

Diazepam

Valium

A long-acting medicine for anxiety, muscle spasm or supervised withdrawal and seizure care.

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

This sheet mainly covers medicine taken by mouth. Seizure-rescue products have separate instructions.

What it is used for

Oral diazepam treats anxiety, muscle spasm or alcohol-withdrawal symptoms, or adds seizure control. Each use needs its own dose plan.

Alcohol withdrawal needs medical supervision. Seizure-rescue products need a trained caregiver and written plan; they are not interchangeable with tablets.

How it works

Diazepam strengthens GABA, a brain chemical that quiets nerve signals. It can ease anxiety, muscle spasm or seizure activity.

Active breakdown products remain for days. The calming effect can wear off before the medicine clears; grogginess can build up.

What to expect over time

EARLY DOSES

Relief and sleepiness may begin the same day.

NEXT FEW DAYS

Watch for increasing grogginess or poor balance.

REVIEW

Discuss daily function and the next treatment step.

Taking your medication

Follow your prescribed dose and times. Do not add tablets when an effect wears off or use someone else's schedule. Plan refills ahead; never share medicine.

If prescribed a liquid, use the supplied measuring device and ask for a demonstration. Concentrated liquid has special mixing instructions; do not improvise a dilution.

Do not suddenly stop regular treatment. Your team will tailor a taper. A short alcohol-withdrawal course has its own stop plan; do not extend or restart 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 your seizure emergency plan.

Get urgent assessment: severe confusion, hallucinations, repeated vomiting or worsening symptoms during alcohol withdrawal. Do not treat these by adding tablets yourself.

Contact your team promptly: suicidal thoughts, new aggression, marked unsteadiness or yellow skin/eyes. Call 911 for immediate danger or face/throat swelling with breathing trouble.

Early side effects

Sleepiness, fatigue, dizziness, weakness and poor coordination are common. Dry mouth, nausea or constipation may also occur.

Other effects to discuss

Report falls, memory trouble, blurred vision, sexual changes or persistent grogginess. Do not drive or do hazardous work while impaired.

What to keep track of

Track symptoms, alertness and missed or extra doses. Long-term use needs periodic blood counts and liver tests. Alcohol withdrawal also needs close symptom and vital-sign checks.

Before you start

Tell your team about alcohol or other substance use, previous withdrawal or seizures, all medicines, liver or kidney disease, glaucoma, muscle weakness, sleep apnea, breathing trouble and falls. Discuss pregnancy or breastfeeding promptly. Late pregnancy exposure can affect a newborn; oral Valium labeling advises against breastfeeding. Do not abruptly stop regular treatment or attempt alcohol withdrawal alone if pregnant.

Medicines & interactions

Alcohol & opioids

Alcohol and opioids can dangerously add to breathing suppression. Ask about naloxone if opioids are involved; it does not reverse diazepam itself. Tell your withdrawal team if drinking resumes.

Other sedatives

Sleep aids, muscle relaxants, sedating allergy remedies and gabapentin/pregabalin can add impairment. Check before combining them.

New medicines

Some antidepressants, antifungals and stomach medicines can prolong diazepam's effects. Ask your pharmacist about prescriptions, nonprescription products, cannabis/CBD and supplements.

Coordinated care

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

Everyday tips

Keep a written dose and symptom record.

Attend therapy and withdrawal check-ins as directed.

Arrange transport and help when impaired.

Continue longer-term anxiety or alcohol-use care.

Your questions, answered

What if I miss an oral dose?

If prescribed several times a day, skip the missed dose and resume your schedule. Never double. Ask your team about a once-daily or withdrawal plan; do not catch up on your own.

Does dependence mean addiction?

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

Can I stop when I feel better?

After regular use, stopping suddenly can cause serious withdrawal, including seizures. Follow your written taper or short-course stop plan. Long-lasting effects do not make abrupt stopping safe.

What about seizure-rescue medicine?

Use only the prescribed product and caregiver plan. Follow its exact second-dose and emergency rules. Do not put oral tablets in someone's mouth during a seizure or substitute them for rescue medicine.

Storage & safety

Store securely in the original container, away from children, pets, heat and moisture. Follow product-specific liquid instructions. 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://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=260e2041-2bb3-482f-850e-b5d47a7bdbe6>
 2. <https://medlineplus.gov/druginfo/meds/a682047.html>
 3. <https://www.asam.org/quality-care/clinical-guidelines/benzodiazepine-tapering>
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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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Jeffrey Panko, PMHNP-BC