Updated September 2026

Prazosin

Brand name - Minipress *Oral adult dosing for nightmares assoc. w. PTSD*

Prazosin is an alpha-1 adrenergic antagonist FDA-approved for hypertension. Prazosin's use for nightmares associated with post-traumatic stress disorder (PTSD) is **off-label**. Current guidance suggests prazosin for PTSD-associated nightmares but not for treatment of PTSD overall.

Initial Dose	1mg at bedtime
Titration	May increase radually by 1mg every 2 weeks as needed and tolerated
Maximum dose	No maximum dose is provided by FDA for nightmares

Prescribing Pearls

- Orthostatic hypotension, dizziness, lightheadedness, and occasional syncope may occur, **particularly after the first dose** or rapid dose increases. Syncopal episodes typically occur within 30–90 min of initial dose. Start with 1mg and titrate gradually.
- Take the initial bedtime dose when the patient is able to remain at home and avoid driving or hazardous activity afterward.
- Bedtime administration may reduce injury risk from first-dose dizziness or orthostasis. Counsel patients to rise slowly from lying or sitting positions. If dizziness or lightheadedness occurs, sit or lie down until symptoms resolve.
- **Before treatment and during titration.** Assess blood pressure, history of syncope/falls, and medications that may lower blood pressure. Consider orthostatic vital signs when clinically indicated. Reassess blood pressure and orthostatic symptoms after dose changes, particularly in older adults or patients taking other antihypertensive medications.

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Prescribing Pearls, Cont'd

- Use additional caution with alcohol, prolonged standing, exercise, dehydration, and hot weather, which may worsen dizziness or hypotension.
- **Review other blood-pressure-lowering medications.** Diuretics, other antihypertensives, and PDE-5 inhibitors may produce additive hypotension. Beta-blockers can also increase first-dose hypotensive risk.

Safety

- **Pregnancy.** Use an individualized risk-benefit assessment. Research and evidence on risk of use during pregnancy are limited; there is no certain evidence for or against use during pregnancy.
- **Lactation.** Prazosin is present in human milk, but available data about risks to the child are limited. One manufacturer report estimated milk excretion at no more than 3% of the maternal dose. Infant serum levels and clinical effects have not been adequately studied to understand whether a significant risk exists. Consider an alternative when clinically appropriate, particularly for a newborn or preterm infant, or monitor the breastfed infant clinically.
- **Priapism.** Prolonged erections have been reported with alpha-1 blockers. An erection lasting more than 4 hours requires immediate medical attention to reduce the risk of permanent tissue damage.

Disclaimer

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