Buspirone's (BuSpar) Place in the Therapy of Anxiety

WHAT IS THE MAIN INDICATION FOR BUSPIRONE (BUSPAR®)?

Buspirone is an oral agent used to manage anxiety. It is structurally and chemically different than benzodiazepines (e.g., lorazepam (Ativan®)). Clinically, buspirone offers no advantage over benzodiazepines, which are considered more effective for acute anxiety with a quicker onset of action. Buspirone is administered as a routine medication and typically reserved for patients with chronic anxiety, such as those with generalized anxiety disorder. It may take up to 2 weeks for full anxiolytic effect.[1]

WHAT IS THE EVIDENCE FOR BUSPIRONE IN MANAGING ANXIETY IN PALLIATIVE CARE?

Buspirone has no anticonvulsant or muscle-relaxant properties, nor does it impair psychomotor function. It does not cause sedation or physical dependence and is therefore not categorized as a controlled substance. Conversely, benzodiazepines are controlled substances and among the most commonly abused medications.

Buspirone is an alternative for managing anxiety in the current environment of drug abuse and safety concerns of many psychotropic agents in the elderly population (e.g., antipsychotics). With emerging nursing facility regulations curbing the use of several medications, including antipsychotics and benzodiazepines, buspirone may a suitable option for patients requiring therapy for chronic anxiety. Note that an SSRI (e.g., sertraline (Zoloft)) or SNRI (e.g., venlafaxine (Effexor)) is recommended as first-line therapy for generalized and social anxiety disorders and buspirone, second line.[2]

WHAT SIDE EFFECTS SHOULD THE PATIENT EXPECT?

Common side effects include dizziness, nervousness, drowsiness, and lightheadedness. Rare but serious side effects include bradycardia, heart failure, cardiomyopathy, AMI, GI bleeding, seizures and serotonin syndrome. Avoid buspirone in patients with severe hepatic and/or renal dysfunction. Adjust doses in mild to moderate renal impairment.

WHAT MAJOR DRUG INTERACTIONS ARE IMPORTANT TO RECOGNIZE?

Monoamine oxidase inhibitors (MAOIs): Concomitant use of MAOIs and buspirone is contraindicated because of the risk of elevated blood pressure. MAOIs are a class of antidepressants that have largely fallen out of favor as initial treatment of depression. However, their use is on the rise in the treatment of neurodegenerative diseases and they are still used in cases of refractory depression.[3] A 10-day interval after discontinuing the following medications is recommended before initiating buspirone treatment:

- Non-selective MAOI inhibitors used for refractory depression: e.g., isocarboxazid (Marplan®), phenelzine (Nardil®), tranylcypromine (Parnate®)
- MAO type-B inhibitors used for Parkinson's disease: e.g., selegiline (Eldepryl®), rasagiline (Azilect®)
- Drugs that possess monoamine oxidase inhibitor activity, used for other indications: e.g., procarbazine (Matulane®) (oral chemotherapy)

SUMMARY:

Despite lack of well-controlled studies for benefit in palliative care, buspirone is an accepted alternative to SSRIs and SNRIs for the management of chronic anxiety. It may also be a suitable alternative to the scheduled use of benzodiazepines when abuse is a concern.

REFERENCES:

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