DRUGS USED FOR ANXIETY AND PANIC DISORDERS

ILOs

Define some types of anxiety disorders

Classify types of drugs used for treatment of anxiety

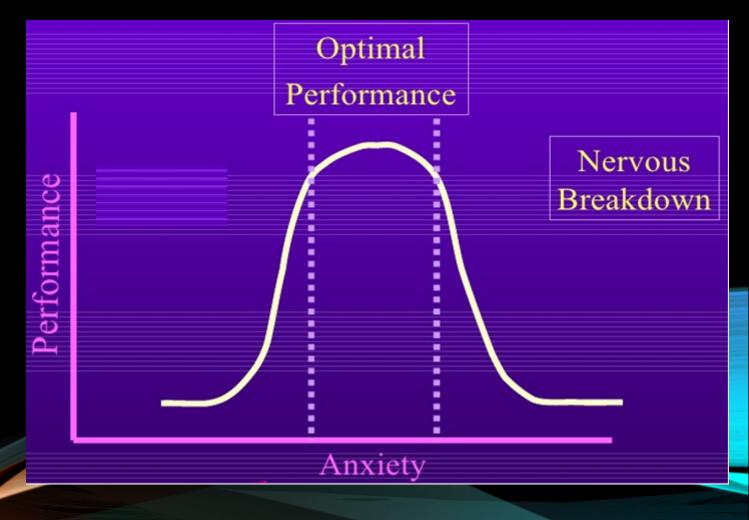
Discuss the different characteristics of antianxiety drugs







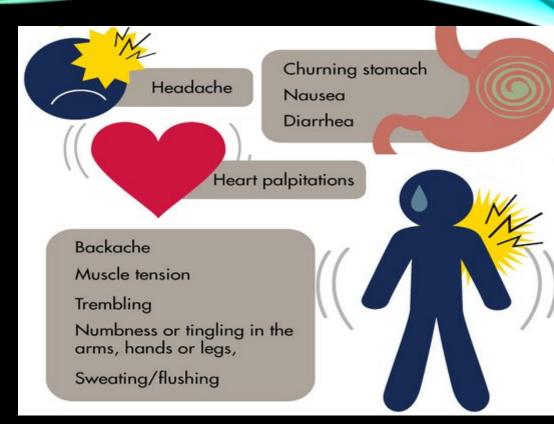
Physical and emotional distress which interferes with normal life.



SYMTOMS OF ANSIETY

1-Somatic

2- Emotional



Emotional Symptoms

- Feelings of dread
- Difficulty concentrating
- Irritability
- Restlessness
- Pessimism
- Recurring memories



TYPES OF ANXIETY DISORDERS

1- Generalized anxiety disorder

2- Panic disorder

4-Post traumatic stress disorder







3- Phobia

5- Obsessive compulsive disorder





TREATMENT OF ANXIETY

Psychotherapy

Anxiolytics





CLASSIFICATION OF ANXIOLYTIC DRUGS:

1-Benzodiazepines (BDZ).

2-**5HT_{1A} agonists**.

3-Beta-adrenergic blockers

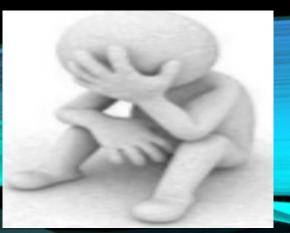
4-5HT reuptake inhibitors

5-Tricyclic Antidepressants

6-MAO inhibitors

7-Pregabalin

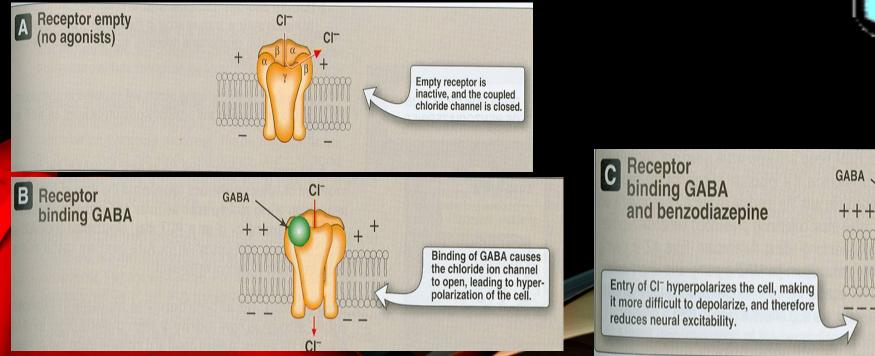




1-Benzodiazepines (BDZ).

