



**ANTI-ANXIETY
DRUGS**
SPRING 2016

BENZODIAZEPINES

- ***Most commonly prescribed anxiety med***
- **Anxiety disorders (also used for insomnia, alcohol withdrawal, seizures, and preoperative sedation)**
- **Action: They moderate the actions of GABA**

BENZODIAZEPINES

Controlled substance / Rapid onset

Approved for anxiety disorders:

- **diazepam (Valium)**
- **lorazepam (Ativan)**
- **alprazolam (Xanax)**
- **chlordiazepoxide (Librium)**
- **clonazepam (Klonopin)**
- **clorazepate dipotassium (Tranxene)**
- **oxazepam (Serax)**

BENZODIAZEPINES

Side effects:

- Sedation
- Drowsiness
- Impaired memory
- Poor concentration
- Clouded sensorium
- Tolerance and dependence
- Antidote: flumazenil (Romazicon)

BENZODIAZEPINES

Patient teaching:

- Avoid alcohol; potentiate effects of alcohol
- Caution during driving due to slower reflexes and response time
- Never discontinue abruptly as withdrawal can be fatal
- Medication treats the symptoms; does not cure the underlying problem
- Take as directed-addictive

WITHDRAWAL SYMPTOMS

- **After short term use:**
Anxiety, insomnia, sweating, tremors & dizziness
- **After long term use:** Panic, paranoia, delirium, htn, muscle twitches & seizures

RECOMMENDED DOSAGES OF BENZOS FOR ANXIETY DISORDERS

Generic Name	Trade Name	Dosage	
		Initial	Usual Range (mg/day)
Alprazolam	Xanax, Niravam	0.25–0.5 mg 3 times/day	0.5–6
	Xanax XR	0.5–1 mg once/day	3–6
Chlordiazepoxide	Librium	—	15–100
Clorazepate	Tranxene	—	15–60
Diazepam	Valium	—	4–40
Lorazepam	Ativan	0.5–1 mg 3 times/day	2–6
Oxazepam	Serax	—	30–120

OTHER ANXIOLYTIC MEDS

- **buspirone (Buspar)**: Nonaddicting but takes several weeks for therapeutic effect; Most effective in GAD
- **Side Effects**: Dizziness, nausea, headache, nervousness, lightheadedness, and excitement
- **Patient Teaching**: Takes 1 week for initial response & several more weeks for peak response.

OTHER ANXIETY MEDICATIONS

Antidepressants:

- **SSRIs**: First line of medication treatment for chronic anxiety disorders
- Fewer side effects, quicker acting, and more effective than TCAs
- **SNRI**: Also first line of medication treatment for chronic anxiety disorders
- **TCAs**: 2nd or 3rd line in treatment

OTHER ANTIANXIETY MEDICATIONS

- Beta blockers (panic do & SAD)
- Antihistamines
- Anticonvulsants (GAD & SAD)
- Herbal: Kava-Kava (no! may cause psychosis)
- Valerian root (hmm!)
- Melatonin (maybe!)

REFERENCES

Quick References to use for clinical:

- NAMI Fact Sheet for Psychotropic Meds
- Quick Reference to Psychotropic Medications Developed by John Preston, PSY.D, ABPP (make sure is most current; older versions found if Web search done)