CONDITION

Oxazepam overdose

Oxazepam overdose is excessive exposure to a sedative medicine that can cause dangerous drowsiness and slowed breathing.

WHAT IT IS
Excessive exposure to the benzodiazepine medicine oxazepam

BODY SYSTEM
Nervous system and breathing

MAIN SYMPTOMS
Extreme drowsiness, confusion, poor coordination, slowed breathing

WHAT CAUSES IT
Taking more oxazepam than the body safely handles

HOW IT IS DIAGNOSED
Exposure history, examination, and drug testing when available

MAIN TREATMENT
Supportive care, breathing support, and monitoring

CAN IT BE CURED?
Yes - effects usually resolve as the drug clears

IS IT AN EMERGENCY?
Yes - especially with reduced consciousness or slow breathing

LONG-TERM OUTLOOK
Usually full recovery; mixed overdoses carry greater risk

Overview

Oxazepam is a prescription sedative in a group of medicines called benzodiazepines. It may be used for anxiety or symptoms of alcohol withdrawal. It works by increasing the calming effects of a brain chemical called gamma-aminobutyric acid, or GABA.

An oxazepam overdose happens when someone takes more than their body can safely process. This may be accidental, such as taking a dose twice, or intentional. A person can also become seriously unwell after taking oxazepam with alcohol, opioids like oxycodone or morphine , sleep medicines, or other sedatives.

Too much oxazepam slows activity in the brain. The person may become very sleepy, confused, unsteady, or difficult to wake. Breathing can become slow or shallow, particularly when other substances are involved.

An isolated benzodiazepine overdose often improves with monitoring and supportive care. However, it is not safe to assume that the person will simply sleep it off. The amount taken may be uncertain, symptoms can worsen, and another drug may also have been taken.

A suspected overdose needs prompt advice from emergency services or a poison control centre.

Symptoms

Symptoms usually develop within several hours of taking oxazepam, although the timing can be difficult to predict. They may last longer in older adults, people with certain health conditions, or those who have taken other sedating substances.

Possible symptoms include:

Severe breathing or circulation problems are less typical after oxazepam alone than after an overdose involving several substances. Even so, severe poisoning can occur. Alcohol and opioids are especially concerning because their effects on breathing can combine with those of oxazepam.

Some people become restless, agitated, or unusually disinhibited instead of sleepy. This is sometimes called a paradoxical reaction because it is the opposite of the expected calming effect.

- Unusual or extreme sleepiness
- Confusion or slurred speech
- Poor balance and coordination
- Muscle weakness
- Blurred vision
- Slow reactions
- Reduced consciousness or difficulty waking
- Slow, shallow, or irregular breathing
- Low blood pressure

Causes and risk factors

An overdose can happen after one large exposure or after repeated doses taken too close

together. Common circumstances include misunderstanding the instructions, forgetting that a dose was already taken, using someone else's medicine, or intentional self-harm.

The risk of serious effects is higher when oxazepam is combined with substances that also slow the brain and breathing, including:

Older adults may be more sensitive to sedation and are also more likely to fall or become confused. Frailty, breathing disorders, and serious liver or kidney illness may affect how well someone tolerates an overdose.

Taking oxazepam regularly can lead to physical dependence. This means the body adapts to the medicine. Dependence does not prevent an overdose, and suddenly stopping after regular use can cause withdrawal symptoms, including seizures.

- Opioids, such as heroin, fentanyl, oxycodone, or morphine
- Alcohol
- Other benzodiazepines
- Sleeping tablets and sedating antihistamines like cetirizine or loratadine
- Some antipsychotics, antidepressants like sertraline or fluoxetine , or seizure medicines

Diagnosis

Oxazepam overdose is mainly diagnosed from the circumstances and the person's condition. Emergency staff will ask what was taken, how much may have been taken, when it happened, and whether alcohol or other medicines were involved. Medicine packets, prescription records, or information from witnesses can help.

The examination focuses on consciousness, breathing, oxygen level, pulse, blood pressure, temperature, and signs of injury. A bedside blood glucose test is often used because low blood sugar can also cause confusion or unconsciousness.

Tests may be needed to look for other causes or co-ingested substances. These can include blood tests and an electrocardiogram, or ECG, which records the heart's electrical activity.

Urine drug screening may detect benzodiazepines, but it has limits. A negative result does not always rule out exposure. A positive result shows that a benzodiazepine may have been used, but it does not prove that oxazepam is causing the current symptoms. Blood oxazepam levels are not usually needed because the result may not match the severity of poisoning or change treatment.

Treatment and management

The main treatment is supportive care while the body clears the medicine. This means protecting breathing and circulation rather than trying to force the drug out of the body.

In an emergency department, care may include:

Activated charcoal is not routinely given for benzodiazepine overdose. Oxazepam is absorbed relatively quickly, and a very drowsy person could inhale charcoal into the lungs. The decision is different in some unusual, early presentations and is made by a toxicology or emergency team.

Flumazenil is a medicine that can reverse benzodiazepine effects. It is not routinely used for overdose because it can trigger seizures or sudden withdrawal, especially in someone who regularly takes benzodiazepines or has taken certain other drugs. It may be considered in carefully selected situations where clinicians judge that the potential benefit is greater than the risk.

Naloxone does not reverse oxazepam. It may still be given if an opioid could also be involved because naloxone can reverse opioid-related breathing problems.

Dialysis does not have an established role in clearing oxazepam overdose. Most people are monitored until they are awake, breathing normally, able to walk safely, and no longer at risk from other substances.

If the overdose was intentional, care should also address the distress or circumstances that led to it. This usually includes a mental health and safety assessment before discharge.