MECHANISM OF ACTION

Benzodiazepines act by binding to BZ receptors in the brain \rightarrow enhance GABA action in the brain



Let's reduce some brain activity!



Benzodiazepine

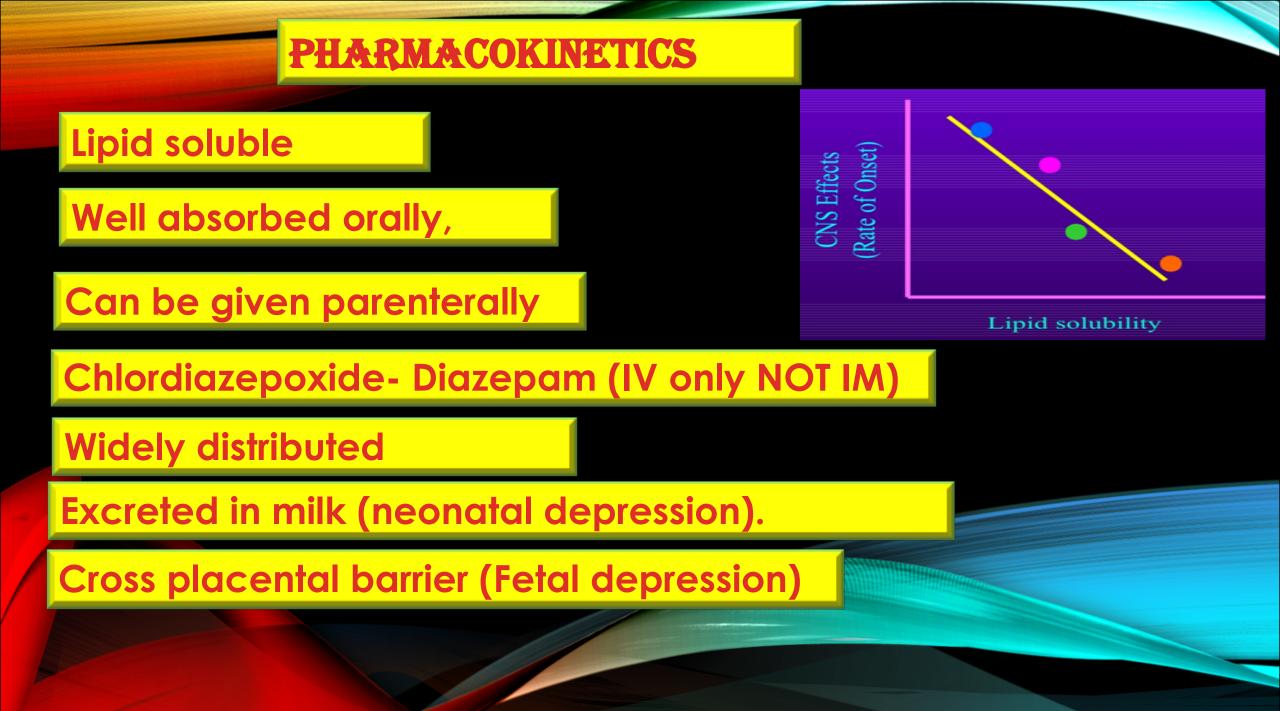
Binding of GABA is

enhanced by benzo-

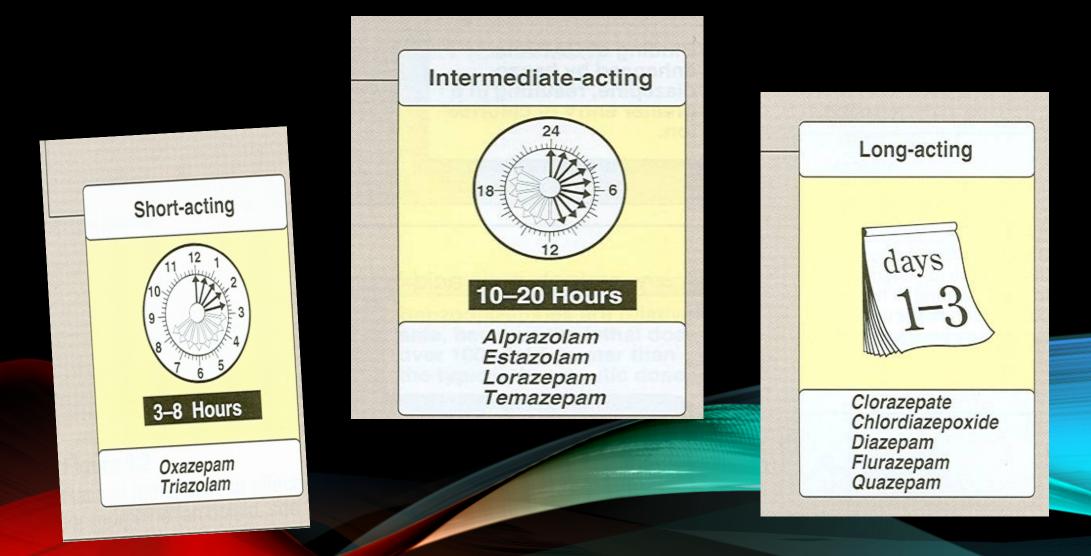
ion.

