Choosing Anxiolytics for Geriatric Patients

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Introduction

- Anxiety disorders in older adults (OAs) are prevalent, yet they're frequently underdiagnosed or misdiagnosed due to non-specific symptoms, presentations overlapping with other medical conditions, or being mistaken for depression.
- This Fact Sheet focuses on the pharmacological management of anxiety disorders in OAs, highlighting key considerations for dosage, selection, and monitoring to ensure safety and efficacy.

General Considerations

- **Age-Related Changes:** Drug metabolism and clearance declines with age, so start low and go slow with dosage changes to mitigate side effects. However, keep titrating doses, as most OAs will respond to similar dosages as adults.
- **Polypharmacy** is common in OAs. It increases the risk of drug-drug interactions and side effects including falls and confusion. Review and adjust the patient's medication regimen, as needed, before starting a new medication.
- **Comorbidities** are frequent in this population, necessitating cautious choice of medications to avoid exacerbating underlying medical conditions, such as diabetes mellitus with second generation antipsychotics or hypertension with SNRIs.

Pharmacological Considerations (in order of preference)

Selective Serotonin Reuptake Inhibitors (SSRIs)

- **Broad-Spectrum Use:** SSRIs are effective for a range of late-life anxiety disorders, including generalized anxiety disorder (GAD), panic disorder, and social anxiety disorder.
- **Preferred for Older Adults** due to a safer side effect profile compared to other classes.
    - Top choices include sertraline and escitalopram.
    - Citalopram is used less because of a black-box warning for QTc prolongation, which can lead to sudden cardiac death.
    - Fluoxetine and paroxetine are strong inhibitors of CYP2D6, resulting in the potential for more drug-drug interactions.
    - Paroxetine also has significant anticholinergic activity.
- **Starting Doses:** Sertraline 25 mg daily, escitalopram 5 mg daily, and citalopram 10 mg daily. Monitor and adjust based on response and tolerability.
- **Side Effects:** Monitor for hyponatremia, especially in the first few weeks. Be cautious of QT prolongation with citalopram, especially if exceeding 20 mg daily for those over 60. Gastrointestinal issues and sexual dysfunction are other common side effects. Less common are falls, fractures, and bleeding.

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

- **Venlafaxine, desvenlafaxine, and duloxetine** are effective for GAD.
    - Start venlafaxine XR at 37.5 mg daily, titrating up to a therapeutic dose of 75-225 mg as tolerated.
    - For duloxetine, initiate at 30 mg daily, with a therapeutic range of 60-120 mg. Watch for urinary retention with duloxetine which can contribute to frequent UTIs. Duloxetine's pain-relieving properties can be helpful for OAs with comorbid chronic pain and anxiety.

    - Desvenlafaxine is the active metabolite of venlafaxine. It has a flat dose-response curve, meaning that increasing the dose may not always be necessary to achieve a therapeutic effect. For OAs, start with a low dose, such as 25 mg daily, with a maintenance dose typically around 50 mg daily. Desvenlafaxine is excreted through the kidneys, so in OAs with reduced renal function, dose adjustments may be necessary to avoid accumulation and increased side effects.
- **Monitoring:** Blood pressure monitoring is crucial for patients on SNRIs due to potential increases in BP at higher doses. Watch too for hyponatremia, especially in the first few weeks. Other side effects include sexual dysfunction and GI issues. Less common are falls, fractures, and bleeding.

Buspirone

- **An Option for GAD:**
    - Lacks the sedative and dependency risks of benzodiazepines.
    - Starting dose is 7.5 mg twice daily, titrating up to 10-45 mg/day divided into two or three doses.
    - It may be more effective for cognitive manifestations of anxiety such as excessive worry rather than physical symptoms like tremors, SOB, tachycardia, or diaphoresis.
    - Onset of action may be delayed by several weeks.
- **Advantages:** Well-tolerated In OAs. Less potential for addiction and abuse.
- **Comment:** Buspirone gets a bad rap, but I've successfully used it in many OAs, often as an adjunct to an SSRI/SNRI.

