BUSPIRONE

General Information: Buspirone (also called BuSpar) is a unique drug used to treat generalized anxiety. It is also used at times to augment the effects of an antidepressant in treating depression. It is not chemically related to other drugs used to treat anxiety, such as Ativan or Valium, and it is not habit-forming. It also differs from other antianxiety medications in that it must be taken every day over a period of time to work. Its mechanism of action is not fully understood, but it is known to affect serotonin and dopamine receptors in the brain.

Guidelines for Use: Buspirone is available in 5, 10, 15 and 30 mg. tablets, which can be broken in halves or thirds to get the correct dosage. Generic forms are available. The usual starting dose is 5-7.5 mg. two or three times daily, though some people take just one daily dose. The dosage may be increased every few days if needed to control symptoms, up to a maximum daily dose of 60 mg. It may be taken with or without food but should be consistently taken one way or the other. Some people begin to notice improvement in 1-2 weeks, but it may take 4-6 weeks before full benefit is reached. Improvement may be inconsistent at first; this is normal progress when treating anxiety and depression. If you forget to take a dose but remember within a few hours, go ahead and take it. If it is close to your next dose, skip the missed dose; do not take double doses. Store the drug in a dry, tightly-closed container out of reach of children.

If you are switching to buspirone from regular use of one of the benzodiazepine drugs (Valium, Xanax, Ativan, others), you should be gradually tapered off the benzodiazepine drug as buspirone will not prevent withdrawal symptoms. Signs of withdrawal include nervousness, restlessness and agitation, irritability, sweating, tremor, insomnia, and weakness. A severely addicted person may become depressed, paranoid and delirious; withdrawal seizures are also possible. Severe withdrawal is a medical emergency and should be treated in an emergency room or detox facility. Buspirone alone does not cause withdrawal, even when stopped abruptly.

Side Effects of Buspirone:

*Note: Most side effects taper off during treatment as you become used to the drug.

Common side effects (notify your clinician if severe):

--dizziness  --nausea  --headache
--nervousness, excitement  --lightheadedness

Less common side effects (notify your clinician if severe):

--insomnia  --drowsiness  --confusion
--blurred vision  --diarrhea  --numbness
--weakness  --anger/hostility  --unusual dreams
--skin rash: STOP THE DRUG AND CALL YOUR CLINICIAN
**Precautions:** Do not take this drug if you have ever has an allergic reaction to buspirone. Inform your clinician if you have any known drug allergies; if you have kidney or liver disease; if you are taking any other drug (prescription or non-prescription), vitamin, supplement or herb; if you will be undergoing anesthesia or surgery while taking this drug. **Inform your clinician if you are or might be pregnant.** It does not appear that exposure to this drug in the uterus increases risk to the fetus, but you and your clinician will need to weigh the benefits and risks of treatment against the risks to mother and baby. It is not known to what extent buspirone is found in breast milk, so use by nursing mothers is discouraged. Buspirone has been tested in children with generalized anxiety and was not found to be beneficial. Lower doses may be needed in the elderly.

**This drug may cause drowsiness,** particularly early in treatment. If so, avoid driving or operating machinery until you are sure your alertness and coordination are not affected.

Overdoses of buspirone alone have not proved fatal. However, immediate emergency medical care should be sought in cases of overdose. Symptoms of overdose include nausea, vomiting, stomach pain, dizziness, drowsiness, and constricted pupils.

**Interactions:**

**Alcohol:** Light social drinking is acceptable with buspirone. Be aware that effects of alcohol, particularly sedation, may be enhanced. Alcohol use may contribute to depression and anxiety, so is not recommended for people experiencing those conditions.

**Food:** Avoid grapefruit juice, as it interferes with a liver enzyme that is needed to metabolize buspirone. Caffeine should be limited by those experiencing anxiety.

**Other drugs:** A POTENTIALLY TOXIC REACTION COULD OCCUR IF BUSPIRONE IS TAKEN WITH MAO INHIBITORS (NARDIL, PARNATE); THESE DRUGS MUST BE STOPPED AT LEAST 2 WEEKS BEFORE BUSPIRONE IS STARTED AND VICE VERSA. Care should be taken when buspirone is used in combination with any of the following drug or drug classes: anticonvulsants (Tegretol, Dilantin, phenobarbital); some antidepressants (e.g., Serzone); antifungals (ketoconazole, itraconazole); protease inhibitors (ritonavir); antibiotics (rifampin, erythromycin); calcium channel blockers (diltiazem, verapamil); antipsychotics (e.g., Haldol); other antianxiety medications (Valium). Other drugs may also be problematic; discuss with your clinician. **DO NOT USE THIS DRUG IN COMBINATION WITH ST. JOHN’S WORT.**

**Long-term Use:** It is usually recommended that you remain on the therapeutic dose of antianxiety and/or antidepressant medications for 6-12 months after symptoms have responded to treatment. As far as is known, buspirone is safe for long-term use. Some people with severe or chronic anxiety or depression may stay on it for extended periods.