




**ANXIETY DISORDER MEDICATION Comparison Chart**

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Generic/TRADE	Class	Side effects (SE)	Anxiolytic Uses <sup>1,2,3,4</sup>	Comments (✓ = therapeutic use)	INITIAL & MAX DOSE	USUAL DOSE RANGE	\$  /Month
<b>Alprazolam</b> XANAX (0.25 <sup>5</sup> ,0.5 <sup>5</sup> );(1 <sup>5</sup> mg tab;TS 2 <sup>5</sup> mg) x <sup>▼</sup>	Triazolo	<b>Drowsiness</b> (tolerance develops), <b>dizziness</b> , ↓ concentration, anterograde amnesia, ↑ traffic	PD PDA GAD SAD	✓Anxiety, <b>Panic attacks</b> Severe withdrawal & some ? antidepressant effect	0.25mg 4-10mg	0.25mg po tid 0.5mg po tid	16 17
<b>Clonazepam</b> RIVOTRIL (0.25x <sup>▼</sup> ,0.5 <sup>5</sup> ,1,2 <sup>5</sup> mg tab)	Nitro	<b>accidents</b> , physical <b>dependence</b> & rarely paradoxical <b>anger or hostility</b> .	GAD SAD	✓ Anticonvulsant, Panic attack Other uses: <b>sedative</b> , social phobia & akathisia acute mania & neuralgic pain	0.25mg 10-20mg	0.5mg po tid 1mg po bid 2mg po tid	16 21 21
<b>Lorazepam</b> ATIVAN (0.5,1 <sup>5</sup> ,2 <sup>5</sup> mg tab; 0.5,1,2mg sl <sup>x</sup> tab;4mg/ml amp <sup>x</sup> )	3- Hydroxy # <b>Benzodiazepine</b>	Alprazolam <b>Level ↑ by:</b> fluvoxamine,grapefruit juice, ketoconazole,nefazodone; Alprazolam <b>Level ↓ by:</b> theophylline	( <b>Fast acting</b> , rebound anxiety)	✓ Anxiety, Preanesthetic Other: <b>sedative</b> , muscle relaxant, alcohol withdrawal; ↓ <b>DI's</b> , ✓Status epilepticus (slower onset, but longer duration vs diazepam)	0.5mg 10mg	0.5mg po tid 1mg po tid 2mg po tid	11 12 14
<b>Buspirone</b> BUSPAR (5,10 <sup>5</sup> mg tab)	Azapirone 5 HT <sub>1a</sub> agonist	Nausea, headache, dizziness, restlessness (non-sedating) Onset 1week; Max effect <b>6 weeks</b>	GAD ( <b>Delayed onset</b> )	✓ <b>Anxiety in Bz naive pt.</b> ;Other:alcohol withdrawal <b>Non-addicting</b> , DI-fluvoxamine,grapefruit juice; <b>NO dependency</b> , No cross tolerance with benzo's	5mg 60-90mg	5mg po tid 10mg po tid-qid	50 53-69
<b>Hydroxyzine</b> ATARAX (10,25,50mg cap,2mg/ml syr);(50mg amp <sup>x</sup> )	Antihistamine	<b>Drowsiness</b> , sedation, headache, weakness, anticholinergic,↓ cognition	Anxiety but ↑ SE's: ..not recommended	✓ Sedative/hypnotic, anti-pruritic Tolerance to efficacy	10mg 400mg	25mg po tid 50mg po tid	14 15
MAOIs:non-selective & irreversible; ✓ atypical depression/ <b>refractory PD/PDA/OCD</b> ; enzyme effect ~10day; many DIs & food cautions( <b>tyramine-hypertensive crisis</b> ); phenelzine <b>NARDIL</b> 15mg tab;tranylcypromine <b>PARNATE</b> 10mg tab							
<b>Moclobemide</b> MANERIX (100 <sup>5</sup> ,150 <sup>5</sup> ;300 <sup>5</sup> mg tab)	<b>RIMA</b>	Dry mouth, dizzy, headache, nausea, restless, tremor, insomnia, <b>less</b> <b>sexual</b> dysfunction, insomnia	SAD	* <b>no</b> dietary tyramine precaution,enzyme effect lasts ~24hrs ,selective & reversible enzyme inhibitor; <b>DI</b> :dextromethorphan,meperidine,sympathomimetic	100mg bid 600-900mg/d	150mg po bid pc 300mg po bid pc	26 58
<b>Propranolol</b> Inderal (10 <sup>5</sup> ,20 <sup>5</sup> ,40 <sup>5</sup> ,80 <sup>5</sup> & 120 <sup>5</sup> mg tablet; LA 60,80,120 & 160mg); (Vial 1mg/ml <sup>x</sup> )	<b>Beta blocker</b>	<b>Hypotension</b> ,bronchospasm,fatigue Contraindicated:asthma, <b>bradycardia</b> Caution: diabetes Consider: <b>Atenolol</b> 25-100mg 60-90 min before task	SAD Anxiety	Other uses: <b>aggression</b> (impulsive outbursts), <b>akathisia</b> , lithium tremor, <b>performance anxiety</b> , panic, stage fright; ✓BP, Angina, Post MI, Arrhythmias ✓Atrial Fib, Migraine headache prophylaxis	10-40mg bid (10-80mg 30- 90min B4 task) 320mg/d	20mg po bid 40mg po bid 80mg LA po od	10 10 25
