The purpose of this chapter is to provide a practical introduction to the pharmacological treatment of excessive stress. In presenting this material, we have attempted to provide information which will be useful to both the medically and the nonmedically trained clinician.

Man's search for relief from distress often leads him to a pharmacological solution and the desire for instant relief. The expectation that such relief is possible has produced an upsurge in the development and sales of substances intended to reduce the effects of stress, to alter the state of consciousness and produce relief from the difficulties of everyday life. The fact that the minor tranquilizers remain the top-selling pharmaceuticals would seem to attest to this conclusion. The fact that such a pharmacological panacea does indeed exist in the minds of many people has led to a major abuse problem in this form of treatment of the stress response.

Yet the use of medications can be most beneficial in certain cases, and it is the purpose of this chapter to describe those instances in which pharmacology can be helpful to the practitioner in offering the client an adjunctive therapy in dealing with specific types of difficulties. Also, it will provide a practical guide to the selection and use of the appropriate drugs, as well as offer insight as to their general use for the nonprescribing practitioner.
Strictly speaking, the pharmacological treatment could include the treatment of the most peripheral manifestations of the stress response, such as the use of antacids in the treatment of gastric ulcer, or aspirin or other analgesics for the treatment of tension headache; however, we shall be addressing ourselves in this chapter primarily to the use of those medications whose purpose it is to relieve that subjective state of distress described as tension or anxiety and reduce psychophysiological overactivity.

Many clinicians agree that pharmacological intervention can play a useful role in the treatment of the stress response. Perhaps its greatest utility comes in its ability to relieve the symptoms of excessive stress which are acutely intense and/or which interfere with other forms of therapy. Therefore, the most constructive use of pharmacological interventions is generally felt to be limited to the short term (such as two or three weeks) with the main goal that of decreasing the symptoms enough to permit other, longer-lasting forms of treatment to have effect.

It must be kept in mind that, as in almost every other form of therapy we have discussed, the relationship with the clinician is certainly an important element in the success of the treatment. This is reflected in patient compliance in taking the medication regularly and reporting improvement, side effects, or fears and concerns. We shall not discuss here the element of the placebo effect in the use of medications: however, it must be kept in mind that the faith in the clinician and the expected effect of the medication has been shown by many authors to be as important as the medication itself (see Harlem, 1977; Jones, 1977).

In this chapter we shall describe several categories of medication used in the treatment of the stress response. We shall describe the mechanisms of action and their major indications, contraindications, and side effects. Furthermore, we shall provide examples of specific medications and dosages within each class. Our intention is to be concise and practical as we provide a basic guide for the understanding and/or implementation of such a treatment option.

SEDATIVE-HYPNOTICS—AN INTRODUCTORY HISTORY

"The term sedative-hypnotic is intended to denote the dose-dependency of the effect of these drugs" (Swonger & Constantine,