

Quazepam

Doral

A sleep medicine should help the next day, too. This one can stay in your system for several days.

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

NEXT-DAY EFFECTS MAY BUILD OVER TIME

Use only your prescribed bedtime dose. Do not add a second sleep medicine or a middle-of-the-night dose.

What it is used for

Quazepam treats trouble falling asleep, repeated waking during the night and waking too early. It is generally used for a brief course.

If sleep has not improved in 7–10 days, contact your team. Pain, mood symptoms, sleep apnea or another problem may need a different treatment.

How it works

It strengthens GABA, a calming brain signal. The same action can slow memory, thinking, balance and breathing.

Quazepam and active breakdown products last a long time. Sleepiness or poor balance can build over several nights and continue after the last dose.

What to expect over time

FIRST NIGHT

It may help quickly; take only when ready for bed.

NEXT SEVERAL DAYS

Watch for increasing fogginess or poor balance.

BY 7–10 DAYS

Review persistent insomnia and daytime effects.

Taking your medication

Take it at bedtime only when you can stay in bed for a full 7–8 hours. A full night does not guarantee safe driving the next day.

A 7.5 mg dose is half of the scored 15 mg tablet. Ask your pharmacist to show you how to split it. Do not increase the dose yourself.

After regular use, do not stop suddenly. Ask for a written taper and call before running out. Never make your own diluted mixtures or skip days to taper.

When to get help

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

Call immediately: sleep-driving or other activity you do not remember. Before another dose, get a safe plan that addresses any withdrawal risk from regular use.

Get urgent help: severe confusion, hallucinations, dangerous agitation or suicidal thoughts. Use emergency services for immediate danger.

Early side effects

Drowsiness, headache, tiredness, dizziness, dry mouth and stomach upset can occur. Some people become unusually restless or disinhibited.

Other effects to discuss

Feeling awake does not prove judgment and coordination are normal. Avoid driving and dangerous tasks until cleared for your situation. Risk can last several days after stopping.

What to keep track of

Track sleep, daytime alertness, balance, memory and dose use. Ask someone you trust to mention unusual nighttime behavior. Report falls, increasing sedation, mood changes or extra doses. Keep early reviews and a clear stopping plan.

Before you start

Tell your team about sleep apnea or breathing/lung problems before taking it; these may mean you should not use quazepam. Discuss falls, liver/kidney disease, depression, substance use and previous withdrawal. Tell your team about pregnancy or nursing: newborn sedation or withdrawal and sleepy, poorly feeding infants are concerns. Do not abruptly stop regular use on your own; arrange a coordinated treatment and feeding plan.

Medicines & interactions

Alcohol

Avoid alcohol. It adds breathing and impairment risks and increases the chance of dangerous nighttime behavior. Drug effects can continue after your last tablet.

Opioids

Pain medicines and other opioids can dangerously slow breathing. Ask about naloxone when opioids are involved; it does not reverse quazepam. Do not stop methadone or buprenorphine yourself.

Other sleep or sedating medicines

Do not add another sleep medicine. Sedating cold/allergy remedies, muscle relaxants and gabapentin/pregabalin can increase impairment; check OTC products with your pharmacist.

New medicines & supplements

Some medicines can raise quazepam exposure. Check before starting or stopping prescriptions, cannabis, CBD or supplements. Bring a complete list to appointments.

Everyday tips

Ask about CBT-I: structured treatment for chronic insomnia.

Keep a consistent wake time and a brief sleep diary.

Discuss snoring, pain, restless legs or mood symptoms.

Arrange safe transport and reduce nighttime fall hazards.

Your questions, answered

What if I miss bedtime?

Skip it if a full 7–8 hours of sleep are not available. Do not take an extra dose later or double the next dose. Ask your team what to do if you repeatedly miss regular doses.

Why am I more tired after several nights?

The medicine and active breakdown products can build up. Report new fogginess, imbalance or memory trouble instead of waiting indefinitely for it to pass. Do not drive while affected.

Is physical dependence addiction?

They are not the same. Dependence means the body has adapted and may need a taper. Addiction involves a different pattern, such as loss of control or use despite harm. Both deserve care without blame.

Can I stop when sleep improves?

After regular use, get a taper plan first. Withdrawal can include severe anxiety, confusion or seizures and may be delayed. Temporary worse sleep does not necessarily mean you need more medicine; call your team.

Storage & safety

Keep tablets in their original closed container at room temperature, secure from children, pets and others. Never share. Use medicine take-back for leftovers. For overdose call Poison Control, 1-800-222-1222; call 911 for severe symptoms.

A final reminder

Your prescribed plan and product Medication Guide take priority.

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/fda/fdaDrugXsl.cfm?setid=f7d63f3f-5303-48ab-bce2-35fd62c45799&type=display>
 2. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=9727e8b4-14f1-451d-9630-84eabc772e42>
-

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