

Anxiety: a handy chart to help you compare the main medicines to help the symptoms of anxiety

As anxiety and depression often occur together, you might also want to look at the Handy Chart for depression

Please note: You are unique and this is only a guide!

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to start to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of anxiety, and a few others that are sometimes used.

- These are in no special order, although SSRIs are often the first choice
- We have listed them as their “generic name” (the name of the actual medicine). We have also mentioned the trade name where possible
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.
- Some of these medicines might not be used in your area

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. Taking two medicines with the same way of working doesn't often help much. **Serotonin** is one of the brain's chemical messengers. It helps control mood, emotions, feeding and sleep. **Noradrenaline** is one of the brain's chemical messengers. It helps control drive, motivation, alertness and sleep.

GABA is one of the brain's chemical messengers. It calms the brain.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Feeling strange** – just not feeling right
- **Nausea** – feeling sick, but not usually being sick
- **Dizziness** – feeling a bit unsteady

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the main medicines to help the symptoms of anxiety

| Medicine | Usual dose | How we think it might work (probably) | How long it takes to work | Some of the main side effects * | | | | How long you could or should take it for | How to stop it |
|--|---|---|---|---------------------------------|--------|-----------------|-----------|---|---|
| | | | | Drowsiness | Nausea | Feeling strange | Dizziness | | |
| Main medicines (licensed or which are proven to help) | | | | | | | | | |
| SSRIs e.g. escitalopram, paroxetine. <i>Other SSRIs may also work</i> | Escitalopram 10mg a day. Paroxetine 20mg a day | Boosts serotonin | Takes about 3-4 weeks. The symptoms may get a bit worse in the first couple of weeks before then getting better | ● | ●●● | 0 | 0 | As long as you want. Taking for at least 6 months reduces the chances of getting unwell again | Stop gradually over a few weeks if taken for more than a few months |
| Venlafaxine | 75mg a day | Boosts serotonin and noradrenaline | A week or so, builds over 3-4 weeks | ● | ●●● | 0 | 0 | | |
| Duloxetine (Cymbalta®) | 60mg a day | | | ● | ●●● | 0 | 0 | | |
| Pregabalin (Lyrica®) | Around 300mg a day | Slows down excitatory messages | 4 weeks at full dose | ●● | ● | ● | ●●● | | No problem, best stopped over a few days though |
| Buspirone | 30mg a day | Boosts serotonin | A few hours | ● | 0 | ●●● | ● | No problem | |
| Benzodiazepines (shorter-acting e.g. lorazepam, oxazepam) | Lorazepam up to 4mg a day. Oxazepam up to 30mg a day | Boosts the effect of GABA, the brain's natural inhibitory or calming chemical messenger | A few hours to a few days | ●●● | 0 | ● | 0 | Usually for up to a month or so, but can be longer | Should be done slowly if taken for more than a few months |
| Benzodiazepines (longer-acting e.g. diazepam, clonazepam, chlordiazepoxide) | For diazepam up to about 15mg a day | | A few hours | 0 | 0 | ● | ● | | |
| Beta-blockers e.g. propranolol or oxprenolol | Up to 120mg a day maximum | Stops the heart beating too fast and reduces tremor | A few hours | 0 | 0 | ● | ● | As long as you feel you want or need to | Should be done slowly if taken for more than a few months |
| Unlicensed (usually only where the main treatments have failed or as an add-on) | | | | | | | | | |
| Other SSRIs (e.g. fluoxetine, citalopram, sertraline) | Fluoxetine and citalopram 20mg a day | Boosts serotonin | As paroxetine and escitalopram above | ● | ●●● | 0 | 0 | As SSRIs above | As SSRIs above |
| Antipsychotics e.g. pericyazine | Pericyazine around 5-30mg a day | Sedative and calming | Within a few hours | ●●● | 0 | 0 | ●● | Usually when required | No problem |