

Family Guide To The Use Of Anti-Anxiety Medications For Persons With Mental Retardation and Developmental Disabilities (MR/DD)

1. Overview

Anxiety medications are commonly used by the American public. Almost all anti-anxiety medications work in the same way and produce the same types of side effects. Drugs like Ativan, Xanax and Klonopin belong in a class of medications called benzodiazepines. These medications can affect the brain like alcohol. In fact, doctors prescribe these drugs to treat alcohol withdrawal. The primary use of these medications is the treatment of anxiety.

2. Reasons to use Anti-anxiety Medications

Anti-anxiety medications are best used in patients with a clear diagnosis of anxiety disorder. Many problems will produce anxiety in the person with intellectual disability. Environmental stressors, conflict with family or roommates, pain, health problems, and some psychiatric disorders including depression can produce symptoms that resemble anxiety. The mild to moderately retarded person can describe the symptoms of anxiety; however, the severely retarded person usually lacks the capacity to explain these complex, internal events. Anti-anxiety medications are usually prescribed for specific diagnosis including generalized anxiety disorder, phobias, post-traumatic stress disorder, and others. Anti-anxiety medications are best used after behavioral interventions fail to reduce the serious symptoms. The target symptoms of anxiety should be severe and cause the patient distress or diminished daily function.

3. Prescribing Anti-anxiety Medications

Persons with mental retardation are at higher risks for side effects from anti-anxiety medications. Doctors should avoid drugs that

accumulate in the blood stream because they persist in the body for longer periods of time. Drugs like Valium, Klonopin, and Dalmane can linger in the blood stream for days and continuous doses will build up in the patient's body and brain. Drugs such as Ativan are preferable agents in the treatment of anxiety because the body can rapidly remove the medication. Xanax is commonly prescribed for anxiety; however, this medication is highly addictive and requires careful monitoring. Xanax is not available as an injectable medication and abruptly stopping the drug due to swallowing problems can produce a serious Xanax withdrawal.

Many antidepressant medications will reduce the symptoms of anxiety. Buspar is a different type of anti-anxiety medication with fewer side-effects than the benzodiazepines. Buspar requires several weeks to build up in the blood stream and exert its calming effect. Buspar is a good choice for chronic anxiety and benzodiazepines should be prescribed when other medications are not effective.

Many patients with depression or psychosis become nervous and anxious. The recommended strategy is to treat depression or psychosis rather than prescribe medication for the anxiety. The symptoms often improve when the depression or psychosis is treated.

Antipsychotic medications are rarely used to treat anxiety. Antipsychotic medications have many side effects and these powerful tranquilizers are a last choice for the treatment of anxiety in the mentally retarded person.

4. Side Effects

Anti-anxiety medications can produce many side effects. Sedation, confusion, difficulty with walking, problems with chewing and swallowing, irritability, impulsivity, and other side effects make the prescription of benzodiazepine medications complex for persons with mental retardation. Benzodiazepines and anti-anxiety medications have the same effect on the brain as alcohol. Like alcohol, some patients become sedated and mellow, while other individuals become disinhibited, irritable, and combative, i.e., the "rowdy drunk". Benzodiazepines increase the risk for falls in older patients and

probably produce the same risk in brain damaged younger individuals with intellectual disability. These medications can impair coordination, judgment, and reflex time. Mildly retarded persons who operate dangerous equipment or drive vehicles should not operate this equipment while taking benzodiazepines. The sedative effect of these drugs is cumulative with other medications such as anti-epileptics. The addition of benzodiazepine medications to other neurological drugs can substantially worsen the level of sedation.

The dose of anti-anxiety medications depends on the patient's size and health problems as well as other medications received by the individual. Starting doses for the person with mental retardation should be one-half (1/2) to one-fourth (1/4) of the dose typically started for young, healthy patients. Patients should be treated with the smallest possible dose of medication to avoid complications. Upward dose adjustment should occur on a weekly basis to allow blood levels to reach steady state. Families should be advised about side effects and possible interaction with other drugs prior to starting the medication.

5. Drug Withdrawal

Patients who are treated with benzodiazepine anti-anxiety medications for more than 3 or 4 months may become physically dependent on these drugs. Medication should not be discontinued abruptly. The dose taper should occur in small increments over a period of weeks or months to minimize the risk of withdrawal symptoms. The withdrawal from anti-anxiety medications resemble that for alcohol, including nervousness, sweating, confusion, seizures, and new behavioral problems.

6. Other Medications Prescribed for Anxiety Symptoms

Other medications are sometimes prescribed to reduce nervous behavior in a person with mental retardation. Drugs like Benadryl, Atarax, equagesic, and others are sometimes prescribed for these individuals. These drugs are not recommended for use in patients to treat anxiety. These drugs have few beneficial affects and many side-effects. These medications should be prescribed with great care.