busPIRone (byoo-spye-ron)
BuSpar, Bustab

Classification
Antianxiety agents

Pregnancy Category B

Indications
Management of anxiety.

Action
Binds to serotonin and dopamine receptors in the brain. Increases norepinephrine metabolism in the brain. Therapeutic Effects: Relief of anxiety.

Pharmacokinetics
Absorption: Rapidly absorbed.
Distribution: Unknown.
Protein Binding: 95% bound to plasma proteins.
Metabolism and Excretion: Extensively metabolized by the liver (CYP3A4 enzyme system); 20–40% excreted in feces.
Half-life: 2–3 hr.

TIME/ACTION PROFILE (relief of anxiety)
ROUTE ONSET PEAK DURATION
PO 7–10 days 3–4 wk unknown

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Severe hepatic or renal impairment; Concomitant use of MAO inhibitors; Ingestion of large amounts of grapefruit juice.
Use Cautiously in: Patients receiving other antianxiety agents (other agents should be slowly withdrawn to prevent withdrawal or rebound phenomenon); Patients receiving other psychotropics; OB, Lactation, Pedi: Safety not established.

Adverse Reactions/Side Effects
CNS: dizziness, drowsiness, excitement, fatigue, headache, insomnia, nervousness, weakness, personality changes.
EENT: blurred vision, nasal congestion, sore throat, tinnitus, altered taste or smell, conjunctivitis.
Resp: chest congestion, hyperventilation, wheezing of breath.
CV: chest pain, palpitations, tachycardia, hypotension, orthostatic hypotension.
GI: changes in TMs, nausea, diarrhea, nausea, vomiting, dry mouth, abdominal pain, constipation, diarrhea, dry mouth, vomiting. Glu: changes in TMs, diarrhea, dietary changes.
GU: changes in urine output, albuminuria.
Derm: rash, exanthema, pruritus, dry skin, acne, bruising, urticaria, angioedema.
Endo: thyroid disorders, peripheral neuropathy, hyperglycemia.

Interactions
Drug-Drug: Use with MAO inhibitors may result in hypertension and is not recommended. Erythromycin, nefazodone, ketoconazole, itraconazole, and other inhibitors of CYP3A4 will blood levels and effects of buspirone; dose reduction is recommended (p. to 2.5 mg twice daily with erythromycin; p. to 2.5 mg once daily with nefazodone). Rifampin, cyclosporine, phenytoin, carbamazepine, and other inducers of CYP3A4 will blood levels and effects of buspirone; dose adjustment may be necessary. Avoid concurrent use with alcohol.
Drug-Natural Products: Concomitant use of kava-kava, valerian, or chamomile can CNS depression.
Drug-Food: Grapefruit juice will serum levels and effect; ingestion of large amounts of grapefruit juice is not recommended.

Route/Dosage
PO (Adults): 7.5 mg twice daily; q by 5 mg/day q 2–4 days as needed (not to exceed 60 mg/day). Usual dose is 20–30 mg/day (in 2 divided doses).

NURSING IMPLICATIONS
Assessment
• Assess degree and manifestations of anxiety before and periodically during therapy.
• Buspirone does not appear to cause physical or psychological dependence or tolerance. However, patients with a history of substance use disorder should be assessed for substance or impaired control. Restrict amount of drug available to these patients.

Potential Nursing Diagnoses
Anxiety (Indications) Risk for injury (Side Effects)
Implementation

- Do not confuse buspirone with bupropion.
- Patients changing from other antianxiety agents should receive gradually decreasing doses. Buspirone will not prevent withdrawal symptoms.
- PO: May be administered with food to minimize gastric irritation. Food slows but does not alter extent of absorption.

Patient/Family Teaching

- Instruct patient to take buspirone exactly as directed. Take missed doses as soon as possible if not just before next dose; do not double doses. Do not take more than amount prescribed.
- May cause dizziness or drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to the medication is known.
- Advise patient to avoid concurrent use of alcohol or other CNS depressants.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking any Rx, OTC, or herbal products.
- Instruct patient to notify health care professional if any chronic abnormal movements occur (dystonia, motor restlessness, involuntary movements of facial or cervical muscles) or if pregnancy is suspected.
- Emphasize the importance of follow-up exams to determine effectiveness of medication.

Evaluation/Desired Outcomes

- Increase in sense of well-being.
- Decrease in subjective feelings of anxiety. Some improvement may be seen in 7–10 days. Optimal results take 3–4 wk of therapy. Buspirone is usually used for short-term therapy (3–4 wk). If prescribed for long-term therapy, efficacy should be periodically assessed.

Why was this drug prescribed for your patient?