
How to Manage Anxiety with Non-Addictive Medications

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Introduction

Many patients with substance use disorders suffer from anxiety and agitation and a common challenge on inpatient units is to steer such patients away from benzodiazepines and toward alternatives.

How to discuss your unwillingness to prescribe benzodiazepines

The best strategy here is to be very direct, eg.,

“You need treatment for anxiety, but you have a substance use issue so we are going to use non-addictive anti-anxiety medications.”

“I understand that klonopin has worked for you before, but the risk of worsening your substance use issues is too great for us to use that again.”

Common non-addictive medications for anxiety

1. **Selective Serotonin Reuptake Inhibitors (SSRIs):** First-line treatment for general anxiety disorder (GAD), panic disorder, and obsessive-compulsive disorder (OCD). Suggested SSRIs include fluoxetine (20-60mg/day), sertraline (50-200mg/day), and escitalopram (10-20mg/day). Regular monitoring for common side effects like sexual dysfunction, nausea, and sleep disturbance is recommended.
2. **Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):** Useful in GAD and panic disorder, SNRIs like venlafaxine (75-225mg/day) and duloxetine (60-120mg/day) are good alternatives to SSRIs. Monitor for side effects like dry mouth, constipation, and excessive sweating.
3. **Pregabalin (150-600mg/day):** It's an alternative to SSRIs and SNRIs for GAD. Watch out for dizziness, sleepiness, and potential for misuse in those with a history of substance abuse.
4. **Buspirone (20-60mg/day):** It can be effective in GAD, especially for patients who have had negative experiences with SSRIs or SNRIs. Some common side effects are dizziness and nausea.
5. **Beta-Blockers:** Drugs like propranolol (20-40mg before anxious situations) can manage acute episodes of anxiety, particularly situational anxiety. Useful for treating the physical symptoms of anxiety, such as a racing heart or trembling.
6. **Hydroxyzine (25-100mg/day):** An antihistamine with anxiolytic properties. Suitable for short-term use or as an adjunct treatment. Be cautious about potential side effects like sedation and dry mouth.
7. **Other Antidepressants:** Certain tricyclics like imipramine (50-200mg/day) and monoamine oxidase inhibitors like phenelzine (45-90mg/day) are sometimes used. While effective, their side effects and dietary restrictions (especially for MAOIs) make them less preferred choices.
8. **Atypical Antipsychotics:** Quetiapine (50-300mg/day) can be used when other treatments fail or in cases of comorbid bipolar disorder. Monitor for potential metabolic side effects.