

## Anxiolytic Options for Children and Adolescents

Generic Name (Brand Name) Year FDA Approved [G] denotes generic availability	Relevant FDA Indication(s)	Available Strengths (mg)	Onset of Action (oral)	Half-Life (hours)	Duration of Action (hours)	Usual Pediatric Dosage Range (starting-max) (mg)	Comments
<b>Alternatives to SSRIs, TCAs, and Benzodiazepines</b>							
<b>Buspirone (BuSpar) [G] 1986</b>	GAD	Tablets: 5, 7.5, 10, 15, 30	1–2 weeks+	2–3	N/A	5 mg TID–20 mg TID	Very limited data, showing no benefit over placebo in GAD in children
<b>Clonidine (Catapres, Kapvay) [G] 1974</b>	ER approved for ADHD (6–17 years); anxiety, tics (off label)	IR tablets: 0.1, 0.2, 0.3 ER tablets: 0.1, 0.2	30–60 min	1	12–16	0.1–0.6, divided BID to TID (HS to BID for ER)	Used especially when comorbid ADHD or tics
<b>Clonidine Transdermal (Catapres TTS) [G] 1984</b>	ADHD, anxiety, tics (off label)	Patches: 0.1, 0.2, 0.3 per 24 hours	2–3 days	20	5–7 days	8–20 kg: 0.1 weekly > 20 kg: 0.2 weekly	Controlled amount released over 7 days but may seem to lose effect after 5 days; less data in peds population; caution of inadvertent chewing on patch, which may lead to serious cardiovascular toxicity
<b>Guanfacine IR (Tenex) [G] 1986</b>	ADHD (only ER approved)	Tablets: 1, 2	1 hr	13–14	N/A	0.5–4 QD (do not increase faster than 1 mg/wk)	Very limited data suggesting improve- ment in generalized, separation, or social anxiety disorder; do not stop abruptly (rebound hypertension); not a 1:1 conversion from IR; do not give with high-fat meals; use especially when comorbid ADHD
<b>Guanfacine ER (Intuniv) [G] 2009</b>	ADHD (6–17 years)	ER tablets: 1, 2, 3, 4	30–60 min	13–14	N/A	1–4 QD (do not increase faster than 1 mg/wk) (adolescents 7 mg/day max)	
<b>Prazosin (Minipress) [G] 1976</b>	PTSD (off label)	Capsules: 1, 2, 5	1–2 hrs	2–3	4–6	1 mg/day–10 mg/day QHS or divided BID	Limited data in adults suggest improve- ment in nightmares associated with PTSD
<b>Propranolol (Inderal) [G] 1973</b>	Performance anxiety (off label)	Tablets: 10, 20, 40, 60, 80	60 min	3–6	4–6	< 35 kg: 10–20 mg TID > 35 kg: 20–40 mg TID	Start at 10 mg and titrate up ( <i>Ed. note:</i> I also use long-acting prepa- rations of 60 and 80 mg ER)
<b>Benzodiazepines</b>							
<b>Alprazolam (Xanax, Xanax XR, Niravam) [G] 1981</b>	GAD Panic disorder	Tablets: 0.25, 0.5, 1, 2 ER tablets: 0.5, 1, 2, 3 ODT: 0.25, 0.5, 1, 2 Liquid: 1 mg/mL	30 min (IR, ODT) 1–2 hrs (XR)	11–16	3–4 (IR) 10 (XR)	0.375–3.5 mg/day divided TID	Very limited data, showing no benefit over placebo in GAD or school refusal/ separation anxiety
<b>Clonazepam (Klonopin, Klonopin Wafers) [G] 1975</b>	Panic disorder; insomnia (off label)	Tablets: 0.5, 1, 2 ODT: 0.125, 0.25, 0.5, 1, 2	1 hr	20–80	4–8	0.25 mg BID–1 mg BID	Very limited data, showing no benefit over placebo in GAD or social phobia
<b>Diazepam (Valium, Diastat) [G] 1963</b>	GAD; alcohol withdrawal; anxiety (short term)	Tablets: 2, 5, 10 Liquid: 5 mg/5 mL, 5 mg/mL Injection: 5 mg/mL Rectal gel: 2.5, 5, 7.5, 10, 12.5, 15, 17.5, 20	30 min	> 100	4–6	0.04–0.2 mg/kg Q2–4h PRN (0.5–12) 2–10 mg BID–QID (> 13)	Typically used as one-time dose in emergency, dental, or seizure settings
<b>Lorazepam (Ativan) [G] 1977</b>	GAD; insomnia (off label)	Tablets: 0.5, 1, 2 Liquid: 2 mg/mL Injection: 2 mg/mL, 4 mg/mL	30–60 min	10–20	4–6	0.05 mg/kg Q4–8h PRN; max 2 mg/dose	Limited use in pediatric patients