diazepine, resulting in a

greater entry of chloride



Can be classified according to the duration of action into short, medium & long- acting



PHARMACOLOGICAL ACTIONS

Anxiolytic action.

Depression of cognitive and psychomotor function

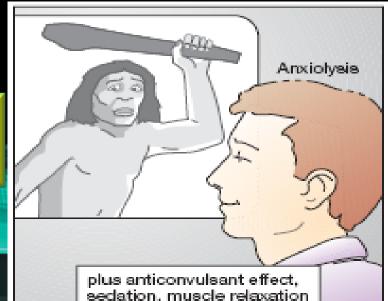
Sedative & hypnotic actions

Anterograde amnesia

Minimal depressant effects on cardiovascular system & respiratory system

Some have anticonvulsant effect: Clonazepam, diazepam.





THERAPEUTIC USES

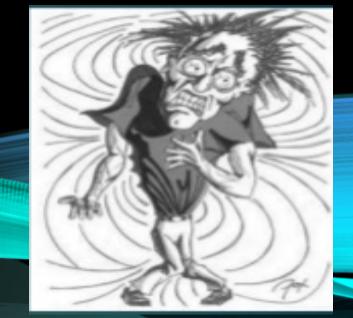
Anxiety disorders:

Short term relief of severe anxiety General anxiety disorder Obsessive compulsive disorder Panic attack with depression→ Alprazolam (antidepressant effect)



Sleep disorders (Insomnia). Triazolam, Lorazepam, Flurazepam

Treatment of epilepsy Diazepam – Lorazepam



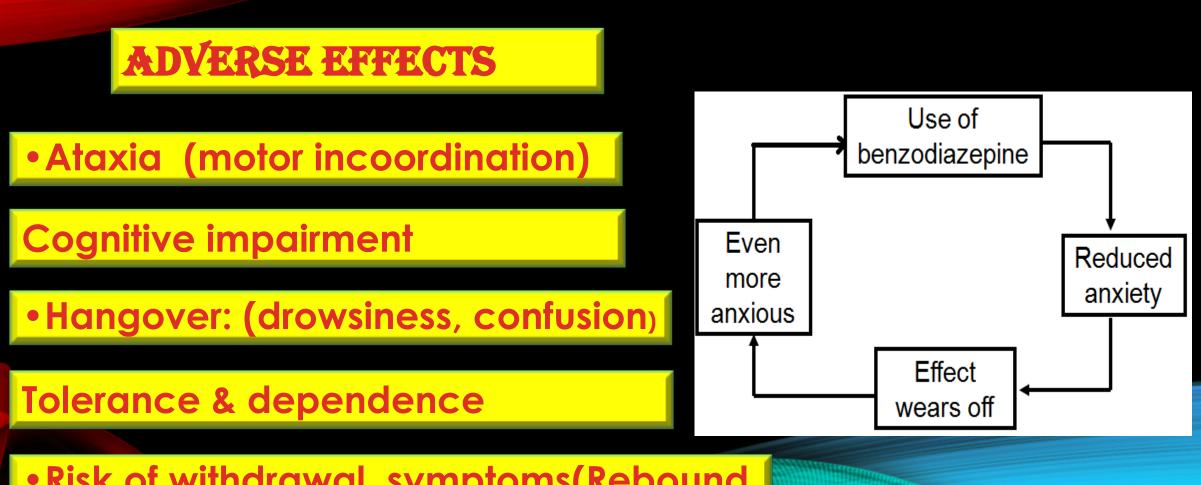
THERAPEUTIC USES

In anesthesia Preanesthetic medication (diazepam).

Induction of anesthesia (Midazolam, IV)

MIDAZOLAM Moments Not Remembered

Thank goodness for the conscious sedation of Midazolam He can hear me and respond to simple commands, but he would not want to remember moments like this.



