



• **Bupirone**

- Tablets: 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg

If you or someone you know is in crisis, please call 911 and/or the toll-free National Suicide Prevention Lifeline at 800-273-TALK (8255) to speak with a trained crisis counselor 24/7. A help line and other resources are also available through the National Alliance on Mental Illness at nami.org.



What is bupirone and what does it treat?

Bupirone is in a class of medications called anti-anxiety medications. Bupirone is not related to other anti-anxiety medications, such as benzodiazepines, barbiturates or other sedative/ anxiolytic drugs. It is approved for the treatment of generalized anxiety disorder (GAD).

Generalized Anxiety Disorder (GAD) occurs when a person experiences excessive anxiety or worry for at least six months. Other symptoms include:

- Restlessness
- Fatigue (low energy, feeling tired all the time)
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling asleep or waking up in the middle of the night)

What is the most important information I should know about bupirone?

Do not drive a car or operate machinery until you know how this medication affects you because you may notice that you feel tired or dizzy.

Alcohol may increase any drowsiness or dizziness when taken with bupirone. You should avoid the use of alcohol while taking bupirone.

It may take 3 to 4 weeks before you start to feel better. Initially you may begin to notice a decrease in irritability and worry. Do not stop taking this medication without talking to your health care provider first. With input from you, your health care provider will assess how long you will need to take the medication. Bupirone is intended for continuous use for anxiety, therefore should not be used as rescue medication for as needed anxiety.

Unlike other anti-anxiety medications, bupirone has very low abuse potential. In addition, bupirone does not have cross-tolerance with other sedative/anxiolytic drugs.

Are there specific concerns about bupirone and pregnancy?

If you are pregnant or planning to become pregnant, notify your health care provider to best manage your medications. People living with anxiety disorders who wish to become pregnant face important decisions. It is important to discuss this with your doctor and caregivers.

Regarding breastfeeding, caution is advised since it is unknown whether bupirone passes into breast milk.

All FDA warnings are at the end of this fact sheet. Please consult them before taking this medication.

What should I discuss with my health care provider before taking buspirone?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your health care provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have
- All other medications you are currently taking (including over the counter products and herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breastfeeding
- If you drink alcohol or use drugs

How should I take buspirone?

Buspirone should be taken twice a day with or without food; either way should remain consistent.

Your health care provider will determine the dose that is right for you based upon your response.

Use a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member a friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of buspirone?

If you miss a dose of buspirone, take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your health care provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking buspirone?

Avoid drinking alcohol and using illegal drugs while you are taking buspirone. They may decrease the benefits (e.g., worsen your condition) and increase the adverse effects (e.g., sedation) of the medication.

Avoid drinking large amounts of grapefruit juice while taking buspirone

What happens if I overdose with buspirone?

If an overdose occurs call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of buspirone does not exist.

What are the possible side effects of buspirone?

Common side effects

- Nausea, headache, or changes in dreams
- Feeling dizzy, drowsy, or lightheaded

Rare/Serious side effects

Changes in weight or appetite, fainting, changes in blood pressure, muscle cramps or spasms, and redness or itching of eyes may occur in some instances.

Allergic reaction (difficulty breathing; hives; swelling of your lips, tongue or face); chest pain or an irregular heartbeat; slurred speech; confusion or blurred vision; numbness or tingling in your hands, feet, arms, or legs; or uncontrollable movements of your arms, legs, tongue, or lips.

Are there any risks for taking buspirone for long periods of time?

To date, there are no known problems associated with the long term use of buspirone. It is a safe and effective medication when used as directed.

What other medications may interact with buspirone?

If you have taken a monoamine oxidase inhibitor, such as phenelzine (Nardil®), isocarboxazid (Marplan®), selegiline (Eldepryl®, EMSAM®) or tranylcypromine (Parnate®), within the past 2 weeks, do not take buspirone. The use of buspirone with these agents can cause a dangerous increase in your blood pressure.

The following medications may increase the levels and effects of buspirone:

- Diltiazem (Cardizem®, Dilacor®, Tiazac®)
- Verapamil (Calan®, Covera-HS®, Isoptin®, Verelan®)
- Erythromycin (E-Mycin®, E.E.S.®, Ery-Tab®, Eryc®, others)
- Consuming large amounts of grapefruit juice can increase the amount of buspirone in your blood

The following medications may decrease the levels and effects of buspirone:

- Rifampin (Rifadin®, Rimactane®, Rifampicin®, others)
- Phenytoin (Dilantin®)

How long does it take for buspirone to work?

It may take 3 to 4 weeks of taking buspirone every day before you start to feel better.

Summary of Black Box Warnings

Buspirone does not have any black box warnings.

Important Disclosure: This information is being provided as a community outreach effort of the American Association of Psychiatric Pharmacists. This information is for educational and informational purposes only and is not medical advice. This information contains a summary of important points and is not an exhaustive review of information about the medication. Always seek the advice of a physician or other qualified medical professional with any questions you may have regarding medications or medical conditions. Never delay seeking professional medical advice or disregard medical professional advice as a result of any information provided herein. The American Association of Psychiatric Pharmacists disclaims any and all liability alleged as a result of the information provided herein.