

Flurazepam

Former US brand: Dalmane

A sleep medicine with effects that can last well beyond bedtime. A clear review and stopping plan matters.

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

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

ALLOW 7-8 HOURS FOR SLEEP

EFFECTS CAN LAST AFTER YOU STOP

Take only your prescribed bedtime dose. Never add a second dose during the night.

What it is used for

Flurazepam can help with falling asleep, staying asleep or waking too early. Short-term treatment is usually enough; ongoing use needs regular review.

For continuing insomnia, ask about CBT-I: structured therapy for sleep-related thoughts and habits. Sleep tips alone are not the same treatment.

How it works

It strengthens GABA, a brain chemical that slows nerve signals. This can promote sleep, but also affects memory, thinking and balance.

An active breakdown product stays in the body for a long time. It can build up with nightly use and cause impairment for days after stopping.

What to expect over time

FIRST NIGHTS

Benefit may be clearer on nights two or three.

OVER THE WEEK

Watch for increasing grogginess or unsteadiness.

BY 7-10 DAYS

Call if sleep is no better; call sooner if worse.

Taking your medication

Take it right before bed, only when you can stay in bed for seven to eight hours before activity. Use exactly the dose on your prescription.

Do not take extra capsules or another sleep aid because you are still awake. Ask your pharmacist before opening a capsule or changing how you take it.

Do not stop or reduce regular use suddenly. Ask for a written stop or taper plan and contact your team before running out. Never share capsules.

When to get help

Call 911: slow or difficult breathing, collapse, inability to wake, a seizure, or tongue/throat swelling with trouble breathing.

Contact your team immediately: sleep-driving, sleepwalking or other activities you cannot remember. Get advice before the next dose; regular use may need a supervised stop plan.

Get urgent help: suicidal thoughts, severe confusion, hallucinations or chest pain. Call 911 for immediate danger. Report yellow skin/eyes or fever with a severe sore throat promptly.

Early side effects

Drowsiness, dizziness, morning grogginess, headache, stomach upset, weakness and poor coordination can occur.

Other effects to discuss

Report falls, memory gaps, unusual agitation or worsening daytime function. Do not drive or do hazardous work while impaired.

What to keep track of

Keep a sleep and next-day alertness record. Watch for effects that build over several nights. Some people need blood counts or liver tests because of their health history or other medicines. Keep follow-up visits even if sleep improves.

Before you start

Tell your team about sleepwalking or sleep-driving, loud snoring or breathing pauses, lung disease, falls, memory problems, glaucoma, liver or kidney disease, depression and prior withdrawal. Share all medicines, supplements, alcohol and other substance use. Discuss pregnancy or breastfeeding promptly: late exposure can affect a newborn, and breastfeeding is not recommended during treatment. Do not abruptly stop regular use yourself.

Medicines & interactions

Alcohol & opioids

Avoid alcohol. Opioids can dangerously add to breathing suppression. Ask about naloxone if opioids are involved; it does not reverse flurazepam itself. Do not stop methadone or buprenorphine yourself.

Sleep & allergy aids

Other sleep medicines, sedating allergy remedies, muscle relaxants and some seizure medicines add impairment. Check all OTC sleep and cold products before taking them.

Other medicines

Cimetidine may slow clearance. Check supplements, including kava, and tell your pharmacist before starting or stopping any prescription or nonprescription medicine.

After the last dose

Interactions and impairment may persist for several days. Do not assume alcohol, driving or a new sedative is safe just because you stopped flurazepam.

Everyday tips

Ask about CBT-I for recurring insomnia.

Keep a consistent wake time and calming routine.

Review caffeine, naps and nighttime distractions.

Address snoring, pain, restless legs or mood symptoms.

Your questions, answered

What if I miss bedtime?

Take a missed bedtime dose only if your prescription allows it and a full seven to eight hours remain for sleep. Otherwise skip it. Never double or add a second dose overnight.

Why am I groggy after several nights?

The active breakdown product builds up. Contact your team rather than changing doses yourself. Feeling used to sleepiness does not mean your memory or coordination are unaffected.

Does dependence mean addiction?

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

Can stopping suddenly cause problems?

Yes. Withdrawal can include severe anxiety, shaking, confusion or seizures. A gradual plan is safer after regular use. Symptoms can last longer than a few nights; keep your team informed.

Storage & safety

Keep capsules in their original tightly closed container at room temperature, away from light and moisture and secure from children, pets and others. Use a medicine take-back program. 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=8f476891-1346-4e8c-ac1b-f8cbdc64f5a1>
 2. <https://medlineplus.gov/druginfo/meds/a682051.html>
 3. <https://www.healthquality.va.gov/guidelines/CD/insomnia/index.asp>
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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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