 Risk of withdrawal symptoms(Rebound insomnia, anorexia, anxiety, agitation, tremors and convulsion)

ADVERSE EFFECTS

Toxic effects: respiratory cardiovascular depression in large doses.



DRUG - DRUG INTERACTIONS

	Examples	Lorazepam can be given PO, IM, or IV push. You will feel calmer and
CNS depressants	Alcohol & Antihistaminics	then become more sedated.
	↑ effect of	A CTA
	benzodiazepines	
Cytochrome P450	Cimetidine &	
inhibitors	Erythromycin ↑	
	t $\frac{1}{2}$ of benzodiazepines	TY PIP
CYT P450	Phenytoin & Rifampicin ↓	1 1 pers
inducers	t _{1/2} of benzodiazepines	N BE

BENZODIAZEPINE ANTAGONIST

FLUMAZENIL

Binds competetivly to GABA receptors displacing benzodiazepine

Has a short plasma half life→ repeated dosing

Used in benzodiazepine overdose

Precipitates withdrawal symptoms in benzodiazepine addicts

Henry ignored his benzodiazepine's warning to avoid operating dangerous machinery while using it and loses his right foot.

1 Tamana F



5HT_{1A} AGONISTS



Acts as a partial agonist at brain 5HT_{1A} receptors, presynapticaly inhibiting 5HT release

Adaptive changes after chronic treatment, reduction in 5HT₂ receptors in cortex

Weak dopapamine D2 action , but not antipsychotic



5HT_{1A} AGONISTS



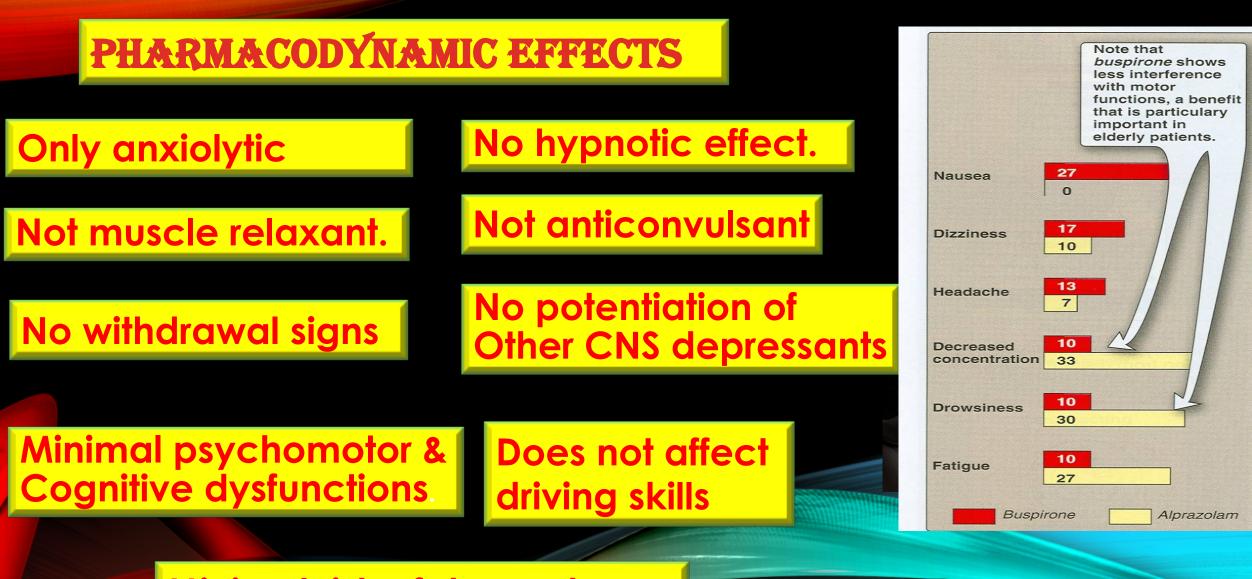
Rapidly absorbed orally.

Undergoes extensive hepatic metabolism, some of the metabolites are active

Liver dysfunction $\rightarrow \downarrow$ its clearance



"Notice how much happier everyone is since I added anti-anxiety meds to our bottled water?"



Minimal risk of dependence

CLINICAL USES

As anxiolytic in mild anxiety & generalized anxiety disorders.



DISADVANTAGES OF BUSPIRONE

Slow onset of action (delayed effect)

Not effective in severe anxiety/panic disorder

GIT upset, dizziness, drowsiness

Drug Interactions with CYT P450 inducers and inhibitors

Buspirone has a slow onset, so it isn't useful for panic attacks. Inhibitors of CYP450 3A4 , verapamil, diltiazem→↑ buspirone level

Rifampin cause 10 fold \downarrow buspirone level

Increase blood pressure in people taking MAOi

DOSE SHOULD BE REDUCED IN

Liver disease
Old people

Precautions -Should be used with precaution in pregnant women or breast-feeding. -People over 65.