<b>SSRI's:</b> <b>Citalopram</b> =CC CELEXA (20, 40mg scored tabs) <b>Fluoxetine</b> =F PROZAC (10,20,40x <sup>▼</sup> mg cap & 4mg/ml soln) <b>Fluvoxamine</b> =X LUVOX (50 <sup>5</sup> ,100 <sup>5</sup> mg tab) <b>Paroxetine</b> =P PAXIL (10 <sup>5</sup> ,20 <sup>5</sup> ,30mg tab) <b>Sertraline</b> =S ZOLOFT (25,50,100mg cap) <b>Nefazodone</b> =Z SERZONE (50,100mg tab)	<b>SSRI'S</b>  (not too useful for specific phobias)	<b>SSRI's SE in General (GI &amp; CNS)</b> <b>nausea</b> {21%(F) - 36%(X)}, anxiety, insomnia {~14%}, agitation, anorexia, <b>tremor</b> somnia {11-26%}, sweating, dry mouth, headache, dizziness, diarrhea {12%(F,P)-17%(S)}, constipation {13-18%} sexual dysfx. <sup>5,6</sup> , <b>D/C Syndrome</b> <b>Z</b> =as above <b>plus</b> ↓ BP,nausea,constip., dizziness, rare <b>hepatotoxicity</b> <b>Serotonergic syndrome</b> with MAOI -↓BP, tremor,agitation, hypomania	PD F,P,S  PDA P,S  PTSD P,S  OCD F,P,S,X  SAD/GAD P,S	<b>CC -few drug interactions</b> F -most <b>anorexic</b> & stimulating F -long half-life (5 week washout) X-most <b>nausea</b> ,constipating & sedating SSRI, ↑DI's P -most anticholinergic of SSRI's •↑weight & D/C reaction possible <sup>9</sup> S -most diarrhea & male sexual dysfx of SSRI's S <b>-few drug interactions</b> , ?benefit in heart dx pts <sup>10</sup> Z- <b>least</b> stimulating 5HT, <b>less wt</b> gain; <b>less sex</b> dysfx. - <b>flat dose response curve for depression</b> ; however titration to high doses sometimes required for treatment of anxiety ( <b>start low, aim high</b> ).	<b>CC 10-20mg am</b> 60mg/d <b>F 10-20mg od</b> 80mg/d <b>X 25-50mg hs</b> 300mg/d <b>P 10-20mg am</b> 60mg/d <b>S 25-50mg am</b> 200mg/d <b>Z 50-100mg bid</b> 600mg/d	20mg po od 40mg po od 20mg po od am 40mg po od am 100mg po hs 150mg po hs 20mg po od am 40mg po od am 100mg po od cc 100mg po bid cc 100mg po bid 300mg po hs	29 29 28 49 33 45 32 57 34 61 36 36
<b>Tricyclic Antidepressants</b> <b>Clomipramine</b> =Cl ANAFRANIL (10, 25, 50mg tab) <b>Imipramine</b> =I TOFRANIL (10, 25, 50, 75x <sup>▼</sup> mg tab) <b>Desipramine</b> =D NORPRAMIN (10, 25, 50, 75, 100mg tab)	<b>TCA's</b>	<b>CNS effects</b> (agitation on initiation of therapy, confusion, drowsiness, headache, tremors, seizures), <b>anticholinergic effects</b> ( dry mouth, blurred vision, constipation etc.); nausea, sweating, rash, <b>cardiovascular effects</b> ( ↑ heart rate, arrhythmias, orthostatic hypotension); anorgasmia	PD PDA PTSD  GAD OCD-esp.Cl SAD	May ↑ effect of anticholinergic & CNS meds. May take 2-3 months for maximum effect. <b>clomipramine for OCD</b> b/c most 5HT agent. <b>Fatal</b> (≥2gm) <b>overdose</b> → to heart & CNS •desipramine generally <b>better tolerated</b> than clomipramine & imipramine & has most NE activity & the least anticholinergic activity • trough plasma levels can be drawn	10-25mg 300mg	Cl 150mg po hs Cl 200mg po hs I 150mg po hs I 200mg po hs D 150mg po hs D 200mg po hs	51 65 40 51 41 53
<b>Venlafaxine</b> EFFEXOR (Reg. 37.5 <sup>5</sup> , 75 <sup>5</sup> mg tab -Co D/C Jul04) (XR 37.5,75,150mg caps)  (contents of XR may be sprinkled)	<b>SNRI</b> <b>5HT &amp; NE</b> (also some DA)	•As dose ↑: <b>↑BP</b> , agitation, tremor, sweating, nausea {~37%}, sleep disturbances, headache,“clean TCA” •side effects similar to SSRIs	<b>GAD/SAD</b>  ? PD	• <b>less weight</b> gain; <b>few drug</b> interactions •adjust dose for ↓ renal function •caution: <b>withdrawal</b> syndrome (e.g. agitation, nausea, fatigue, dizziness, headache, etc.)	18.75-37.5mg bid  375mg/d	37.5-75mg bid cc 75mg XR po daily 150mg XR po daily 225mg XR od (if 2-3 cap)	63-119 65 68 126-181

