

PROPRANOLOL : RISKS OF PRESCRIBING IN ANXIETY IN PATIENTS AT RISK OF SELF-HARM

NENC ICB MO Team

Propranolol is **NOT** featured in NICE Guidance for anxiety. It is useful for some patients exhibiting prominent somatic symptoms, but it **DOES NOT** treat the underlying psychological causes of anxiety.

****Propranolol overdose is incredibly unpredictable and can lead to rapid deterioration****

DO NOT INITIATE PROPRANOLOL FOR ANY NEW PATIENTS WITH ANXIETY, PARTICULARLY THOSE AT RISK OF SELF-HARM



What are the alternatives to propranolol for anxiety?

NICE recommendations focus on **self-help, patient education and psychological interventions**. If a person with Generalised Anxiety Disorder (GAD) chooses drug treatment NICE recommends an SSRI as first line treatment. If the first line SSRI is not effective, then an alternative SSRI or SNRI should be considered.

Who is at risk of propranolol overdose?

Note: This also applies to patients using propranolol for other indications such as migraine and tremor

Individuals at increased risk of self-harm are at higher risk of propranolol overdose. Propranolol overdose is incredibly unpredictable and can lead to rapid deterioration.

Groups at increased risk of self-harm include (but are not limited to):

- Young people
- People with mental health disorders
- People with neurodivergent conditions
- People from sexual minorities
- Prisoners
- Some cultural minority groups
- Veterans from the armed forces

Who else can help?

- Social Prescribers
- Community Mental Health Team
- Support Groups
- Mental Health Practitioners
- Psychologists

Links to useful resources

- [Useful Organisations](#)
- [PrescQIPP Hot Topics Toolkit](#)
- [NHS Medicines: Propranolol](#)
- [RCGP Learning - Propranolol Toxicity](#)
- [Podcast: Prescribing In Anxiety](#)



Review existing patients on propranolol (including those on it for other indications such as migraine or tremor)

****Existing patients should be on the lowest, most effective dose****

Prioritise reviews in patients at risk of self-harm. Review for:

- Suitability of continued treatment
- Appropriateness of quantities prescribed
- Consider toxicity of concurrently prescribed medicines if a patient is assessed to be at risk of overdose or self-harm.

Deprescribing propranolol - What to consider

AVOID ABRUPT WITHDRAWAL AND TAPER DOWN GRADUALLY.

- Taper regime will vary depending on individual circumstances.
- Propranolol should be withdrawn gradually over a period of 7 to 14 days ([SMPC](#)).
- Consider a longer tapering regime if withdrawal symptoms are more likely, including:
 - ▶ Patients taking higher doses
 - ▶ Patients on propranolol for an extended period
 - ▶ Patients with significant comorbidities
- Monitor blood pressure, heart rate and evidence of withdrawal symptoms.
- Encourage patients to safely dispose of any propranolol tablets as they are no longer required.