

Understanding Anti-Anxiety Medications

A Guide for Patients, Families & Caregivers

Anxiolytics are medicines used to reduce anxiety, panic, or related distress. Different medicines work in different ways: some can calm symptoms within hours, while others work gradually over several weeks. The best choice depends on the cause of anxiety, medical history, age, other medicines, and the goals of treatment.

What can these medicines treat?

- Generalized anxiety disorder, panic disorder, social anxiety disorder, and certain phobias
- Short-term severe anxiety or anxiety related to a medical procedure
- Anxiety accompanying depression or other psychiatric conditions
- Selected symptoms in other conditions, when supported by a clinician's assessment

The major groups: quick overview

Medication group	Typical role	Important trade-off
SSRIs and SNRIs	Often first-choice ongoing treatment for anxiety disorders	Take weeks to work; early nausea or restlessness possible
Buspirone	Scheduled treatment, especially generalized anxiety	Not useful as an immediate "rescue" medicine
Benzodiazepines	Rapid, short-term relief in selected situations	Sedation, falls, dependence, withdrawal
Hydroxyzine	Short-term or as-needed anxiety relief	Sleepiness and anticholinergic effects
Beta blockers	Physical symptoms of performance anxiety in selected patients	Can lower pulse or blood pressure

Medication is only one part of treatment

Cognitive behavioral therapy (CBT), supportive counseling, sleep routines, physical activity when feasible, and addressing pain, grief, loneliness, or medical triggers can be equally important. For many anxiety disorders, CBT and certain antidepressants are well-supported long-term treatments.

When should improvement be expected?

Benzodiazepines and hydroxyzine can act the same day. Buspirone and SSRIs/SNRIs generally require consistent use for several weeks; full benefit may take 6–12 weeks depending on the medicine and condition. Do not increase or stop a prescription without discussing it with the prescriber.

Medication reference list — generic names and examples

This is an educational list of commonly used U.S. medications, including medicines that treat anxiety but are classified as antidepressants or used off-label. It is not a recommendation or a list of FDA-approved anxiety indications for every drug.

Benzodiazepines

Alprazolam (Xanax); clonazepam (Klonopin); diazepam (Valium); lorazepam (Ativan); oxazepam (Serax); chlordiazepoxide (Librium); clorazepate (Tranxene); temazepam (Restoril, primarily for insomnia); triazolam (Halcion, primarily for insomnia). Midazolam is generally used in monitored procedural settings.

SSRIs commonly used for anxiety

Escitalopram (Lexapro); sertraline (Zoloft); fluoxetine (Prozac); paroxetine (Paxil); fluvoxamine (Luvox); citalopram (Celexa, often off-label for anxiety). FDA-approved indications vary.

SNRIs and other antidepressants

Venlafaxine (Effexor XR); desvenlafaxine (Pristiq, off-label); duloxetine (Cymbalta); levomilnacipran (Fetzima, off-label); mirtazapine (Remeron, off-label); trazodone (often off-label); doxepin and imipramine (selected circumstances).

Other anxiety-related medicines

Buspirone (Buspar); hydroxyzine (Vistaril, Atarax); propranolol (Inderal, off-label for performance symptoms); atenolol (off-label); pregabalin (Lyrica, off-label in the U.S.); gabapentin (Neurontin, off-label); clonidine (Catapres, off-label); guanfacine (Intuniv/Tenex, off-label).

How do these medicines differ?

