

Buspirone at a Glance	
<b>FDA Indications</b>	Generalized anxiety disorder (GAD)
<b>Advantages</b>	Generally well tolerated, non-controlled substance
<b>Disadvantages</b>	Slower onset of effect as compared to benzodiazepines, less useful than SSRIs in GAD patients with comorbid depression
<b>Dosage</b>	Start at 5–7.5 mg bid, raise to 15 mg/day over a week; if no response after 4 weeks, titrate to 60–90 mg/day (divided bid or tid); see text for use in tardive dyskinesia or with melatonin in depression
<b>Interactions</b>	Substrate of CYP3A4: adjust dose accordingly in the presence of inducers (carbamazepine) and inhibitors (fluvoxamine, nefazodone, ketoconazole, ritonavir, grapefruit juice)
<b>Other Uses</b>	Augmentation in major depression; bruxism or sexual side effects on serotonergic antidepressants; agitation in neurologic disorders; possibly effective in PMDD and tardive dyskinesia
<b>Side Effects</b>	Dizziness, nervousness, nausea, headache, jitteriness

From the Article:  
**“Buspirone: Still Effective After All These Years?”**  
 by Eugene Rubin, MD  
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