clorazepate (klor-az-e-pate)  
Gen-XENE, Tranxene T-Tab  
**Classification**  
Therapeutic: anticonvulsants, sedative/hypnotics  
Pharmacologic: benzodiazepines  
**Schedule IV**  
**Pregnancy Category UK**

### Indications

### Action
Acts at many levels in the CNS to produce anxiolytic effect and CNS depression (by stimulating inhibitory GABA receptors). Also has anticonvulsant effect (enhances presynaptic inhibition). Therapeutic Effects: Relief of anxiety. Sedation. Prevention of seizures.

### Pharmacokinetics
**Absorption:** Well absorbed from the GI tract as desmethyldiazepam.  
**Distribution:** Widely distributed. Crosses the placenta; enters breast milk.  
**Metabolism and Excretion:** Metabolized by the liver; some conversion to active compounds.  
**Half-life:** 36 hr.  
**TIME/ACTION PROFILE (sedation)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>1–2 hr</td>
<td>1–2 hr</td>
<td>up to 24 hr†</td>
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</table>

†May last longer in geriatric patients

### Contraindications/Precautions
Contraindicated in: Hypersensitivity; Cross-sensitivity with other benzodiazepines may occur; Pre-existing CNS depression; Severe uncontrolled pain; Angle-closure glaucoma; OB, Lactation: May cause CNS depression, flaccidity, feeding difficulties, and seizures in infant. In lactation discontinues drug or bottle-feed.  
Use Cautionily in: All patients (may ↑ risk of suicidal thoughts/behaviors). Pre-existing hepatic dysfunction. Patients who may be suicidal or have been addicted to drugs in the past. Debilitated patients (dosage reduction recommended). Severe pulmonary disease; Geri: Long-acting benzodiazepines may cause prolonged sedation in the elderly. Appears on Beers list and is associated with increased risk of falls; ↓ dose required or consider short-acting benzodiazepine.

### Adverse Reactions/Side Effects
**CNS:** Suicidal thoughts, dizziness, drowsiness, lethargy, hangover, headache, mental depression, slurred speech, ataxia, paradoxical excitation.  
**EENT:** Blurred vision.  
**Resp:** Respiratory depression.  
**GI:** Constipation, diarrhea, nausea, vomiting, weight gain (unusual).  
**Derm:** Rashes.  
**Misc:** Physical dependence, psychological dependence, tolerance.

### Interactions
**Drug-Drug:** Alcohol, antidepressants, antihistamines, and opioid analgesics — concurrent use results in ↓ CNS depression. Cimetidine, hormonal contraceptives, disulfiram, fluoxetine, ilomaltose, isoniazid, ketoconazole, metoprolol, pregabalin, or valproic acid may ↓ metabolism of clorazepate. In patients with depression, May ↓ efficacy of levodopa. Rifampin or barbiturates may ↑ metabolism and ↓ effectiveness of clorazepate. Sedative effects may be ↓ by theophylline.  
**Drug-Natural Products:** Concomitant use of kava-kava, valerian, or chamomile may ↓ CNS depression.

### Route/Dosage
Prescribe largest dose at bedtime to avoid daytime sedation. Can be used on prn basis for anxiety.  
**PO (Adults):** Anxiety—7.5–15 mg 2–4 times daily or 15 mg at bedtime initially. May be gradually ↑ over subsequent days.  
**PO (Adults and Children ≥12 yr): Anticonvulsant—7.5 mg 3 times daily; may ↑ to no more than 7.5 mg/day at weekly intervals (daily dose not to exceed 90 mg).**  
**PO (Elderly Patients or Debilitated Patients): Anxiety—7.5 mg 1–2 times daily; may ↑ to 15 mg.**  
**PO (Children 9–12 yr): Anticonvulsant—7.5 mg twice daily initially, may ↑ to no more than 7.5 mg/day (not to exceed 45 mg/day).**

