PRAZOSIN (BNF Section 2.5.4 Alpha-adrenoceptor blocking drugs)

**Indication:** distress/functional impairment in patients with post-traumatic stress disorder (PTSD)-related nightmares and sleep disturbance.

May be used as monotherapy for PTSD nightmares, or as an adjuvant to other medications used for global PTSD symptoms as a specific addition to reduce nightmares. There is no evidence that prazosin is effective as monotherapy for global PTSD symptoms.

**Cautions**
May add to the antihypertensive effect of other medications.

**Contraindications**
Hypersensitivity to quinazolines, concurrent use of phosphodiesterase type 5 inhibitors.

**For initiation only by or on the advice of a hospital specialist.** It is important that patients being considered for treatment with prazosin for PTSD nightmares are also assessed within the Community Mental Health Team to identify psychiatric co-morbidities and to consider referral for appropriate trauma-focused psychological therapies. NICE guidelines emphasise that all patients with PTSD should have access to trauma-focused psychological therapies, and that drug treatments for PTSD should not be used as a routine first-line treatment for adults (in general use or by specialist mental health professionals) in preference to a trauma-focused psychological therapy (https://www.nice.org.uk/guidance/CG26/chapter/1-Guidance#/the-treatment-of-ptsd section 1.9.3.1).

**Off-label prescribing**
Patients should be made aware that this is not a licensed indication for prazosin.

**Prescribing agreement**
A prescribing agreement made collaboratively with the patient and setting out treatment goals, plans for monitoring response, and an agreement to stop the medication if it is not effective, should be considered for all patients. Prescribing agreements are recommended for patients with personality disorder in the NHS Highland Integrated Care Pathway. A suggested form is available within appendices of the Personality Disorder Integrated Care Pathway (PD-ICP), http://www.tinyurl.com/HighlandPDICP.

**Suggested dose schedule**
Start doses at 1mg at night to prevent initial dose syncope (reported by 1% at doses 2mg and up).

Titrate dose upwards to 2mg after a 2 to 3 days, and then upwards in steps of 1mg every 2 to 7 days depending on benefit and side-effects (dizziness 10%, headache 8%, drowsiness 8%, lack of energy 7%, weakness 7%, palpitations 5%, nausea 5%).

US Veterans PTSD guidelines state the target dose as being 6 to 10mg/day, but studies suggest that veterans may require higher doses than civilians. Patients with severe complex dissociative PTSD resulting from childhood abuse may also require higher doses.

Response is described at doses from 1mg to 16mg+.

Use the minimum effective dose.
Duration of treatment
The optimum duration of treatment is not established, so, in discussion with the individual patient it would be appropriate to try withdrawing this medication after a period of stability, particularly if psychological therapy has also been effective in reducing other PTSD symptoms.

Toxicity in overdose (Toxbase entry May 2016)
Coma and severe hypotension have been reported in adults following ingestion of between 80 to 200mg of prazosin. All patients made a full recovery within 36 to 48 hours with symptomatic and supportive care alone (Lenz et al, 1985; Rygnestad & Dale, 1983; McClean, 1976).

Co-ingestion of other drugs with blood pressure lowering effects may potentiate the hypotensive effects of prazosin. Following therapeutic doses peak activity occurs between 1 to 2 hours and the plasma half-life is 2 to 3 hours (Hypovase SPC, 2009).

References


Department of Veterans Affairs, Department of Defense, Clinical Practice Guideline for the management of posttraumatic stress, version 2.0 October 2010

Australian Centre for Posttraumatic Mental Health, Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder, 2013