Azilsartan (a-zill-sar-tan)

Classification
Therapeutic: antihypertensives
Pharmacologic: angiotensin II receptor antagonists

Pregnancy Category D

Indications
Treatment of hypertension, alone or with other agents.

Action
Blocks vasoconstrictor and aldosterone-producing effects of angiotensin II at receptor sites, including vascular smooth muscle and the adrenal glands. Therapeutic Effects: Lowering of BP.

Pharmacokinetics

Absorption: Azilsartan medoxomil, a prodrug, is hydrolyzed in the GI tract to azilsartan, the active component. 60% is absorbed from the GI tract.

Distribution: Approximately 16L.

Protein Binding: 99%.

Metabolism and Excretion: 50% metabolized by the liver, primarily by the CYP2C9 enzyme system. 55% eliminated in feces, 42% in urine (15% as unchanged drug).

Half-life: 11 hr.

TIME/ACTION PROFILE (effect on BP)

ROUTE ONSET PEAK DURATION
PO within 2 hr 18 hr 24 hr

Contraindications/Precautions
Contraindicated in: Concurrent use with aliskiren in patients with diabetes or moderate-to-severe renal impairment (CCr ≤ 60 mL/min); OB: Can cause injury or death of fetus – if pregnancy occurs, discontinue immediately; Lactation: Discontinue drug or use formula.

Use Cautiously in: Black patients (may not be effective); HF (may result in potentially life-threatening renal failure); Renal impairment; use with diuretics, including use of high-dose or potent diuretics may may risk of serious hypotension, correct prior to use; Woman of childbearing potential; Geri: May have greater sensitivity, especially to adverse renal effects; Ped: Safety and effectiveness has not been established.

Adverse Reactions/Side Effects

CNS: dizziness, fatigue, weakness.
CV: hypotension.
F and E: hyperkalemia.
GI: diarrhea, nausea.
GU: impaired renal function.
MS: muscle spasm.

Interactions

Drug-Drug: Concurrent use of potassium-sparing diuretics, potassium-containing salt substitutes, or potassium supplements may risk of hyperkalemia. Risk of hyperkalemia, renal dysfunction, hypotension, and syncope with concurrent use of ACE inhibitors or aliskiren; avoid concurrent use with aliskiren in patients with diabetes or CCr ≤ 60 mL/min. NSAIDs and selective COX-2 inhibitors may blunt the antihypertensive effect and the risk of renal dysfunction. Risk of hyperkalemia with other antihypertensives or diuretics.

Route/Dosage
PO (Adults): 80 mg once daily, initial dose may be 40 mg once daily if high doses of diuretics are used concurrently.

NURSING IMPLICATIONS

Assessment

● Assess BP (sitting, lying, standing) and pulse periodically during therapy.

● Monitor frequency of prescription refills to determine adherence to therapy.

○ Lab Test Considerations: Monitor renal function. May cause small, reversible increase in serum creatinine. May cause worsening renal function in patients with renal impairment. May rarely cause slight to marked abnormal platelet and WBC.

● May cause loss of and high markedly abnormal platelet and IRC.

Potential Nursing Diagnoses

Risk for injury (Adverse Reactions)
Noncompliance (Patient/Family Teaching)

Implementation

● Correct volume and salt depletion, if possible, before initiation of therapy, or start treatment at 40 mg.

● PO: Administer once daily without regard to food.

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● PO: Administer once daily without regard to food.
Patient/Family Teaching

- Emphasize the importance of continuing to take as directed, even if feeling well. Take missed doses as soon as remembered or as directed by health care professional. Do not double doses. Medication controls but does not cure hypertension. Instruct patient to take medication at the same time each day. Warn patient not to discontinue therapy unless directed by health care professional.

- Emphasize the importance of continuing to take additional interventions for hypertension (weight reduction, low-sodium diet, smoking cessation, moderation of alcohol consumption, regular exercise, and stress management). Medication controls but does not cure hypertension.

- Instruct patient and family on proper techniques for monitoring BP. Advise them to check BP at least weekly and to report significant changes.

- Caution patient to avoid sudden position changes to decrease orthostatic hypotension. Use of alcohol, standing for long periods, exercising, and hot weather may cause orthostatic hypotension.

- May cause dizziness. Caution patient to avoid driving and other activities requiring alertness until response to medication is known.

- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, herbal products being taken and consult health care professional before taking any new medications, especially NSAIDs and cough, cold, or allergy medications.

- Instruct patient to modify health care professional of medication regimen before treatment or surgery.

- Advise women of childbearing age to use contraception and notify health care professional if pregnancy is planned or suspected, or if breast feeding. Azilsartan should be discontinued as soon as possible when pregnancy is detected.

- Emphasize the importance of follow-up exams to evaluate effectiveness of medication.

Evaluation/Desired Outcomes

- ↓ in BP without excessive side effects.

Why was this drug prescribed for your patient?