Class	Advantages	Key limitations
SSRIs/SNRIs	No addiction in the benzodiazepine sense; good long-term evidence	Delayed onset; sexual, GI, sleep effects; discontinuation symptoms
Buspirone	Low sedation; no benzodiazepine-type dependence	Daily dosing; delayed benefit; less useful for acute panic
Benzodiazepines	Fast symptom relief	Impaired alertness, falls, dependence and withdrawal
Hydroxyzine	Can help short-term; noncontrolled	Sedation, dry mouth, constipation, confusion risk
Beta blockers	May reduce tremor/palpitations	Do not treat worry itself; bradycardia/hypotension

Side effects, safety, and important precautions

Common side effects

- Sleepiness, dizziness, slowed reaction time, or impaired coordination (especially sedating agents)
- Nausea, diarrhea, headache, changes in sleep or sexual function (often SSRIs/SNRIs)
- Dry mouth, constipation, urinary retention, or blurry vision (especially hydroxyzine and other anticholinergic drugs)
- Changes in blood pressure or heart rate with certain medications

Important risks to discuss

- Benzodiazepines: physical dependence, withdrawal (sometimes seizures), memory problems, falls, and impaired driving; avoid abrupt discontinuation after regular use.
- Benzodiazepines with opioids, alcohol, or other sedatives: potentially dangerous respiratory depression, coma, or death.
- SSRIs/SNRIs: low sodium (hyponatremia), increased bleeding risk with anticoagulants/NSAIDs, possible serotonin syndrome with interacting medicines, and potential switch into mania in bipolar disorder.
- Some medications can prolong the QT interval or worsen certain cardiac conditions; individual risk and interactions matter.
- Antidepressants carry a boxed warning about increased suicidal thoughts and behaviors in children, adolescents, and young adults; monitor for worsening mood or agitation at any age.

Special considerations for older adults

Older adults may be more sensitive to sedation, confusion, orthostatic symptoms, and falls. The American Geriatrics Society Beers Criteria generally recommends avoiding benzodiazepines and strongly anticholinergic drugs such as hydroxyzine in most older adults, with important exceptions. Medication choices should be individualized.

When dementia is present

Anxiety may arise from pain, delirium, infection, unfamiliar surroundings, sensory impairment, fear, or unmet needs. First look for reversible triggers and use reassurance, predictable routines, communication strategies, and caregiver support. Benzodiazepines can worsen confusion, disinhibition, and fall risk; some patients experience paradoxical agitation. Medications may still be appropriate when distress is substantial, but benefits and harms require close review.

Seek urgent help if

- New severe confusion, inability to awaken normally, slowed breathing, fainting, or a serious fall
- Fever, marked agitation, muscle rigidity, tremor, and diarrhea after serotonergic medication changes
- New suicidal thoughts or dangerous behavioral changes

For an immediate emergency, call 911. In the U.S., call or text 988 for a mental health crisis.

What to expect when starting treatment

- Before prescribing: review the anxiety pattern, medical conditions, alcohol use, sleep, other medications, fall history, and prior treatment response.
- At the start: use the agreed schedule, ask whether the medicine is daily or as-needed, and understand expected onset and precautions.
- During follow-up: track anxiety, sleep, alertness, falls, blood pressure when relevant, and any changes in behavior or thinking.
- Over time: review whether the medicine is still needed. If stopping, ask about tapering—particularly for benzodiazepines and SSRIs/SNRIs.

Questions to ask the prescriber

- What symptoms are we targeting, and how will we measure improvement?
- Is this a daily medicine or only for specific situations? When should it start working?
- What are the risks of falls, confusion, interactions, or dependence in this person?
- Could pain, a medical illness, another medicine, or delirium be causing the anxiety?
- When should we follow up, and how would we safely reduce or stop the medicine?

Family medication review worksheet

Medication / dose	Why prescribed	Benefit noticed / side effects

Trusted resources for patients and families

- National Institute of Mental Health (NIMH): nimh.nih.gov/health/topics/anxiety-disorders
- MedlinePlus medication information: medlineplus.gov/druginformation.html
- U.S. Food & Drug Administration medication guides: fda.gov/drugs
- American Geriatrics Society: healthinaging.org
- 988 Suicide & Crisis Lifeline: 988lifeline.org

Educational information only. This handout does not replace individualized medical advice. Brand names, formulations, approvals, and availability may change. Never stop a regularly used benzodiazepine abruptly without medical guidance.