
BUSPIRONE (BuSpar) Fact Sheet [G]

Bottom Line:

Buspirone is a reasonable option in anxious patients for whom benzodiazepines are not appropriate. Don't expect as robust a response, and make sure patients know it may take a week or two to kick in.

FDA Indications:

Generalized anxiety disorder (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).

Dosage Guidance:

Start 7.5 mg BID or 5 mg TID; ↑ 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 routine monitoring recommended unless clinical picture warrants.

Cost: \$

Side Effects:

- Most common: Dizziness, nervousness, nausea, headache, jitteriness.
- Pregnancy/breastfeeding: Not enough data to recommend in pregnancy; likely safe in breastfeeding.

Mechanism, Pharmacokinetics, and Drug Interactions:

- Serotonin 5-HT_{1A} receptor partial agonist.
- Metabolized primarily through CYP3A4; t_{1/2}: 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.

Clinical Pearls:

- Similar to antidepressants, buspirone requires one or 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. May be less effective or ineffective in patients who have previously responded to benzos.
- Has only shown efficacy in GAD, not in other anxiety disorders (PTSD, OCD, panic disorder).
- May potentiate antidepressant effects when used in combination with SSRIs in refractory depression.

Fun Fact:

Psychotropic agents with 5-HT_{1A} partial agonist effects include aripiprazole, ziprasidone, and vilazodone, among others.