

Medications for Anxiety Disorders

A patient reference guide from Tailor Made Psychiatry

About These Medications

Anxiety disorders develop through a combination of biological vulnerability, life experience, learned patterns of thinking and behaviour, and ongoing stress. They are not caused by a single factor, and medication is not the whole solution. Medications for anxiety alter neurochemical activity in the brain in ways that reduce the overactivity of circuits involved in threat detection and fear — making the condition more manageable and allowing you to engage more effectively with therapy and daily life.

For most people, medication works best when combined with evidence-based therapy such as cognitive behavioural therapy (CBT), which builds lasting skills beyond the period of medication use.

Read the class information block before looking up your specific medication — it covers side effects and timelines that apply to all drugs in that group.

SSRIs — Selective Serotonin Reuptake Inhibitors

SSRIs are the recommended first-line treatment for most anxiety disorders in Canada — including generalized anxiety disorder (GAD), social anxiety disorder, panic disorder, and OCD.

COMMON CLASS SIDE EFFECTS

- Temporary increase in anxiety or restlessness in the first 1–2 weeks — this is expected and settles; it is not a sign the medication is making things worse
- Nausea — usually improves within 1–2 weeks; take with food
- Headache, insomnia, or vivid dreams early on
- Increased sweating
- Sexual side effects — reduced libido or delayed orgasm; worth discussing if bothersome

Stopping this medication: Do not stop SSRIs suddenly. The brain adapts to these medications over time, and stopping abruptly can cause discontinuation symptoms: dizziness, flu-like feelings, irritability, or 'brain zaps.' Always taper with your doctor's guidance.

WHAT TO EXPECT — SSRIS FOR ANXIETY

Weeks 1–2

Anxiety may temporarily worsen — this is the most common reason people stop too early. Side effects are at their peak. The medication is not yet working.

Weeks 2–4

Anxiety symptoms begin to ease. Sleep and physical symptoms (tension, racing heart) often improve before the sense of worry itself.

Weeks 4–8

Fuller anxiolytic effect by weeks 6–8. Worry, avoidance, and overall anxiety levels continue to improve.

Sertraline — Zoloft

USED FOR Panic disorder, social anxiety disorder, OCD, PTSD

DISTINCT FEATURES Broad anxiety indication; well-studied; one of the most commonly used.

WATCH FOR GI side effects (loose stools) slightly more common than with other SSRIs — usually settles.

Escitalopram — CipraleX

USED FOR GAD, social anxiety disorder, panic disorder

DISTINCT FEATURES Very clean tolerability profile — mild side effects for most people. A common first choice for GAD.

WATCH FOR Heart rhythm (QT interval) at higher doses — inform your doctor of all other medications.

Paroxetine CR — Paxil CR

USED FOR GAD, panic disorder, social anxiety disorder, PTSD, OCD

DISTINCT FEATURES More sedating than other SSRIs — the calming effect may be noticed earlier. Useful when insomnia is prominent.

WATCH FOR The most significant discontinuation syndrome of the SSRIs — taper very slowly and never stop abruptly. Weight gain more likely with long-term use.

SNRIs — Serotonin-Norepinephrine Reuptake Inhibitors

SNRIs are a strong first-line option for GAD and panic disorder, particularly when physical symptoms of anxiety (tension, pain, fatigue) are prominent.

COMMON CLASS SIDE EFFECTS

- Nausea — take with food; usually improves within 1–2 weeks
- Sweating, dry mouth, constipation
- Sexual side effects similar to SSRIs
- Mild blood pressure elevation — more relevant at higher doses

Stopping this medication: SNRIs carry a more noticeable discontinuation syndrome than SSRIs. Do not stop suddenly. Symptoms include dizziness, 'brain zaps,' and flu-like feelings. Taper gradually under guidance.

WHAT TO EXPECT — SNRIS FOR ANXIETY

Weeks 1–2

Nausea and physical side effects most prominent. Anxiety may temporarily worsen. Similar early experience to SSRIs.

Weeks 2–4

Physical anxiety symptoms (tension, restlessness, sleep) often improve first.

Weeks 4–8

Worry and overall anxiety improve further through weeks 6–8.

Venlafaxine XR — *Effexor XR*

USED FOR GAD, social anxiety disorder, panic disorder

DISTINCT FEATURES Robust anxiolytic effect; widely used for GAD. Norepinephrine effect increases at higher doses.

