BUSPIRONE (BuSpar) Fact Sheet [G]

BOTTOM LINE:
Despite the lack of large randomized controlled data to support first-line use, buspirone may be used adjunctively in kids who exhibit partial response to first-line therapies for anxiety (SSRI, SNRI), without the sedation and abuse potential burden of benzodiazepines.

PEDIATRIC FDA INDICATIONS:
None.

ADULT FDA INDICATIONS:
GAD.

OFF-LABEL USES:
Treatment-resistant depression; anxiety symptoms in depression.

DOSAGE FORMS:
Tablets (G): 5 mg (scored), 7.5 mg (scored), 10 mg (scored), 15 mg (scored), 30 mg (scored).

PEDIATRIC DOSAGE GUIDANCE:
- No guidance on dosing in children and adolescents.
- Adult dosing: Start 7.5 mg BID or 5 mg TID; increase by increments of 5 mg/day every two to three days to target dose 20–30 mg/day divided BID–TID; max 20 mg TID.

MONITORING: No specific monitoring of note.

COST: $

SIDE EFFECTS:
Most common: Dizziness, nervousness, nausea, headache, jitteriness.

MECHANISM, PHARMACOKINETICS, AND DRUG INTERACTIONS:
- Serotonin 5HT1A receptor partial agonist.
- Metabolized primarily through CYP3A4; t ½: 2–3 hours.
- Avoid use with MAOIs; caution with serotonergic agents due to additive effects and risk for serotonin syndrome. Caution with CYP3A4 inhibitors or inducers as they may affect buspirone serum levels; adjust dose.

EVIDENCE AND CLINICAL PEARLS:
- Although very well tolerated, randomized placebo-controlled data found buspirone 15–60 mg/day to be no better than placebo in kids 6–17 years with GAD.
- Similar to antidepressants, buspirone requires one to two weeks for onset of therapeutic effects, with full effects occurring over several weeks, and offers no "as-needed" benefits.
- Non-sedating, non-habit-forming alternative to benzodiazepines for anxiety, but minimal efficacy data in kids show it may be no better than placebo.

FUN FACT:
Other psychotropic agents with 5HT1A partial agonist effects include aripiprazole, ziprasidone, and vilazodone.