### Pharmacokinetics
Absorption: Well absorbed from the GI tract as desmethyldiazepam. Distribution: Widely distributed. Crosses the placenta; enters breast milk. Metabolism and Excretion: Metabolized by the liver; some conversion to active compounds. Half-life: 48 hr. Time/Action Profile (sedation)
NURSING IMPLICATIONS

Assessment
- Assess for drowsiness, unsteadiness, and clumsiness. Symptoms are dose related and most severe during initial therapy; may decrease in severity or disappear with continued or long-term therapy.
- Prolonged high-dose therapy may lead to psychological or physical dependence.
- Conduct regular assessment for continued need for treatment.
- Monitor closely for notable changes in behavior that could indicate the emergence or worsening of suicidal thoughts or behavior or depression.

- Anxiety: Assess degree and manifestations of anxiety and mental status (orientation, mood, behavior) prior to and periodically during therapy.
- Seizures: Assess risk of falls and institute fall prevention strategies.
- Geri: Excessive risk of falls and institute fall prevention strategies.
- Lab Test Considerations: Patients on prolonged therapy should have CBC and liver function tests evaluated periodically. May cause an increase in serum bilirubin, AST, and ALT.
- Monitor for signs of thyroidal uptake of sodium iodide123I and131I.

Toxicity and Overdose: Flumazenil is the antidote for clorazepate toxicity or overdose (flumazenil may induce seizures in patients with a history of seizures disorder or who are on tricyclic antidepressants).

Potential Nursing Diagnoses

Anxiety (Indications)
Risk for injury (Side Effects)
Risk for falls (Side Effects)

Implementation
- PO: If gastric irritation is a problem, may be administered with food or fluids. Capsule should be swallowed whole; do not open.
- Avoid administration of antacids within 1 hr of medication, because absorption of clorazepate may be delayed.
- Use lowest effective dose for shortest period of time. Taper by 0.5 mg every 3 days to prevent withdrawal. Some patients may require longer tapering period (months).

Patient/Family Teaching
- Instruct patient to take medication as directed, not to skip or double up on missed doses. Abrupt withdrawal may cause status epilepticus, tremors, nausea, vomiting, and abdominal and musculoskeletal pain. Instruct patient to read the Medication Guide before starting and with each Rx refill, changes may occur.
- May cause drowsiness or dizziness. Advise patient to avoid driving or other activities requiring alertness until response to drug is known. Geri: Instruct patient and family how to reduce falls risk at home.
- Caution patient to avoid alcohol or other CNS depressants concurrently with this medication. Advise patient to consult health care professional prior to taking OTC or herbal products.
- Instruct patient and family to notify health care professional of unusual tiredness, bleeding, sore throat, seborrheic dermatitis, yellowing of skin, or behavioral changes. Advise patient and family to notify health care professional if thoughts about suicide or dying, attempts to commit suicide; new or worse depression; new or worse anxiety; feeling very agitated or restless; panic attacks; trouble sleeping; new or worse irritability; acting aggressive, being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking, other unusual changes in behavior or mood occur.
- Instruct patient to contact health care professional immediately if pregnancy is planned or suspected or if breast feeding. Encourage pregnant patients to enroll in North American Antiepileptic Drug (NAAED) Pregnancy Registry to collect information about safety of antiepileptic drugs during pregnancy. To enroll, patients can call 1-888-233-2334.
- Advise patient to notify health care professional of medication regimen prior to treatment or surgery.
- Emphasize the importance of follow-up exams to determine effectiveness of the medication.
- Seizures: Patients on anti-epileptic therapy should carry identification describing disease process and medication regimen at all times.

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CONTINUED
Evaluation/Desired Outcomes

- Increase in sense of well-being.
- Decrease in subjective feelings of anxiety.
- Control of acute alcohol withdrawal.
- Decrease or cessation of seizure activity without undue sedation.

Why was this drug prescribed for your patient?