WATCH FOR Blood pressure — monitor periodically. Significant discontinuation symptoms if stopped abruptly.

Duloxetine — *Cymbalta*

USED FOR GAD

DISTINCT FEATURES Balanced dual action throughout the dose range. May also help if chronic pain accompanies anxiety.

WATCH FOR Avoid with heavy alcohol use. Taper slowly when discontinuing.

Other Medications for Anxiety

These medications work through different mechanisms. Read the entry for your specific medication.

ABOUT THIS GROUP

- Each works differently from the SSRIs and SNRIs above
- Timelines and what to expect differ by medication — see each entry

Stopping this medication: Some of these should not be stopped abruptly — see the individual entry and plan changes with your doctor.

Buspirone — *Buspar*

USED FOR GAD — second-line option

WHAT MAKES IT DIFFERENT Works differently from SSRIs — not a sedative, no significant withdrawal or dependence risk. Does not work for panic disorder or for acute, as-needed anxiety relief.

COMMON SIDE EFFECTS Dizziness, nausea, headache — usually mild.

TIMELINE Slow onset — 2 to 4 weeks before any effect. Takes patience.

WATCH FOR If you expect immediate relief, you will not find it here. It works gradually.

Pregabalin — *Lyrica*

USED FOR	GAD — second-line; also helpful for sleep and physical anxiety symptoms
WHAT MAKES IT DIFFERENT	Faster onset than SSRIs — some benefit within 1 to 2 weeks. Acts on calcium channels rather than serotonin.
COMMON SIDE EFFECTS	Dizziness and sedation (especially early), weight gain, blurred vision, leg swelling.
TIMELINE	Physical anxiety symptoms and sleep often improve first, within 1–2 weeks.

WATCH FOR Dependence potential — discuss your full history with your doctor. Do not stop abruptly.

Propranolol — *Inderal*

USED FOR	Situational or performance anxiety — taken as needed, not daily
WHAT MAKES IT DIFFERENT	A beta-blocker that reduces physical symptoms of anxiety (heart racing, tremor, blushing) without sedation. Does not reduce the psychological sense of worry.
COMMON SIDE EFFECTS	Fatigue, light-headedness, cold hands or feet, slowed heart rate.
TIMELINE	Works within 30 to 60 minutes when taken as needed.

WATCH FOR Do not use if you have asthma, a slow heart rate, or low blood pressure. Can mask low blood sugar symptoms in diabetics.

A Note on Benzodiazepines

Benzodiazepines (e.g. lorazepam/Ativan, clonazepam/Rivotril) may be prescribed short-term to help manage severe anxiety while first-line medications take effect. They are not recommended for long-term use.

- Use only as directed — for the shortest time possible
- Do not combine with alcohol or other sedatives
- Do not drive or operate machinery while taking these
- Do not stop abruptly — withdrawal can be medically serious

Finding the Right Medication

It is common to need more than one try before finding the medication and dose that works best for you. This is a normal part of the process — not a sign of failure. If a medication is not helping after a full trial, or side effects are not manageable, there are other options. Keep your doctor informed about how you are responding so adjustments can be made.

When to Seek Help

Contact your doctor or healthcare provider if you experience:

- Anxiety that is significantly worsening after 2 weeks, rather than settling
- No noticeable improvement after 6–8 weeks at a therapeutic dose
- New or significant agitation, restlessness, or racing thoughts
- Side effects that are not manageable
- Thoughts of self-harm — contact your doctor promptly

Go to the emergency department or call 911 if you experience:

- Thoughts of suicide with a plan or intent — call 988 (Suicide Crisis Helpline) or go to the nearest emergency department
- Signs of serotonin syndrome (see below) — rare, but possible especially when combining medications
- Severe allergic reaction: rash, swelling, difficulty breathing
- Benzodiazepine withdrawal: severe shaking, confusion, seizures — do not stop these medications suddenly

Serotonin Syndrome — signs to know

- Sudden agitation, confusion, or restlessness
- Rapid heart rate, high blood pressure
- Muscle twitching, rigidity, or loss of coordination
- Fever, sweating, or shivering

Seek emergency care immediately if these symptoms appear together.

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This handout is for educational purposes only and does not replace individualized advice from your healthcare provider. Always discuss questions about your care with your psychiatrist or treating physician.

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