

Propranolol

Inderal (former U.S. brand) • LA and XL differ

A beta blocker that can ease a racing heart or shaky hands. Your dose depends on why you take it.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

TRY YOUR DOSE BEFORE THE EVENT

DO NOT SUDDENLY STOP DAILY USE

Performance-anxiety use is off-label. This adult guide is not an infant or child's dosing plan.

What it is used for

Off-label, it may ease physical performance anxiety, medication-related tremor or akathisia (inner restlessness). It does not treat all anxiety or worried thoughts.

Other uses include heart/BP problems, essential tremor and migraine prevention. Schedules differ by condition and formulation.

How it works

It blocks adrenaline-like signals that speed the heart and contribute to shaking. This may make a specific activity easier.

It can also lower blood pressure, slow the pulse too much or affect breathing. Being a noncontrolled medicine does not make it risk-free.

What to expect over time

TEST DOSE FIRST

Try your prescribed performance dose on a low-stakes day.

30–60 MINUTES BEFORE

A common timing for prescribed immediate-release performance dosing.

ON DAILY TREATMENT

Benefit may take days or longer, depending on the condition.

Taking your medication

Follow your own dose and maximum. Do not borrow the high blood-pressure doses shown elsewhere or take extra because anxiety continues.

Daily treatment needs a regular schedule. IR, LA and XL are not automatic substitutes. Swallow extended-release capsules whole; follow the product's food and timing directions.

Do not drive or use machinery if dizzy, sleepy or slowed. Stand up slowly. Follow your team's pulse/blood-pressure checking and hold/call instructions.

When to get help

Call 911: chest pain, collapse, severe breathing difficulty, seizure, inability to wake or severe face/throat swelling. Severe low blood sugar can also be an emergency.

Get prompt advice: new wheeze, near-fainting, a very slow/irregular pulse, rapid swelling/weight gain or peeling/blistering skin. With wheezing, do not take more while seeking urgent advice.

Possible overdose? Call Poison Control now, 1-800-222-1222, even if you feel well. Do not make yourself vomit. Call 911 for severe symptoms.

Early side effects

Tiredness, reduced exercise stamina, dizziness, cold hands/feet and stomach or bowel changes can occur. Tell your team if these interfere with daily life.

Other effects to discuss

Vivid dreams, sleep problems or sexual difficulties may occur. Report low mood, mental fog or feeling unlike yourself; you should not have to accept these silently.

What to keep track of

Track benefit, pulse and blood pressure. Report wheeze, faintness or low mood. Diabetes needs glucose checks.

Before you start

Tell your team about asthma or wheezing, COPD, fainting, slow pulse, heart failure, diabetes, kidney/liver disease, thyroid problems, poor circulation and severe allergies. Discuss pregnancy/nursing. Tell the surgery team you take it; do not stop on your own. Call if vomiting or unable to eat normally because low blood sugar is a risk.

Medicines & interactions

Heart and blood-pressure medicines

Verapamil, diltiazem, digoxin, clonidine, prazosin and other beta blockers may add serious pulse/BP effects. Do not independently stop clonidine and propranolol.

Antidepressants and other medicines

Fluoxetine, paroxetine and bupropion can raise propranolol exposure. Fluoxetine's effect may linger after stopping. Ask about warfarin, cimetidine, antacids and all new drugs.

Inhalers, diabetes and cold remedies

It can interfere with rescue inhalers and hide low blood sugar. Review insulin/diabetes drugs, decongestants and regular ibuprofen/naproxen use with your pharmacist.

Alcohol, smoking and allergy treatment

Alcohol can increase dizziness and exposure; discuss use. Report smoking changes. Tell emergency/allergy staff you take a beta blocker; it can affect epinephrine response.

Everyday tips

Practice the performance and use your therapy skills.

Reduce excess caffeine if it worsens shaking or palpitations.

Keep enough daily medicine to avoid running out.

Keep medicines locked up; ask for smaller supplies if needed.

Your questions, answered

What if I miss a dose?

Occasional as-needed use has no dose to catch up. With daily use, take it when remembered unless the next dose is near; then skip it. Never double. Contact your team after a longer interruption.

Should I skip it if my pulse is under 60?

Follow your own written hold/call plan; one number is not right for everyone. If you feel faint, have chest pain or struggle to breathe, get help rather than relying on a pulse reading alone.

Can I stop taking it?

Occasional isolated doses usually need no taper. Daily use must be reduced under your clinician's guidance, often over weeks. Stopping suddenly can cause a racing heart, high blood pressure or serious chest pain.

What about pregnancy or breastfeeding?

Discuss the reason, dose and timing with your team. Late-pregnancy exposure can affect a newborn's heart rate or glucose. Milk amounts are small; report unusual infant sleepiness or feeding difficulty.

Storage & safety

Keep tightly closed at room temperature, protected from moisture, heat and light, and locked away from children and pets. Do not share. Ask about medicine take-back disposal.

A final reminder

Follow your own prescribed plan.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=35d28979-36b1-4630-b85e-a44e0a443734>
 2. <https://medlineplus.gov/druginfo/meds/a682607.html>
 3. <https://mothertobaby.org/fact-sheets/propranolol/>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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