ABOUT YOUR MEDICINE

Buspirone

BuSpar (US brand discontinued), available as generic, an anti-anxiety medicine that is not a sedative

This medicine eases everyday anxiety a little more each week, without making you sleepy and without becoming habit forming.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Ongoing anxiety	2 to 3 times a day	2 to 4 weeks	No

This medicine carries **no special FDA safety warning** of that kind.

WHAT THIS MEDICINE DOES

- **Buspirone** acts on serotonin, a brain chemical tied to worry, and slowly turns down the background hum of anxiety.
- It is not a benzodiazepine like lorazepam or alprazolam, so it does not sedate you and your body does not come to depend on it.
- It is not a rescue pill. An extra tablet in a panic moment will not help, because it only works when it is taken every day.
- It does not cover withdrawal from another anxiety medicine, so your prescriber needs the full list of what you take.

HOW TO TAKE IT

- Take it **2 or 3 times a day**, spaced out through the day, because it clears your body fast and needs steady levels.
- Pick with food or without food, then stay consistent, since food changes how much of each dose you actually absorb.
- If you miss a dose, take it when you remember unless the next one is close. Never double up to catch up.
- Set a phone alarm for the midday dose. That is the one people forget, and missed doses are why it can look like it failed.
- Store the tablets at room temperature, out of a steamy bathroom, and keep them in the bottle they came in.

WHAT TO EXPECT

- Give it **2 to 4 weeks**. This medicine builds its effect slowly, so calm on day one is not what you are watching for.
- Working looks like fewer racing thoughts, looser shoulders and jaw, and worry that is easier to set down and walk away from.
- Many people sit on a dose that is too low for months. If you feel nothing after a month, say so instead of quietly quitting.
- You should still feel like yourself. It does not flatten your feelings or fog your thinking the way sedatives can.

COMMON SIDE EFFECTS

- Dizziness is the most common effect, in roughly **1 in 8** people. Stand up slowly and take each dose with a snack.
- Nausea usually settles within a week or two. Food with the dose, and smaller meals more often, both help it pass.
- Headache is common in the first days. Water, regular meals, and a pain reliever your pharmacist okays usually cover it.
- Some people feel restless, a cannot-sit-still, need-to-keep-moving feeling. It is a side effect and it can be treated, so report it.
- A jittery or keyed-up feeling can show up early. It usually fades, and it does not mean your anxiety is getting worse.
- It rarely makes you sleepy or slows your reflexes, so most people can drive and work normally while taking it.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Go to the **ER** for swelling of the face, lips, or tongue, or trouble breathing or swallowing.
- Call your prescriber right away for a fast heart rate with shivering, sweating, or muscle twitching.
- Call **988** if you start having thoughts of ending your life. Someone answers day or night.
- Call your prescriber if dizziness or restlessness is wrecking your days, rather than stopping on your own.

WHAT TO AVOID

- Skip grapefruit and grapefruit juice. They push the level in your blood up and can leave you dizzy or foggy.
- Do not take this with an MAOI antidepressant such as phenelzine or tranylcypromine, or within **14 days** of stopping one.
- Go easy on alcohol. It works against the anxiety relief you are paying for, even though this medicine is not a sedative.
- Wait until you know how it affects you before long drives, since dizziness is most likely in the first week.
- Tell your prescriber if you are pregnant, planning to be, or nursing, so you can weigh this choice together.

STOPPING IT SAFELY

- You can usually stop **buspirone** without withdrawal, but plan it with your prescriber so your anxiety does not come roaring back.
- There is no craving and no physical dependence here, so stopping is about your treatment plan, not about your body.
- If it is not helping, ask about a higher dose before you give it up. Too low a dose is the usual reason it seems to fail.
- Do not stop any other anxiety or depression medicine on your own while you are changing this one.

QUESTIONS TO ASK

- How high can my dose go before we decide this is not the right medicine?
- How many weeks should I give it before we check in about it?
- Does this interact with anything else on my medicine list?
- What should I do during a panic attack, since this is not a rescue pill?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.