Gabapentin:

- **Application in Anxiety:** Though not FDA-approved for any anxiety disorder, gabapentin has shown efficacy in GAD and social anxiety.
- **Dosage and Administration:** Typically ranges from 300 mg to 1200 mg daily, divided into three doses. It can be used as monotherapy or as an adjunct to SSRIs/SNRIs.
- **Advantages for OAs:**
    - **Non-Addictive Profile:** Gabapentin does not exhibit the dependency potential associated with benzodiazepines, making it a safer alternative for long-term use in managing chronic anxiety symptoms.
    - **Minimal Cognitive Impact:** Unlike benzodiazepines, gabapentin has a lower risk of causing sedation or cognitive impairment, an important consideration for preserving cognitive function.
    - **Coexisting Conditions:** Its pain-relieving properties can be beneficial for OAs with comorbid chronic pain and anxiety, offering a two-fold therapeutic effect.
- **Safety and Tolerability:**
    - **Side Effects:** Common side effects include dizziness, fatigue, and peripheral edema. These are generally mild and can be minimized by adjusting the dosage.
    - **Renal Considerations:** Gabapentin is renally excreted, necessitating dose adjustments in patients with impaired renal function.

Pregabalin

- **Application in Anxiety** is similar to gabapentin. It's indicated for GAD in the EU. Its anxiolytic properties could be beneficial for OAs who haven't responded well to SSRIs/SNRIs or as an adjunct to them.
- **Dosing Consideration:** Start with a low dose (e.g., 25 mg twice daily), gradually increasing based on tolerance and efficacy. Be mindful of renal function.

Benzodiazepines

- **Limited Use Recommended** due to risks of cognitive impairment, dependence, and falls. If necessary, short-term use or for an acute anxiety exacerbation is advisable.
- **Selection and Dosing:** Lorazepam (0.5-1 mg) or oxazepam (10-15 mg) are preferred due to shorter half-lives and minimal active metabolites. Use the lowest effective dose and for the shortest duration possible.

Beta-Blockers

- **For Performance Anxiety:** Propranolol can be used off-label to manage situational/performance anxiety. Dosing is typically 10-40 mg about one hour before the anxiety-provoking event.
- **Considerations:** Monitor for hypotension and bradycardia. Because many OAs have comorbid cardiovascular conditions and may already be taking antihypertensives, I only use this as an option in relatively healthier patients.

Antipsychotics

- **Reserved for Severe Cases:** Quetiapine at low doses (25-50 mg at bedtime) can be considered for severe cases of anxiety not responsive to other treatments.
- **Risks:** Increased danger of metabolic syndrome and extrapyramidal side effects. The chance of TD is much higher in OAs than in younger populations. Regular monitoring is necessary.

Lavender Oil

- **Silexan in Anxiety Management:** Silexan is a lavender oil preparation. Studies have shown that it's effective in treating GAD. Its anxiolytic effects are comparable to those of low-dose lorazepam, and in a meta-analysis, it beat out paroxetine (Yap WS et al, *Sci Rep* 2019;9(1):18042).
- **Dosage and Administration:** The typical dosage of Silexan is 80 mg once daily, with some studies using up to 160 mg for increased efficacy.
- **Safety Profile:** Lavender oil has a favorable safety profile and is not habit-forming. The most commonly reported side effects are mild GI symptoms, including "lavender burps." Lavender oil does not cause sedation or impair cognitive function, making it an attractive option for OAs.
- **Complementary Treatment:** Lavender oil can be used in conjunction with other treatments, including SSRIs, SNRIs, and non-pharmacological therapies.

Saffron Extract

- **Natural Remedy:** Saffron has shown potential in clinical trials for mild to moderate depression and anxiety. Its anti-inflammatory and antioxidant properties may contribute to neural health and mood regulation.
- **Usage Guidelines:** Extract supplements, often around 20-30 mg daily, can be an adjunct to traditional medications.
- **Side Effects:** Appetite Changes, drowsiness, and rare agitation.

Monitoring and Follow-Up

- **Regular Monitoring:** Essential to assess efficacy, side effects, and adherence. Adjust treatment as necessary based on patient response and tolerability.
- **Holistic Approach:** Combine pharmacotherapy with psychotherapy and other non-pharmacological interventions for best outcomes.

Deprescribing

- **Review Regularly:** The necessity of continued pharmacotherapy should be reviewed regularly, with an aim to reduce and stop medications, if possible, to minimize polypharmacy.