Medication for Anxiety

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Introduction

For many years, anxiety has often been explained in terms of “chemical imbalances” in the brain. While this idea can sound reassuring, it does not fully reflect what we now know. Anxiety is better understood as a state involving the nervous system, stress responses, learning, and context — rather than a simple deficiency of a particular chemical.

Medication can still play a role for some people. The purpose of this document is to explain what the evidence shows about different types of medication used for anxiety, including their potential benefits, limitations, and risks, so that decisions can be made in an informed and personalised way.

Medication is not the only option for anxiety, and it is rarely the whole answer. For some people it is helpful; for others it is not. Both experiences are common.

Antidepressants (SSRIs and SNRIs)

What are they used for?

Selective serotonin reuptake inhibitors (SSRIs) and serotonin–noradrenaline reuptake inhibitors (SNRIs) are the most commonly recommended medications for longer-term anxiety problems.

They do not correct a known chemical imbalance. Instead, they appear to change how the brain and nervous system respond to threat, stress, and emotional signals over time. For some people, this can make anxiety feel less intense or less overwhelming.

How might they work?

Antidepressants do not switch anxiety off directly, and they do not act as sedatives. Their effects tend to build gradually over weeks.

One way of understanding their action is that they appear to alter how strongly the brain and nervous system respond to threat and emotional signals over time. For some people, this can reduce the intensity of fear responses, make anxious thoughts feel less compelling, or increase tolerance of uncertainty.

Another way of putting this is that antidepressants may turn down the volume of anxiety, rather than removing it altogether. They do not resolve the reasons anxiety developed, but they may make it easier for other forms of support — such as therapy, sleep recovery, or changes in life circumstances — to have an effect.

What does the evidence show?

Across large clinical trials, antidepressants perform better than placebo for anxiety. However, the average benefit is modest.

When results are averaged across many people:

- some experience clear improvement
- some experience little or no benefit
- some stop because side effects outweigh any benefit

This variation matters. Evidence from large groups does not predict how any individual person will respond.

What might people notice?

Some people report:

- reduced intensity or frequency of anxiety
- fewer panic symptoms
- improved sleep
- greater emotional steadiness

Others notice emotional blunting or feel “flattened”, and some feel no meaningful benefit.

Early effects and side effects

It is common for anxiety to temporarily increase in the first one to two weeks, particularly with SSRIs. This usually settles, but can be distressing if not anticipated.

Common side effects include:

- nausea or stomach upset
- headaches
- sleep disturbance
- increased restlessness early on
- sexual side effects

Some side effects improve with time; others may persist.

Stopping antidepressants

Antidepressants can cause withdrawal symptoms, particularly if stopped or reduced too quickly. These can include:

- dizziness
- anxiety or agitation
- flu-like symptoms
- sleep disturbance

- sensory symptoms such as “electric shock” sensations

Withdrawal symptoms are sometimes mistaken for a return of anxiety. Gradual, individualised tapering reduces risk and should be planned carefully.

I have written a separate detailed information leaflet about antidepressants and their effects.

Benzodiazepines

Benzodiazepines (such as diazepam or lorazepam) are not generally recommended for the treatment of anxiety and are now very rarely prescribed, except in exceptional, short-term situations.

What does the evidence show?

Benzodiazepines are effective at rapidly reducing anxiety symptoms in the short term. However:

- their benefits do not persist once the medication is stopped
- tolerance develops which often makes anxiety worse rather than better
- dependence is common, with risk increasing markedly with longer use
- withdrawal can be difficult and prolonged

They do not support the nervous system in relearning safety and can interfere with longer-term recovery.

Because of these risks, benzodiazepines are generally avoided in modern practice. When used at all, this is usually:

- short term
- carefully limited
- with a clear plan and review

Antihistamines

What are they used for?

Some antihistamines are prescribed for anxiety because they can have sedating or calming effects.

What does the evidence show?

Evidence suggests they can:

- reduce physical agitation
- help with sleep in the short term

They do not address the underlying drivers of anxiety. Improvements seen in studies largely reflect short-term calming, rather than longer-term change in anxiety patterns.

They are sometimes used as a temporary or situational option, rather than a long-term treatment.

Beta-blockers

What are they used for?

Beta-blockers reduce some of the physical effects of adrenaline, particularly:

- a racing or pounding heart
- tremor or shakiness
- sweating
- a sense of being physically “revved up”

They act on the body rather than directly on thoughts or emotions.

What does the evidence show?

Evidence suggests that beta-blockers can reduce strong physical symptoms of anxiety, particularly those driven by adrenaline.

They do not directly change threat perception or worry patterns. However, for some people, reducing the intensity of physical symptoms can make anxiety feel more manageable overall.

Because the body and mind are closely linked, calming the physical stress response can sometimes feed back into:

- less fear of bodily sensations
- reduced catastrophic interpretation
- a greater sense of control

How they can help — and their limits

Beta-blockers may be helpful when:

- physical symptoms are the main source of distress
- bodily sensations trigger spirals of fear
- calming the body creates space for other coping strategies

They do not:

- address ongoing stressors or uncertainty
- change learned threat patterns on their own

For this reason, they are usually used as one part of a broader approach, rather than a standalone solution. They cannot be taken by some people, for example those with an asthma diagnosis.

In Summary

Medication can sometimes reduce symptoms enough to:

- allow better sleep
- reduce panic
- make other forms of support more accessible

However, medication does not address:

- why the nervous system is activated
- the context in which anxiety developed
- patterns that keep anxiety going

For many people, medication is most helpful when used alongside other forms of support.

Making an informed choice

There is no single right decision about medication for anxiety. Some people find medication helpful; others do not; some decide the drawbacks outweigh the benefits.

Good decision-making involves:

- understanding what the evidence shows — and its limits
- discussing side effects and withdrawal honestly
- reviewing regularly
- being willing to stop or change if something is not helping

Medication decisions should always be individualised, proportionate, and revisited over time.

References and Further Reading

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