# **Benzodiazepines: D/C gradually to avoid rebound anxiety**, avoid in pregnancy & in patients with a history of drug abuse, dose ↑ is rare in patients taking bz's for anxiety, use ↓ dose in elderly. **Pt**=patient **x** Non-formulary Sask  
**Drugs ↑ anxiety Sx:** amphetamines,antipsychotics,anticholinergic-toxicity,caffeine,cocaine,dapsone,digitalis-toxicity,dopamine,ephedrine,isoniazid,levodopa,lidocaine,methylphenidate,nicotinic acid,phenylephrine,pseudoephedrine,salbutamol,SSRI's,steroids & theophylline; plus **Withdrawal** from anxiolytics/sedatives,ethanol&narcotics.  
**Pregnancy category**<sup>11</sup>: **B**→bupropion, buspirone & sertraline **C**→citalopram, clomipramine, desipramine, **fluoxetine** (has most clinical experience), fluvoxamine, hydroxyzine, MAOI's, nefazodone, **paroxetine**-inactive metabolites & venlafaxine.  
**GAD**=generalized anxiety dx<sup>12</sup> **OCD**=obsessive compulsive dx **PD**=panic dx **PDA**=panic dx with agoraphobia **PTSD**=post traumatic stress dx **SAD**=social anxiety dx; **BP**=blood pressure **DI**=drug interaction **Dx**=disorder  
=↓ dose for renal dysfunction **ç**=scored tablet **▼**=covered by NIHB **⊗**=not covered by NIHB

<sup>1</sup> Therapeutic Choices 4<sup>th</sup> Edition, 2003

<sup>2</sup> Ontario Guidelines for the Management of Anxiety Disorders in Primary Care Fall 2000 1<sup>st</sup> Edition

<sup>3</sup> Micromedex 2004

<sup>4</sup> **Treatment Guidelines:** Drugs for Psychiatric Disorders. **The Medical Letter:** July, 2003; p. 69-76.

<sup>5</sup> Modell JG, Katholi CR, Modell JD, et. al. Comparative sexual side effects of bupropion fluoxetine, paroxetine, and sertraline. Clin Pharmacol Ther 1997;61(4):476-87.

<sup>6</sup> Gonzalez M, Llorca G, Izquierdo JA, et.al. J Sex Marital Ther 1997;23(3):176-94.

<sup>7</sup> Grinage BD. Diagnosis and management of post-traumatic stress disorder. Am Fam Physician. 2003 Dec 15; 68(12): 2401-8.

<sup>8</sup> Asnis GM, Kohn SR, Henderson M, Brown NL. SSRIs versus Non-SSRIs in Post-traumatic Stress Disorder : An Update with Recommendations. Drugs. 2004;64(4):383-404.

<sup>9</sup> Which SSRI? Med Lett Drugs Ther. 2003 Nov 24;45(1170):93-95.

<sup>10</sup> Glassman AH, O'Connor CM, Califf RM, et al.; Sertraline Antidepressant Heart Attack Randomized Trial (SADHEART) Group. Sertraline treatment of major depression in patients with acute MI or unstable angina. JAMA. 2002 Aug 14;288(6):701-9.

<sup>11</sup> Briggs GG, Freeman RK, Yaffe SJ. Drugs in Pregnancy and Lactation 6<sup>th</sup> Ed. Williams & Wilkins, Media, Pennsylvania, 2002.

<sup>12</sup> Fricchione G. Clinical practice. Generalized anxiety disorder. N Engl J Med. 2004 Aug 12;351(7):675-82.