

Table 7.1 Medications Used to Treat Anxiety Disorders

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects or considerations
Tricyclic antidepressants				
Amitriptyline (Elavil)	PTSD	Start at 25 mg/day and titrate slowly to maximum dose of 250 mg/day at bedtime.	Cog: ++++ S: ++++ A: 0 Motor: ++ D: ++++ Com: ++++ F: ++++	Weight gain: +++ Seizure: +++ Cardiac: +++ Sexual: ++
Clomipramine (Anafranil)	OCD	Start at 25 mg/day with meals and slowly titrate to 200 mg. Maximum dose of 250 mg/day. May be once-daily dose at bedtime.	Cog: ++++ S: ++++ A: 0 Motor: ++ D: ++ Com: ++++ F: ++	Weight gain: ++ Seizure: ++++ Cardiac: +++ Sexual: +
Imipramine (Tofranil)	Panic disorder, GAD, PTSD	Start at 25 mg/day and titrate slowly to maximum dose of 250 mg/day at bedtime.	Cog: +++ S: +++ A: + Motor: ++ D: +++ Com: +++ F: ++++	Weight gain: ++ Seizure: +++ Cardiac: +++ Sexual: ++
Selective serotonin reuptake inhibitors				
Fluvoxamine (Luvox)	OCD	Start at 50 mg/day and increase by 50 mg every 4-6 days to dose of 100-300 mg/day. Maximum dose of 300 mg. Doses >100 mg should be in 2 divided doses; start at 25 mg/day in elderly and adolescents. Doses >50 mg should be in 2 divided doses.	Cog: 0/+ S: 0/+ A: + Motor: + D: +++ Com: 0/+ F: 0	Weight gain: 0 Seizure: 0 Cardiac: 0 Sexual: 0
Fluoxetine (Prozac)	OCD, panic disorder, PTSD, social phobia	Start at 20 mg/day in the morning, may increase by 20 mg after several weeks to 40 mg/day and then after several weeks to 60 mg/day. Maximum dose of 80 mg/day. Most patients have effects at 20 mg. Start at 10 mg in elderly and adolescents.	Cog: 0/+ S: 0/+ A: + Motor: 0 D: 0/+ Com: 0/+ F: 0	Weight gain: 0/+ Seizure: ++ Cardiac: 0/+ Sexual: +++
Paroxetine (Paxil)	OCD, panic disorder, PTSD, social phobia	Start at 20 mg/day and increase by 10 mg every 7 days to 40 mg/day. Maximum dose of 60 mg/day. Start at 10 mg/day in elderly and adolescents.	Cog: + S: + A: + Motor: 0 D: + Com: + F: +	Weight gain: 0 Seizure: 0 Cardiac: 0 Sexual: +++
Sertraline (Zoloft)	OCD, panic disorder, PTSD, social phobia	Start at 50 mg/day and increase by 50 mg weekly to maximum dose of 200 mg/day. Start at 25 mg/day for treatment of anxiety disorders.	Cog: 0/+ S: 0/+ A: + Motor: 0 D: +++ Com: + F: 0	Weight gain: 0 Seizure: 0 Cardiac: 0 Sexual: +++
Citalopram	Panic disorder,	Start at 20 mg/day, may increase to 40	Cog: 0	Weight gain: 0

From L. Carl, J. Gallo, and P. Johnson, 2014, *Practical Pharmacology in Rehabilitation: Effect of Medication on Therapy* (Champaign, IL: Human Kinetics).

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects or considerations
(Celexa)	PTSD, social phobia	mg/day. Maximum dose of 60 mg/day. Dose for elderly is 20 mg/day. May be taken once daily with food.	S: + A: 0/+ Motor: 0 D: +++ Com: 0 F: 0	Seizure: ++ Cardiac: 0 Sexual: +++
Selective serotonin and norepinephrine reuptake inhibitors				
Venlafaxine (Effexor)	GAD	Start at 75 mg/day in 2-3 divided doses with food, may increase to 150 mg in 4 days and then to 225 mg in 4 more days. Maximum dose of 375 mg/day in 3 divided doses. Sustained-release product may be taken once daily with food.	Cog: + S: + A: 0/+ Motor: 0 D: + Com: + F: +	Weight gain: 0 Seizure: ++ Cardiac: + Sexual: ++
Monoamine oxidase inhibitor				
Phenelzine (Nardil)	PTSD	Start at 15 mg 3 times/day and increase at a fairly rapid pace based on patient tolerance to a response dose of 60-90 mg/day. Response dose should be continued for a minimum of 4 wk and then decreased slowly over several weeks to minimum effective dose.	Cog: ++ S: ++ A: 0/+ Motor: 0 D: + Com: ++ F: +	Weight gain: + Seizure: + Cardiac: + Sexual: +++
Benzodiazepines				
Clonazepam (Klonopin)	Social phobia, GAD	Start at 0.25 mg twice/day, titrate to maximum dose of 1 mg/day in 2 divided doses.	Cog: + S: + A: ++ Motor: ++ D: ++ Com: ++ F: +	Ataxia, headache, fatigue, nausea, dependence. Half-life is 23 h.
Alprazolam (Xanax)*	Panic disorder, GAD	Start at 0.25 mg 3 times/day, titrate every 3-4 days to maximum dose of 4 mg/day for GAD and 10 mg/day for panic attacks.	Cog: + S: + A: ++ Motor: ++ D: 0/+ Com: + F: +	Ataxia, headache, fatigue, nausea, dependence. Half-life is 12 h.
Lorazepam (Ativan)*	Panic disorder	Start at 0.5-1 mg 2-3 times/day, titrate to maximum dose of 6 mg/day.	Cog: +++ S: +++ A: ++ Motor: +++ D: ++ Com: ++ F: +++	Ataxia, headache, fatigue, nausea, dependence. Half-life is 14 h. Use short term to avoid dependence or addiction.
Diazepam (Valium)	GAD	Start at 2 mg 2-4 times/day, may increase to maximum dose of 40 mg/day.	Cog: ++++ S: ++++ A: ++ Motor: +++ D: ++ Com: ++++ F: ++++	Ataxia, headache, fatigue, nausea. Half-life is 43 h. Use short term to avoid dependence or addiction.
Azapirone				
Buspirone	GAD	Start at 7.5 mg twice/day and increase	Cog: +	Half-life is 2-3 h.

From L. Carl, J. Gallo, and P. Johnson, 2014, *Practical Pharmacology in Rehabilitation: Effect of Medication on Therapy* (Champaign, IL: Human Kinetics).

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects or considerations
(Buspar)		by 5 mg every 3-4 days to 20-30 mg/day. Maximum dose of 60 mg/day.	S: + A: 0 Motor: 0 D: + Com: + F: +	Fewer problems with dependency.

\*Higher risk for dependence and withdrawal symptoms.

Cog = cognition; S = sedation; A = agitation or mania; Motor = discoordination; D = dysphagia; Com = communication; F = falls; GAD = generalized anxiety disorder; OCD = obsessive-compulsive disorder; PTSD = posttraumatic stress disorder.

Weight is associated with weight gain and increased cardiovascular risk.

The likelihood rating scale for encountering the side effects is as follows: 0 = Almost no probability of encountering side effects. 0/+ = Slight probability of encountering side effects with higher doses. + = Little likelihood of encountering side effects. +/++ = Low probability of encountering side effects; however, probability increases with increased dosage. ++ = Medium likelihood of encountering side effects. +++ = High likelihood of encountering side effects, particularly with high doses. ++++ = Highest likelihood of encountering side effects; best to avoid in at-risk patients.