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bupropion (byoo-proe-pee-on)

Appliez, Forfivo XL, