

alprazolam

Apo-Alpraz[✳], Novo-Alprazol[✳],
Nu-Alpraz[✳], Xanax, Xanax TS[✳]

Pharmacologic class: Benzodiazepine

Therapeutic class: Anxiolytic

Controlled substance schedule IV

Pregnancy risk category D

Action

Unclear; thought to act at limbic, thalamic, and hypothalamic levels of CNS, producing sedative, anxiolytic, skeletal muscle relaxant, and anticonvulsant effects

Availability

Oral solution: 0.5 mg/5 ml

Solution: 1 mg/ml

Tablets (extended-release): 0.5 mg,

1 mg, 2 mg, 3 mg

Tablets (immediate-release): 0.25 mg,

0.5 mg, 1 mg, 2 mg

Indications and dosages

➤ Anxiety disorders

Adults: Initially, 0.25 to 0.5 mg P.O. t.i.d.; maximum dosage is 4 mg daily in divided doses.

Elderly patients: Initially, 0.25 mg P.O. two or three times daily; maximum dosage is 4 mg daily in divided doses.

➤ Panic disorders

Adults: Initially, 0.5 mg P.O. t.i.d.; increase by a maximum of 1 mg at intervals of 3 to 4 days. Maximum dosage is 10 mg daily in divided doses.

Dosage adjustment

- Hepatic impairment

Off-label uses

- Agoraphobia
- Depression
- Premenstrual syndrome

Contraindications

- Hypersensitivity to benzodiazepines
- Narrow-angle glaucoma
- Psychosis
- Shock
- Coma
- Labor and delivery
- Pregnancy or breastfeeding

Administration

- Don't give with grapefruit juice.
- Make sure patient swallows extended-release tablets whole without chewing or crushing.
- 🚫 Don't withdraw drug suddenly; seizures and other withdrawal symptoms may occur unless dosage is tapered carefully.

Route	Onset	Peak	Duration
P.O.	30 min	1-2 hr	4-6 hr

Adverse reactions

CNS: dizziness, drowsiness, depression, fatigue, light-headedness, disorientation, anger, hostility, euphoria, hypomanic episodes, restlessness, confusion, crying, delirium, headache, stupor, rigidity, tremor, paresthesia, vivid dreams, extrapyramidal symptoms

CV: bradycardia, tachycardia, hypertension, hypotension, palpitations, **CV collapse**

EENT: blurred or double vision, nystagmus, nasal congestion, dry mouth

GI: gastric disorders, dysphagia, anorexia, increased salivation

GU: menstrual irregularities, urinary retention, urinary incontinence, libido changes, gynecomastia

Hematologic: blood dyscrasias, such as eosinophilia, **agranulocytosis, leukopenia, and thrombocytopenia**

Hepatic: elevated alanine aminotransferase (ALT), alkaline phosphatase (ALP), aspartate aminotransferase (AST), and lactate dehydrogenase (LDH) levels; **hepatic dysfunction** (including **hepatitis**)

Musculoskeletal: muscle rigidity, joint pain

Skin: dermatitis, rash, pruritus, urticaria, increased sweating

Other: weight gain or loss, hiccups, fever, edema, psychological drug dependence, drug tolerance

Interactions

Drug-drug. *Antidepressants, antihistamines, other benzodiazepines, opioids:* increased CNS depression

Barbiturates, rifampin: increased metabolism and decreased efficacy of alprazolam

Cimetidine, disulfiram, erythromycin, fluoxetine, hormonal contraceptives, isoniazid, ketoconazole, metoprolol, propoxyphene, propranolol, valproic acid: decreased metabolism and increased action of alprazolam

Digoxin: increased risk of digoxin toxicity

Levodopa: decreased antiparkinsonian effect

Theophylline: increased sedative effect

Tricyclic antidepressants (TCAs): increased blood TCA levels

Drug-diagnostic tests. *ALP, ALT, AST, LDH:* increased levels

Drug-food. *Grapefruit juice:* decreased drug metabolism and increased blood level

Drug-herb. *Chamomile, hops, kava, skullcap, valerian:* increased CNS depression

Drug-behaviors. *Alcohol use:* increased CNS depression

Smoking: decreased alprazolam efficacy

Precautions

Use cautiously in:

- hepatic dysfunction
- history of attempted suicide or drug dependence
- elderly patients.


Patient monitoring

- Watch for excessive CNS depression if patient is concurrently taking antide-


pressants, other benzodiazepines, antihistamines, or opioids.

- If patient is taking TCAs concurrently, watch for increase in adverse TCA effects.
- Monitor complete blood count and liver and kidney function test results.
- Monitor vital signs and weight.
- Report signs of drug abuse, including frequent requests for early refills.

Patient teaching

 Tell patient that drug may make him more depressed, angry, or hostile. Urge him to contact prescriber immediately if he thinks he's dangerous to himself or others.

- Instruct patient to swallow extended-release tablets whole without crushing or chewing.
- Advise patient to avoid driving and other hazardous activities until he knows how drug affects concentration and alertness.
- Inform patient that drug may cause tremors, muscle rigidity, and other movement problems; advise him to report these effects to prescriber.

 Caution patient not to stop taking drug suddenly. Withdrawal symptoms, including seizures, may occur if drug isn't tapered carefully.