brimonidine, topical (bri-moe-ni-deen)

**Nursing Implications**

**Indications**
Topical management of persistent (nontransient) facial erythema due to rosacea.

**Action**
Acts as a selective alpha 2 adrenergic agonist, causing direct vasoconstriction. Therapeutic Effects: Decreased erythema in rosacea.

**Pharmacokinetics**
- Absorption: Some absorption follows topical use.
- Distribution: Unk.
- Metabolism and Excretion: Extensively metabolized by the liver; drug and metabolites are excreted in urine.
- Half-Life: unk.

**Contraindications/Precautions**
- **Contraindicated in:**
  - Lactation: Discontinue breast feeding or drug.
- **Use Cautiously in:**
  - Depression; Cerebral/coronary insufficiency; Reynaud’s phenomenon; Severe/unstable/uncontrolled cardiovascular disease; Orthostatic hypotension; Thromboangiitis obliterans; scleroderma; Sjogren’s syndrome; Vascular insufficiency (may potentiate);
  - OB: Use only if potential benefit justifies potential fetal risk;
  - Pedi: Safe and effective use in children has not been established; inadvertent ingestion has caused serious adverse effects.

**Adverse Reactions/Side Effects**
- CNS: headache.
- EENT: nasopharyngitis.
- Derm: flushing, contact dermatitis, erythema, skin burning sensation.
- **Drug-Lab Test Interactions:**
  - None reported.
- **Precautions:**
  - Be alert for worsening of symptoms of rosacea.

**Interactions**
- **Drug-Drug:** Due to possible j in blood pressure, use cautiously with anti- hypertensives, beta-adrenergic blockers, digitalis glycosides. May ↑ risk of sedation with alcohol, anti-anxiety agents, barbiturates and opioids sedative/ hypnotics. Concurrent use with MAO inhibitors may ↑ risk of systemic side effects, including hypotension, undertake concurrent use with caution.

**Route/Dosage**
**Topical** (Adults ≥18 yr): Apply pea-sized amount to each of five areas on the face (forehead, chin, nose, each cheek) once daily.

**Evaluation/Desired Outcomes**
- Decreased facial erythema of rosacea.