Pharmacology

Why we should try to avoid hydroxyzine for anxiety

All medications have the potential to harm, but the art of medicine is choosing which risk is worth taking, for which patient, at which time. In this population, our goal isn't to quiet symptoms – it's to understand them and treat them the right way.

- Ryan Reynolds D.O.

Learning objectives

1. Understand why hydroxyzine is and why it's commonly used
2. Recognize why it's risky in older adults
3. Identify side effects that are often missed
4. Know better approaches to anxiety in this population
5. Know when to question or escalate concerns

Hydroxyzine

Hydroxyzine is an antihistamine (similar to Benadryl) with sedating properties often used for anxiety, itching, and sleep. It is often used because we are told it's safer than benzodiazepines (like Ativan), non-controlled, and an easy PRN option.

Clinical Pearl

This belief that hydroxyzine is safer does not come from a single source, and while state inspectors reinforce it, they are not the primary driver. It largely stems from regulatory pressure from Centers for Medicare & Medicaid Services (CMS), increased scrutiny of benzodiazepines, and safety concerns highlighted in tools like the Beers Criteria. In response, facilities have broadly avoided benzodiazepines, creating a substitution effect where medications like hydroxyzine are perceived as "safer." However, this is misleading, as hydroxyzine carries its own risks.

The Problem

The key point is this: just because a medication is not a benzodiazepine does not mean it is safe.

Hydroxyzine carries a significant anticholinergic burden. Anticholinergic toxicity is classically described as: "mad as a hatter (confusion/delirium), hot as a hare (fever), red as a beet (flushing), dry as a bone (dehydration), blind as a bat (dilated pupils), and full as a flask (urinary retention)."

Clinical Pearl

These effects are not unique to hydroxyzine – they occur with many commonly used medications with anticholinergic properties, including diphenhydramine (Benadryl), oxybutynin, amitriptyline, dicyclomine, scopolamine, meclizine, and cyclobenzaprine.

In our population, these effects are not benign. They can worsen cognition, trigger behavioral disturbances, and increase fall risk due to sedation.

Equally important, hydroxyzine often does not treat the underlying issue. It may sedate, but it does not meaningfully treat anxiety. Instead, it can mask pain, delirium, environmental distress, or other unmet needs.

In practice, this often looks like:

- Patients becoming more sleepy but remaining anxious (thus agitated and restless)
- Increased nighttime confusion
- Higher fall risk after as needed use
- Family reporting the patient is “not themselves”

Reasonable Use

I never say a medication should never be used. As I quoted earlier: *“All medications have the potential to harm, but the art of medicine is choosing which risk is worth taking, for which patient, at which time.”*

Hydroxyzine does have a role. It may be appropriate for short-term use, in younger patients, for itching (likely its best indication), or in situations where other options are not appropriate.

The key is not to label it as “safe,” but to understand what risks we are accepting when we use it – and whether those risks make sense for that specific patient.

Approach to Anxiety

First, ask why the patient is anxious. Anxiety is often a signal, not the primary problem. Consider underlying causes such as pain, constipation, urinary retention, loneliness, or environmental distress.

Second, address anxiety non-pharmacologically whenever possible. Reorientation, maintaining a consistent routine, optimizing sleep, ensuring familiar staff and family presence, and adjusting environmental stimulation can all be effective.

Third, when medication is necessary, we should choose options with better efficacy and lower risk. This may include SSRIs, SNRIs, buspirone, or trazodone.

Clinical Pearl

Anxiety in this population is often a symptom of something else – treat the cause, not just the behavior.

If it were easy, we would always do it. But in reality, what often happens is the use of medications to sedate behaviors – especially when patients are yelling, agitated, or difficult to manage in a busy and demanding environment. We have all been there – I have too. But if we want this space to be better, we have to pause, reassess, and choose a more thoughtful approach when possible.

Physician Notification

Notify the provider if:

- New confusion after starting hydroxyzine
- Increased falls or sedation
- Worsening behaviors
- No meaningful improvement in anxiety
- Another physician started hydroxyzine for anxiety and you know Dr. Reynolds dislikes it

Case 1.

A 78-year-old female with dementia was recently started on hydroxyzine 25 mg PRN every 6 hours for anxiety. I won't say who ordered it but we all know providers who do it! The patient is now more confused and wandering at night. Does she need a higher dose or more frequent hydroxyzine?

This is likely medication-induced delirium from hydroxyzine. Instead of treating anxiety, the medication has worsened cognition and behavior. Discontinue hydroxyzine. Do not continue giving it in hopes that it will help – it is contributing to the problem, not solving it.

Case 2.

A 90-year-old male with dementia was recently started on hydroxyzine 25 mg three times daily for agitation and anxiety. He is now sleeping during the day and awake all night.

This represents a medication-induced disruption of the sleep–wake cycle due to sedation. This pattern increases the risk of delirium and worsening behavioral symptoms, including anxiety. Reduce or discontinue hydroxyzine. Focus on restoring a normal sleep–wake cycle and addressing underlying causes of agitation with non-pharmacologic measures when possible.

Case 3.

A 95-year-old female on hospice services was started on hydroxyzine 25 mg every 4 hours as needed for anxiety. She is grimacing and restless, and the medication does not appear to help.

This is likely untreated pain misidentified as anxiety. Hydroxyzine is not addressing the underlying issue and may delay appropriate management. Notify hospice services and reassess the patient for pain. Adjust the care plan to focus on appropriate pain control rather than continuing ineffective treatment for presumed anxiety.