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Anti-Anxiety Medications: A Patient Reference

Daily and as-needed options — benefits, limits, and safe use

Many medications can reduce anxiety. They fall into two broad groups: **daily medications** that lower your baseline anxiety over time, and **as-needed or short-term medications** for acute symptoms. Understanding which kind you are taking — and what each can and cannot do — keeps treatment safe and effective.

First-Line Daily Treatment: SSRIs and SNRIs

For ongoing anxiety disorders (generalized anxiety, panic, social anxiety), **antidepressants of the SSRI and SNRI classes are first-line treatment** — not sedatives. They reduce worry, panic, and avoidance steadily over weeks, are not habit-forming, and treat coexisting depression. (See our separate handout, "Antidepressant Medications," for the full list, side effects, and safety points — everything there applies here too.)

Commonly used for anxiety: sertraline, escitalopram, paroxetine, venlafaxine XR, and duloxetine. Expect **4–6 weeks** for full effect; some people feel a little more jittery in the first week before improvement begins.

Other Daily / Regular Options

Medication	How it is used	Common side effects	Important cautions
Buspirone (Buspar)	Taken daily, usually twice a day, for generalized anxiety. Takes **2–4 weeks** to work — it is not an as-needed pill.	Dizziness, headache, nausea, lightheadedness	Not habit-forming and not a sedative — a good long-term option. Must be taken consistently; works poorly if taken only occasionally. Tell your prescriber about MAOI use.
Hydroxyzine (Atarax, Vistaril)	Antihistamine used **as needed** for anxiety or tension. Non-habit-forming alternative to sedatives.	Drowsiness, dry mouth, dizziness	Sedating — avoid driving until you know how it affects you. Avoid alcohol. Use caution in older adults (confusion, urinary difficulty).
Gabapentin / Pregabalin (Neurontin / Lyrica)	Sometimes used when anxiety comes with nerve pain or when other options are unsuitable. Dosed daily.	Drowsiness, dizziness, swelling of hands/feet, weight gain	Can be misused; **do not stop abruptly** — taper under supervision. Avoid alcohol. Tell your prescriber about breathing problems or sleep apnea.

943 West Overland Road, Suite 3587, Meridian, ID 83642 | 208-279-5241 | office@embracepsychiatry.com | embracepsychiatry.com
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Propranolol (Inderal)	Beta-blocker used **for performance or situational anxiety** (presentations, performances) — it blocks the physical symptoms: racing heart, shaking, sweating. Taken before the event, not daily.	Slow heart rate, low blood pressure, cold hands/feet, fatigue	**Not a treatment for general daily anxiety.** Avoid with asthma/COPD, very low heart rate or blood pressure. Can mask low blood sugar in diabetes. Do not stop suddenly after regular use.

Benzodiazepines: Effective, Short-Term, High-Caution

Benzodiazepines work quickly — often within 30–60 minutes — which makes them tempting. But they carry serious risks, so they are prescribed **cautiously, at the lowest dose, for the shortest time**, usually while a daily medication takes effect or for time-limited situations.

Generic (brand)	Relative speed / duration
Alprazolam (Xanax)	Fast onset, shorter-acting; higher risk of rebound anxiety between doses
Lorazepam (Ativan)	Intermediate; commonly used for acute anxiety or panic
Clonazepam (Klonopin)	Longer-acting; steadier effect, often dosed once or twice daily
Diazepam (Valium)	Long-acting; also used for muscle spasm and alcohol withdrawal

Benzodiazepine Safety — Please Read Carefully

- **Dependence and withdrawal:** the body can become dependent in as little as a few weeks of daily use. Stopping suddenly can cause rebound anxiety, insomnia, tremor, and — rarely — seizures. **Never stop abruptly;** your prescriber will taper the dose.
- **Sedation:** drowsiness, slowed reflexes, and impaired coordination. Do not drive or operate machinery until you know exactly how it affects you.
- **Never combine with alcohol or opioids.** This combination can suppress breathing and cause fatal overdose. This includes prescription pain medications and sleep aids.
- **Tolerance:** the same dose becomes less effective over time, which leads some people to increase the dose on their own — tell your prescriber instead.
- **Memory effects:** can cause forgetfulness or "blackouts," especially with alcohol.
- **Controlled substances:** store locked up, never share, and plan refills ahead — early refills are not permitted.
- Older adults are more sensitive: higher risk of falls, confusion, and memory problems.

What About "Natural" Options?

Patients often ask about supplements (magnesium, ashwagandha, kava, valerian, CBD). Evidence for these is limited or mixed, products are unregulated (dose and purity vary), and some interact with prescription medications — kava can injure the liver, and CBD affects how the body processes many drugs. **Tell your prescriber about every supplement you take.** "Natural" does not mean risk-free.

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When to call promptly: thoughts of harming yourself (**call or text 988**); severe or new panic that might be medical (chest pain, fainting — get emergency care if unsure); extreme drowsiness or slowed breathing after taking a sedative (call 911); or anxiety that keeps worsening despite treatment — the plan can be adjusted.

Medication is one part of anxiety treatment. Therapy (especially CBT), regular exercise, consistent sleep, and less caffeine and alcohol multiply what medication can do. Ask your provider about combining approaches.

Please read: This handout is for education only and is not medical advice. Do not start, stop, or change any medication without talking to your prescriber. If you are in crisis, call or text **988** (Suicide and Crisis Lifeline) or text **HOME** to **741741**.

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