BETA BLOCKERS

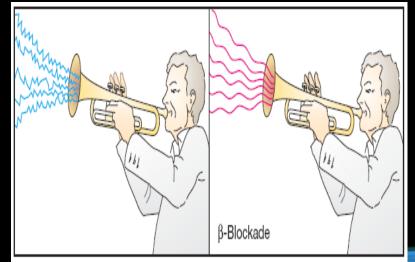
Act by blocking peripheral sympathetic system.

Reduce somatic symptoms of anxiety.

Decrease BP & slow HR.

Used in performance anxiety.

Are less effective for other forms of anxiety



C. "Anxiolytic" effect of β -sympatholytics

TRICYCLIC ANTIDEPRESSANTS

Doxepin- imipramine – desipramine

Act by reducing uptake of 5HT & NA.

Used for anxiety especially associated with depression.

Effective for panic attacks.

Delayed onset of action (weeks).





Atropine like actions (dry mouth-blurred vision).

a-blocking activity (Postural hypotension).

Sexual dysfunction

Weight gain

Because of the high frequency of ADRS compared to SSRIs, SSRIs should be tried first



MONOAMINE OXIDASE INHIBITORS (MAOIS)

Phenelzine

Acts by blocking the action of MAO enzymes.

Used for panic attacks and phobia.

Require dietary restriction Avoid wine, beer, fermented foods and old cheese that contain tyramine.

ADRs:- Dry mouth, constipation, diarrhea, restlessness, dizziness.

Reserved for patients who have not responded to, or proved intolerant of, other treatments



SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

Fluoxetine

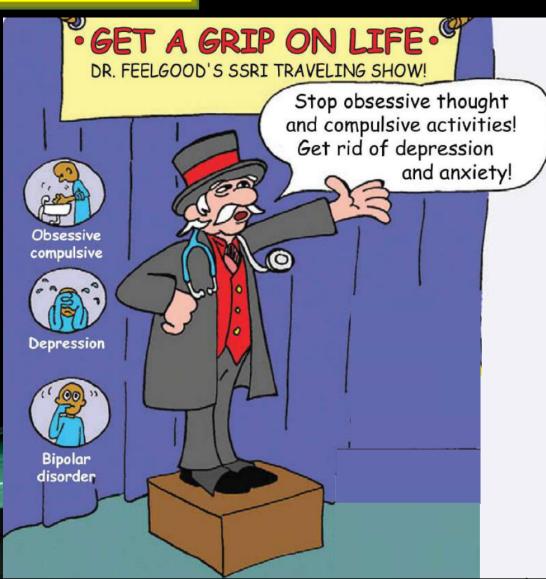
Acts by blocking uptake of 5HT

Orally

Delayed onset of action (weeks).

Long half life

Used for panic disorder – OCD -Generalized anxiety disorders phobia.





Increase in anxiety symptoms, insomnia or headache in the first days or weeks of treatment may \$\sqrt{ compliance}\$

Nausea, diarrhea

Weight gain

Sexual dysfunction

Dry mouth

Seizures

Sleep disturbance





Modulates calcium channels in CNS, UCa++ influx & modulates release of neurotransmitters

Onset occurs in the first days of treatment

Excreted unchanged in the urine,

Effective in in treatment & prevention of relapse of GAD(1st line as SSRIS)

ADRs:-dizziness and somnolence

Withdrawal symptoms may occur but less severe than benzodiazepines

Used in epilepsy & neuropathic pain

A 22-year-old woman is brought in the emergency department via ambulance because of a suicide attempt. Soon after a "night on the town," she called her boyfriend saying that she took a handful of sleeping tablets. On examination, she appears lethargic, but groans and moves all her extremities to painful stimuli. Her blood pressure is 110/70 mm Hg, heart rate is 80 bp/m, and oxygen saturation is 99 percent. Her pupils are of normal size and reactive to light. Her deep tendon reflexes are normal bilaterally. In the field, she was given an intravenous bolus of dextrose and an ampoule of naloxone without response. Her boyfriend, with whom she had an argument, brings in the bottle of sleeping medication which reads "lorazepam."







What is the danger of an overdose with this class of medication?







What is the cellular mechanism of action of this class of medication?









What pharmacologic agent can be used to treat this patient, and what is its mechanism of action?



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