

Medication Examples for BPSD – Anxiety

Medication*	Initial Oral Dose (mg)	Dosing Frequency	Formulation	Titration Dose (mg) & Schedule	Average Total Daily Dose (mg)	Common Side Effects	Medication Administration
Citalopram	5 – 10	qam	<ul style="list-style-type: none"> tablet 	5 – 10 weekly	20	<ul style="list-style-type: none"> headache nausea diarrhea sweating insomnia see Key Messages for further side effects 	<ul style="list-style-type: none"> give with food to minimize GI upset tablets may be split decrease dose if hepatic impairment
Escitalopram	5	qam	<ul style="list-style-type: none"> tablet oral dissolving tablet 	5 weekly	10	<ul style="list-style-type: none"> as above see Key Messages for further side effects 	<ul style="list-style-type: none"> give with food to minimize GI upset tablets may be split oral dissolving tablets cannot be split
Sertraline	25	qam	<ul style="list-style-type: none"> capsule 	25 weekly	150	<ul style="list-style-type: none"> as above see Key Messages for further side effects 	<ul style="list-style-type: none"> give with food to minimize GI upset decrease dose if hepatic impairment
Trazodone	12.5 – 25	bid to qid	<ul style="list-style-type: none"> tablet 	12.5 – 25 q3 to 7 days	150	<ul style="list-style-type: none"> sedation dizziness headache constipation dry mouth postural hypotension see Key Messages for further side effects 	<ul style="list-style-type: none"> can be used as a PRN tablets may be split
Lorazepam (PRN)	0.25 – 0.5	q4h PRN	<ul style="list-style-type: none"> tablet SL tablet injection 	-	2	<ul style="list-style-type: none"> sedation confusion dizziness unsteady gait see Key Messages for further side effects 	<ul style="list-style-type: none"> injection: IM or SC keep injectables in fridge SL tabs can also be swallowed
Other							

* We recognize that some of the medications listed here could potentially be used for off-label use. Refer to Health Canada’s Drug Product Database for labelled indications at: <https://www.canada.ca/en/>.

Key Messages/Considerations

- Ensure comprehensive non-pharmacologic treatment plan has been tried.
- Rule out pain as a contributing factor for BPSD.
- Start low and go slow.
- Strive for a good clinical trial. Increase dose only until clinical effectiveness is achieved.
- Monitor for adverse effects especially when combining medications. Review potential for drug-drug interactions with the addition of any new medication.
- All of these medications may have a risk of falls.
- Citalopram, Escitalopram and Sertraline are known as Selective Serotonin Receptor Inhibitors (SSRIs).
 - Additional less frequent side effects of SSRI antidepressants may include: hyponatremia (monitor for low sodium especially if also taking a diuretic), risk of Syndrome of Inappropriate Anti-diuretic Hormone (SIADH) higher in older adults, extrapyramidal side effects (EPS), risk of falls, risk of GI bleed, sexual dysfunction and QTc prolongation. (Health Canada Black Box warning for Citalopram and Escitalopram. 2012. <https://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2012/14672a-eng.php>).
 - Monitor for signs of Serotonin Syndrome.
 - Withdraw SSRI antidepressants gradually after prolonged use to avoid discontinuation syndrome.
- Trazodone is known as a Serotonin Antagonist and Reuptake Inhibitor (SARI).
 - Monitor for signs of Serotonin Syndrome
 - Paradoxical disinhibition may occur with trazodone.
 - A rare side effect of trazodone is priapism.
- Lorazepam is a Benzodiazepine Receptor Agonist (BZRA).
 - Tolerance may occur with lorazepam. If used regularly then withdraw gradually (Benzodiazepine Receptor Agonist Deprescribing Guideline and Algorithm. 2018. www.deprescribing.org.)
 - Paradoxical disinhibition may occur with lorazepam.
- Reassess the need for continued therapy.
- PRN doses may be used:
 - Temporarily while determining if there is a need for regular dosage administration.
 - In situations where break-through behavioural symptoms(s) require additional dosing.

References

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