www.dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=6e07efe5-29b6-6d1e-661a-f696c4b17f43&type=display>
 2. <https://medlineplus.gov/druginfo/meds/a682052.html>
 3. <https://www.asam.org/quality-care/clinical-guidelines/alcohol-withdrawal-management-guideline>
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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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