ALPRAZolam (al-pray-zoe-lam)
Niravam, Xanax, Xanax XR

Classification
Therapeutic: antianxiety agents
Pharmacologic: benzodiazepines

Schedule IV
Pregnancy Category D

Indications
Generalized anxiety disorder (GAD). Panic disorder. Anxiety associated with depression.
Unlabeled Use: Management of symptoms of premenstrual syndrome (PMS) and premenstrual dysphoric disorder. Insomnia, irritable bowel syndrome (IBS) and other somatic symptoms associated with anxiety. Used as an adjunct with acute mania, acute psychosis.

Action
Acts at many levels in the CNS to produce anxiolytic effect. May produce CNS depression. Effects may be mediated by GABA, an inhibitory neurotransmitter.

Pharmacokinetics
Absorption: Well absorbed (90%) from the GI tract; absorption is slower with extended-release tablets.
Distribution: Widely distributed, crosses blood-brain barrier. Probably crosses the placenta and enters breast milk. Accumulation is minimal.
Metabolism and Excretion: Metabolized by the liver (CYP3A4 enzyme system) to an active compound that is subsequently rapidly metabolized.
Half-life: 12–15 hr.

TIME/ACTION PROFILE (sedation)
ROUTE ONSET PEAK DURATION
PO 1–2 hr 1–2 hr up to 24 hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Cross-sensitivity with other benzodiazepines may exist. Pre-existing CNS depression; Severe uncontrolled pain; Angle-closure glaucoma; Obstructive sleep apnea or pulmonary disease; Concurrent use with intranasal or intravenous O2. Lactation: Use in pregnancy or lactation may cause CNS depression, sedation, feeding difficulties, and severe neonatal withdrawal. Use Cautiously in: Renal impairment (reduce dose required); Hepatic impairment (may require dose adjustments); Concurrent use with CYP3A4 inhibitors (erythromycin, ketoconazole, itraconazole) or CYP3A4 inducers (rifampin, carbamazepine, or barbiturates) (levels and effects; dose adjustments may be necessary; concurrent use with ketamine and other benzodiazepines contraindicated. May ↓ efficacy of levodopa. CYP3A4 inducers (rifampin, carbamazepine, or barbiturates) (levels and effects; sedative effects may be ↓ by theophylline. Cigarette smoking (levels and effects.

Interactions
Drug-Drug: Alcohol, antidepressants, other benzodiazepines, antihistamines, and opioid analgesics—concurrent use results in ↑ CNS depression, respiratory depression, sedation, and ↓ antiparkinsonian effects. CYP3A4 inhibitors (erythromycin, ketoconazole, itraconazole) or CYP3A4 inducers (rifampin, carbamazepine, or barbiturates) (levels and effects; sedative effects may be ↓ by theophylline. Cigarette smoking (levels and effects.

Route/Dosage
Anxiety
PO (Adults): 0.25–0.5 mg 2–3 times daily (not to exceed 4 mg/day).
PO (Geriatric Patients): Begin with 0.25 mg 2–3 times daily.

Panic Attacks
PO (Adults): 0.5 mg 3 times daily; may be ↑ by 1 mg or less every 3–4 days as needed (not to exceed 10 mg/day). Extended-release tablets—0.5–1 mg once daily.

Adverse Reactions/Side Effects
CNS: dizziness, drowsiness, lethargy, hangover, headache, mental depression, paradoxical excitation.
EENT: blurred vision.
GI: constipation, diarrhea, nausea, vomiting, weight gain.
Derm: rash.
Misc: physical dependence, psychological dependence, tolerance.

Other: ↑ risk of falls and other accidents (sedation), increased risk of suicide in children, adolescents, and young adults on antidepressants.

Overdosage:
CNS depression, respiratory depression, coma, seizures, hypotension, bradycardia, severe hypothermia, respiratory arrest.

Notes:
Genetic Implication. CAPI TALS indicate life-threatening, underline indicate most frequent. Strikethrough discontinued.
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2 daily in the morning, may be q every 3–4 days by not more than 1 mg/day; up to 10 mg/day (usual range 3–6 mg/day).

NURSING IMPLICATIONS

Assessment

- Assess degree and manifestations of anxiety and mental status (orientation, mood, behavior) prior to and periodically during therapy.
- Assess patient for drowsiness, light-headedness, and dizziness. These symptoms usually disappear as therapy progresses. Dose should be reduced if these symptoms persist.
- Geri: Assess CN dysfunction and risk of falls. Institute falls prevention strategies.
- Prolonged high-dose therapy may lead to psychological or physical dependence. Risk is greater in patients taking 4 mg/day. Restrict the amount of drug available to patient. Assess regularly for continued need for treatment.

Lab Test Considerations:

- Monitor CBC and liver and renal function periodically during long-term therapy. May cause hematocrit and neutropenia.
- Toxicty and Overdose: Flumazenil is the antidote for alprazolam toxicity or overdose. (Flumazenil may induce seizures in patients with a history of seizures disorder or who are taking tricyclic antidepressants).

Potential Nursing Diagnoses

Anxiety (Indications)

Risk for injury (Side Effects)

Risk for falls (Side Effects)

Implementation

- Do not confuse Xanax (alprazolam) with Zantac (ranitidine) or Fanapt (iloperidone).
- Do not confuse alprazolam with lorazepam.
- If early morning anxiety or anxiety between doses occurs, the same total daily dose should be divided into more frequent intervals.
- PO: May be administered with food if GI upset occurs. Administer greatest dose at bedtime to avoid daytime sedation.
- Tablets may be crushed and taken with food or fluids if patient has difficulty swallowing. Do not extend or break extended-release tablets.
- Taper by 0.5 mg q 3 days to prevent withdrawal. Some patients may require longer tapering period (months).

- For orally disintegrating tablets: Remove tablet from bottle with dry hands just prior to taking medication. Place tablet on tongue. Tablet will dissolve with saliva. Remove any residue from entering bottle. If only 1/2 tablet taken, discard unused portion immediately; may not remain stable.

Patient/Family Teaching

- Instruct patients to take medication as directed; do not skip or double up on missed doses. If a dose is missed, take within 1 hr, or wait to take next dose. Do not increase dose. Abrupt withdrawal may cause sweating, vomiting, muscle cramps, tremors, and seizures.
- May cause drowsiness or dizziness. Caution patient to avoid driving and other activities requiring alertness until response to the medication is known. Geri: Institute falls prevention strategies.
- Advise patient to avoid grapefruit juice or other citrus products concurrently with alprazolam. Instruct patient to consult health care professional before taking Rx, OTC, or herbal products concurrently with this medication.
- Advise patient to avoid dual benzodiazepines use usually prescribed for short-term use and may increase risk of dependency.
- Teach other methods to decrease anxiety (exercise, support group, relaxation strategies).
- Advise patient to not share medication with anyone.

Evaluation/Desired Outcomes

- Decreased sense of anxiety without CNS side effects.
- Decreased frequency and severity of panic attacks.
- Decreased symptoms of premenstrual syndrome.

Why was this drug prescribed for your patient?