Therapeutics

Brands • Minipress
*see index for additional brand names

Generic? Yes

Class • Alpha 1 adrenergic blocker

Commonly Prescribed for
(bold for FDA approved)
• Hypertension
• Nightmares associated with PTSD
• Blood circulation disorders
• Problems urinating due to enlarged prostate
• Passing of kidney stones

How the Drug Works
• Blocks alpha 1 adrenergic receptors to reduce noradrenergic hyperactivation
• Stimulation of central noradrenergic receptors during sleep may activate traumatic memories, so blocking this activation may reduce nightmares

How Long Until It Works
• Within a few days to a few weeks

If It Works
• Reduces the severity and frequency of nightmares associated with PTSD

If It Doesn’t Work
• Increase dose
• Switch to another agent

Best Augmenting Combos for Partial Response or Treatment Resistance
• Prazosin is itself an adjunct agent for the treatment of nightmares associated with PTSD

Tests
• None for healthy individuals.
• False positive results may occur in screening tests for pheochromocytoma in patients who are being treated with prazosin; if an elevated urinary VMA is found, prazosin should be discontinued and the patient retested after a month.

Side Effects

How Drug Causes Side Effects
• Excessive blockade of alpha 1 peripheral noradrenergic receptors

Notable Side Effects
• Dizziness, light-headedness, headache, fatigue, blurred vision
• Nausea

Life-Threatening or Dangerous Side Effects
• Syncope with sudden loss of consciousness

Weight Gain
• Reported but not expected

Sedation
• Occurs in significant minority

What to Do About Side Effects
• Lower the dose
• Wait
• Wait
• Wait
• In a few weeks, switch to another agent

Best Augmenting Agents for Side Effects
• Often best to try another treatment prior to resorting to augmentation strategies to treat side effects

Dosing and Use

Usual Dosage Range
• 1–16 mg/day, generally in divided doses

Dosage Forms
• Capsule 1 mg, 2 mg, 5 mg

How to Dose
• Formal dosing recommendations for treating nightmares have not been established
• Initial 1 mg at bedtime; increase dose (divided) until the nightmares resolve or an intolerable side effect occurs
PRAZOSIN (continued)

Dosing Tips
- Dosing may be extremely individualized, with as little as 2 mg/day helpful for some patients and as much as 40 mg/day necessary for other patients
- Therapeutic dose does not correlate with blood levels
- Divided dosing may be preferable; in particular, giving a smaller dose during the day may be beneficial if the patient has persistent hyperarousal and re-experiencing symptoms during the day
- Risk of syncope can be decreased by limiting the initial dose to 1 mg and using slow dose titration

Other Warnings/Precautions
- Prazosin can cause syncope with sudden loss of consciousness, most often in association with rapid dose increases or the introduction of another antihypertensive drug
- Intraoperative floppy iris syndrome (IFIS) has been observed during cataract surgery in some patients treated with alpha 1 adrenergic blockers, which may require modifications to the surgical technique; however, there does not appear to be a benefit of stopping the alpha 1 adrenergic blocker prior to cataract surgery
- Avoid situations that can cause orthostatic hypotension, such as extensive periods of standing, prolonged or intense exercise, and exposure to heat

Do Not Use
- If there is a proven allergy to quinazolines or prazosin

Dosing Tips
- Dosing may be extremely individualized, with as little as 2 mg/day helpful for some patients and as much as 40 mg/day necessary for other patients
- Therapeutic dose does not correlate with blood levels
- Divided dosing may be preferable; in particular, giving a smaller dose during the day may be beneficial if the patient has persistent hyperarousal and re-experiencing symptoms during the day
- Risk of syncope can be decreased by limiting the initial dose to 1 mg and using slow dose titration

Other Warnings/Precautions
- Prazosin can cause syncope with sudden loss of consciousness, most often in association with rapid dose increases or the introduction of another antihypertensive drug
- Intraoperative floppy iris syndrome (IFIS) has been observed during cataract surgery in some patients treated with alpha 1 adrenergic blockers, which may require modifications to the surgical technique; however, there does not appear to be a benefit of stopping the alpha 1 adrenergic blocker prior to cataract surgery
- Avoid situations that can cause orthostatic hypotension, such as extensive periods of standing, prolonged or intense exercise, and exposure to heat

Do Not Use
- If there is a proven allergy to quinazolines or prazosin

Overdose
- No fatalities have been reported; sedation, depressive reflexes, hypotension

Long-Term Use
- Has not been evaluated in controlled studies
- Nightmares may return if prazosin is stopped

Habit Forming
- No

How to Stop
- Taper to avoid hypertension

Pharmacokinetics
- Elimination half-life 2–3 hours

Drug Interactions
- Concomitant use with a phosphodiesterase-5 inhibitor (PDE-5) can have additive effects on blood pressure, potentially leading to hypotension; thus, a PDE-5 inhibitor should be initiated at the lowest possible dose
- Concomitant use with a beta blocker (e.g., propranolol) can have additive effects on blood pressure
- Concomitant use with other alpha 1 blockers, which include many psychotropic agents, can have additive effects leading to hypotension

SPECIAL POPULATIONS

Renal Impairment
- Use with caution in patients with severe impairment
- May require lower dose

Hepatic Impairment
- Use with caution

Cardiac Impairment
- Use with caution in patients who are predisposed to hypotensive or syncopal episodes

Elderly
- Some patients may tolerate lower doses better
- Higher risk of orthostatic hypotension and syncope

Children and Adolescents
- Safety and efficacy have not been established
**Pregnancy**

- Effective June 30, 2015, the US FDA requires changes to the content and format of pregnancy and lactation information in prescription drug labels, including the elimination of the pregnancy letter categories; the Pregnancy and Lactation Labeling Rule (PLL or final rule) applies only to prescription drugs and will be phased in gradually for drugs approved on or after June 30, 2001
- Controlled studies have not been conducted in pregnant women
- Prazosin has been used alone or in combination with other hypertensive agents in severe hypertension of pregnancy, with no fetal or neonatal abnormalities reported
- Prazosin should be used during pregnancy only if the potential benefits justify the potential risks to the mother and fetus

**Breast Feeding**

- Some drug is present in breast milk
- If child becomes irritable or sedated, breast feeding or drug may need to be discontinued
- Must weigh benefits of breast feeding with risks and benefits of treatment versus nontreatment to both the infant and the mother

---

### Potential Advantages
- For patients with PTSD who do not respond to SSRIs/SNRIs or exposure therapy
- Specifically for nightmares and other symptoms of autonomic arousal

### Potential Disadvantages
- Patients with cardiovascular disease
- Patients taking concomitant psychotropic drugs with alpha 1 antagonist properties

### Primary Target Symptoms
- Nightmares

### Pearls
- The evidence base for using prazosin to treat nightmares associated with PTSD is limited but positive, and prazosin is recommended by the Department of Veterans Affairs as an adjunct treatment for this purpose
- Initiate treatment early in the onset of nightmares following exposure to trauma
- May also be useful for nightmares and symptoms of autonomic arousal in other trauma and stress-related disorders in addition to PTSD

---

**Suggested Reading**

