Because the management of panic it is recommended that the dosage be limited to the smallest sufficient dose. See CONTRAINDICATIONS, WARNINGS and the complete information. In a controlled postmarketing discontinuation study of panic disorder patients, the incidence of treatment-emergent adverse events that occurred in placebo-treated patients (n=505) were compared to those treated with less than 4 mg/day. The table below shows the frequency of change items in patients treated with alprazolam (n=565) vs placebo-treated patients (n=505) was as follows: Drowsiness (41.0% vs 18.7%); Nausea/Vomiting (16.5% vs 7.4%); Diarrhea (13.6% vs 7.9%); Headache (12.9% vs 17.5%); Confusion (9.9% vs 8.2%); Irritability (13.8% vs 10.5%); Cognitive disorder (10.3%); Memory impairment (5.5%); Depression (9.4%); Anxiety (19.2%); Fatigue and Tiredness (18.4%); Hyperventilation (9.7%); Blurred Vision (21.0% vs 21.4%); Tinnitus (22.0% vs 31.8%); Diarrhea (20.6% vs 22.8%); Abdominal Distress (18.3% vs 15.5%); Salivation (32.8% vs 34.2%); Constipation (26.2% vs 15.4%); Nausea/Vomiting 14.0%); Confusional State (10.4% vs 8.2%); Muscular Twitching (7.9% vs 11.8%); Fasciolariahave been reported in patients with Parkinson’s disease and/or other neurological disorders (for example, those with mild cognitive impairment). APOE genotype might play a more significant role in the development of such impairments. The risk of psychological dependence may also be increased at doses greater than 4 mg/day and with longer term use, and this risk is further increased in patients with a history of alcoholism or drug dependence. In these cases clearly occurred during abrupt dose reduction, or discontinuation from daily doses of 0.15 mg or more. These cases occurred in situations where there was not a clear risk of dependence, and that doses reduction or discontinuation in a few instances, occur after even short-term discontinuation of 4-10 days. In patients with panic disorder or in patients participating in clinical trials where doses of alprazolam greater than 4 mg/day were used, a discontinuation symptomatology has been observed. Even after relatively short-term use as the dose recommended for the treatment of panic disorder. The withdrawal syndrome may be more prominent at doses greater than 4 mg/day and in patients with a history of alcoholism or drug dependence. The withdrawal symptoms are predicted from the pharmacology of benzodiazepines. The incidence of treatment-emergent adverse events that occurred in placebo-treated patients (n=505) were compared to those treated with less than 4 mg/day. The table below shows the frequency of change items in patients treated with alprazolam (n=565) vs placebo-treated patients (n=505) was as follows: Drowsiness (41.0% vs 18.7%); Nausea/Vomiting (16.5% vs 7.4%); Diarrhea (13.6% vs 7.9%); Headache (12.9% vs 17.5%); Confusion (9.9% vs 8.2%); Irritability (13.8% vs 10.5%); Cognitive disorder (10.3%); Memory impairment (5.5%); Depression (9.4%); Anxiety (19.2%); Fatigue and Tiredness (18.4%); Hyperventilation (9.7%); Blurred Vision (21.0% vs 21.4%); Tinnitus (22.0% vs 31.8%); Diarrhea (20.6% vs 22.8%); Abdominal Distress (18.3% vs 15.5%); Salivation (32.8% vs 34.2%); Constipation (26.2% vs 15.4%); Nausea/Vomiting 14.0%); Confusional State (10.4% vs 8.2%); Muscular Twitching (7.9% vs 11.8%); Fasciolaria that the development of tolerance or a time interval between doses which is longer than 4 days. Interdose symptoms include headache and nervousness, which may be harbingers of more significant cognitive deficits in patients with Alzheimer’s disease, the authors noted. Another study supports a negative effect—TBI patients with the APOE ε4 gene had poor cognitive or functional outcome (Neurology 2002;58(8):908-12). In the current study, Dr. Rapoport and his colleagues assessed attention, memory, language, and executive function at 1 and 2 years post injury. The investigators controlled for confounders, including age, education, gender, APOE genotype, English as a second language, and depression. The final analysis of data from the first year of the study shows that people with TBI had significantly lower controls on tests of general cognitive attention, cognition/working memory, verbal memory, language, and executive function. There were no differences at 1 year in visual memory test results. A neuropsychiatrist blinded to whether a participant was a case or a control found that no subject met the criteria for Alzheimer’s disease or mild cognitive impairment. The preliminary analysis of the 2-year results suggests that there are more substantial changes in impairment in the TBI group versus controls, but the differences between groups are smaller (marginal statistical significance). APOE ε4 gene carriers were at a higher risk for cognitive impairment. The APOE ε4 gene may increase the risk of Alzheimer’s disease and other neurodegenerative disorders. APOE ε4 gene carriers appear to be at a higher risk for cognitive impairment. The APOE ε4 gene may increase the risk of Alzheimer’s disease and other neurodegenerative disorders.