- Close monitoring of breathing, oxygen level, heart rate, and blood pressure
- Oxygen if needed
- Fluids through a vein when clinically appropriate
- Positioning and airway support to prevent choking
- A breathing tube and ventilator in severe cases
- Treatment for injuries or other substances taken at the same time

Complications

The most important complication is inadequate breathing. Without enough oxygen, the brain, heart, and other organs can be injured. This risk rises sharply when oxazepam is combined with opioids, alcohol, or other sedatives.

A person with reduced consciousness may vomit and breathe stomach contents into the lungs.

This is called aspiration and can cause lung inflammation or pneumonia.

Other possible complications include:

Death from an isolated benzodiazepine overdose is less common than from many mixed-drug overdoses. However, the substance history is often incomplete, so every suspected overdose should be assessed on its own circumstances.

- Falls, head injuries, or fractures
- Low blood pressure
- Dehydration
- Pressure injuries after lying still for a long time
- Muscle damage after prolonged unconsciousness
- Seizures related to another drug or inappropriate flumazenil use

Prevention

Many accidental oxazepam overdoses can be prevented. Take it only as directed on the prescription label, and do not take an extra dose unless a pharmacist or prescriber has told you what to do after a missed dose.

Keep an up-to-date medicine list. A pill organiser or recorded reminder may help if doses are easily forgotten, but medicines should remain secured from children and anyone for whom they were not prescribed.

Do not share oxazepam. Store it in a secure place and return unused medicine through a pharmacy or local medicine disposal programme.

Avoid alcohol while taking oxazepam. Before combining it with opioids, sleeping medicines, antihistamines, or other sedatives, check with the clinician or pharmacist responsible for your medicines.

If you have been taking oxazepam regularly, do not stop suddenly without medical advice. A planned reduction may be needed to lower the risk of withdrawal.

If you are worried that you might take an unsafe amount during a period of distress, seek help now. Moving medicines to secure storage with support from someone you trust may form part of a safety plan, but it is not a replacement for urgent mental health care.

Living with it and what to expect

Oxazepam overdose is a single poisoning event rather than a long-term disease. After an isolated overdose, drowsiness and poor coordination usually improve as the medicine leaves the body. Observation may last longer when the amount is uncertain, symptoms are severe, or other substances were taken.

Many people recover without lasting physical effects. Recovery can take longer if there was prolonged low oxygen, aspiration, a fall, or another drug involved. Tiredness, slowed thinking, and unsteadiness may continue for a time after the person first wakes.

Do not drive, operate machinery, drink alcohol, or make important decisions while sedation or poor concentration remains. Follow the discharge instructions given after assessment.

Routine follow-up may include reviewing why the overdose occurred, whether oxazepam is still appropriate, and whether dependence has developed. A prescriber may discuss a gradual reduction rather than abrupt stopping. If the overdose was intentional, ongoing mental health support and a practical safety plan are important parts of recovery.

A previous overdose does not mean another one is inevitable. Reducing access to unsafe amounts, reviewing sedating medicines, and treating anxiety, alcohol problems, pain, sleep difficulties, or emotional distress can lower future risk.

When to get medical help

Treat a suspected oxazepam overdose as urgent, even if the person is awake or currently appears well. Call your local emergency number or poison control centre for immediate instructions. In the United States, Poison Control can be reached at 1-800-222-1222 .

Call emergency services now if the person:

If the person is unconscious but breathing, place them on their side if you can do so safely. If they are not breathing normally, start cardiopulmonary resuscitation if you know how and follow the emergency call handler's instructions.

Do not make the person vomit. Do not give food, drink, coffee, or a cold shower to try to wake them. Keep medicine containers or packaging for emergency staff.

Routine follow-up is appropriate after emergency care for a medication review, ongoing sleepiness, concerns about dependence, or support following an intentional overdose. New breathing problems, worsening drowsiness, repeated vomiting, or increasing confusion need urgent reassessment rather than a routine appointment.

- Is difficult or impossible to wake
- Has slow, shallow, irregular, or stopped breathing

- Has blue, grey, or unusually pale lips or skin
- Collapses, has a seizure, or is severely confused
- May also have taken opioids, alcohol, or another drug
- Took oxazepam as an act of self-harm

Common questions

Can you die from an oxazepam overdose?

A severe overdose can be fatal, particularly when oxazepam is combined with opioids, alcohol, or other sedatives. An overdose involving oxazepam alone is less likely to cause fatal breathing failure, but there is no safe way to confirm an isolated exposure at home. Prompt assessment is important.

How long does an oxazepam overdose last?

Marked drowsiness may last for hours and sometimes longer. The course is affected by the amount taken, age, general health, regular benzodiazepine use, and other substances. Someone should not be considered safe simply because several hours have passed.

Can one extra oxazepam tablet cause an overdose?

The effect cannot be judged from tablet count alone. Tablet strength, the prescribed dose, other medicines, alcohol use, age, and health conditions all matter. If an extra dose was taken accidentally and there are no symptoms, contact a pharmacist or poison control centre promptly for advice. Any unusual drowsiness or breathing change needs emergency help.

Is there an antidote for oxazepam?

Flumazenil can reverse benzodiazepine effects, but it is used only in selected cases because it may cause seizures or severe withdrawal. Most oxazepam overdoses are managed with observation and support for breathing and circulation.

Will naloxone help an oxazepam overdose?

Naloxone does not reverse oxazepam because it acts on opioids, not benzodiazepines. It may save a life when an opioid was also taken. If naloxone is available and opioid exposure is possible, use it according to its instructions and call emergency services.

Can I let someone sleep after taking too much oxazepam?

No. A person who appears to be sleeping may actually have reduced consciousness, and their breathing may worsen. Call emergency services or a poison control centre and stay with them while following the instructions you receive.

Sources

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