

Benzodiazepines are commonly prescribed for anxiety but pose risks of dependence, tolerance, and withdrawal. Safer alternatives exist that can provide effective symptom relief while reducing these risks. This fact sheet outlines key alternatives, their appropriate patient groups, additional benefits, monitoring requirements, and strategies for patient discussions.

## Breathing Techniques and Non-Pharmacological Strategies

- **Best for:** Patients with mild to moderate anxiety, panic attacks, or those seeking non-medication options.
- **Benefits:**
  - Regulates the autonomic nervous system.
  - Enhances self-regulation and stress resilience.
  - Reduces reliance on medication for symptom management.
- **Types of Breathing Techniques:**
  - Diaphragmatic Breathing: Slows the breath, reduces physiological arousal.
  - Cyclic Sighing: Inhale deeply, take a second short inhale, then slowly exhale.
  - Box Breathing: Inhale-hold-exhale-hold for 4 seconds each.
- **Monitoring:**
  - Encourage patients to practice daily.
  - Assess adherence and perceived efficacy in follow-ups.



**Breathwork, specifically cyclic sighing, is more effective in increasing positive affect than is mindfulness meditation. Cyclic sighing is most effective at improving mood and reducing respiratory rate.**

## Propranolol (Beta-Blocker)

- **Best for:** Patients with performance or situational anxiety, autonomic hyperarousal symptoms (e.g., tremors, palpitations).
- **Additional Benefits:**
  - Reduces physical symptoms of anxiety without sedation.
  - Can assist with migraine prophylaxis, essential tremor, hypertension (not a first line agent).
- **Dosing Considerations:**
  - Typically 10-40 mg as needed for performance anxiety.
  - Typically 10mg TDS regular with additional 10mg TDS PRN for anxiety and up titrate as required and tolerated.
  - Start low and monitor blood pressure and heart rate.
- **Monitoring:**
  - Watch for bradycardia, hypotension and postural symptoms.
  - Caution in patients with asthma or heart block.

## Clonidine (Alpha-2 Agonist)

- **Best for:** Patients with autonomic hyperactivity, PTSD-related hyperarousal, co-occurring ADHD.
- **Additional Benefits:**
  - Can help with ADHD symptoms.
  - Can help reduce nightmares in PTSD.
- **Dosing Considerations:**
  - Typically 50-100micrograms QID for anxiety.
  - Trial dose to review effectiveness and titrate.
  - Taper if discontinuing to avoid rebound hypertension.
- **Monitoring:**
  - Watch for hypotension, sedation, and dizziness.
  - Monitor adherence as abrupt cessation can cause withdrawal effects.

## Why These Are Safer Alternatives to Benzodiazepines

- **Lower Risk of Dependence & Withdrawal:** Unlike benzodiazepines, these options do not produce significant tolerance or withdrawal syndromes.
- **Less Cognitive Impairment:** Benzodiazepines can impair memory and coordination, increasing fall risk.
- **Non-Sedating or Mild Sedation:** Patients can function normally without the sedation associated with benzodiazepines.
- **Better Long-Term Outcomes:** Reduces the risk of chronic benzodiazepine dependence.

## How to Discuss These Alternatives with Patients

- **Acknowledge Their Concerns:**
  - "I understand that you're experiencing significant anxiety, and I want to help find the best solution for you."
- **Explain the Risks of Benzodiazepines Clearly:**
  - "Benzodiazepines can be helpful in the short term, but they come with risks like dependence, withdrawal, and cognitive side effects. Over time, they can make anxiety worse."
- **Present Safer Options:**
  - "There are safer, effective alternatives that can help manage your anxiety without these risks. Would you be open to trying options like propranolol, clonidine, or breathing techniques?"
- **Encourage a Trial Approach:**
  - "Let's try one of these approaches for a few weeks and see how you feel. We can always adjust based on what works best for you."
- **Reinforce a Supportive, Collaborative Approach:**
  - "I'll be here to support you in managing your anxiety. We can find a solution that helps you feel better and stay healthy in the long run."

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## Conclusion

By considering these alternatives, we can reduce the risks associated with benzodiazepine use while still providing effective anxiety management. Propranolol, clonidine, and non-pharmacological techniques offer valuable options that align with patient safety and long-term well-being. I use propranolol and clonidine frequently and are wonderful non-benzodiazepine options when required.

Note:  
This content has been authored by Dr Lisa Shelley, Addiction Medicine Specialist and General Physician at Aurora Health. This guide is intended to support GPs in providing practical, effective mental health care for older adults. Always tailor interventions to individual patient needs and consult specialist services when required.



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### How Can I Help?

#### Medicine + Addiction

I am a physician who has completed specialist training in General Medicine and Addiction Medicine. This means I can provide comprehensive care for patients with complex medical conditions and substance use disorders.

### What Can You Refer to Me?

All Substance Use Disorders

- Alcohol Use Disorder
- Nicotine Use Disorder
- Benzodiazepine Use Disorder
- Opioid Use Disorder
- Stimulant Use Disorder
- Cannabis Use Disorder
- GHB / Methamphetamine / Cocaine
- Gabapentinoid Use Disorder

Also happy to see General Medicine (non-substance use) patients

### How to Refer: Outpatient appointments available

#### 📍 Inpatient Addiction Medicine

(e) [currumbin.admissions@aurorahealth.com.au](mailto:currumbin.admissions@aurorahealth.com.au)  
(p) 1800 119 118  
(f) 07 5534 7752

#### 📍 Outpatient Addiction Medicine and General Medicine

(e) [ppc@aurorahealth.com.au](mailto:ppc@aurorahealth.com.au)  
(f) 07 5525 9686  
Medical Objects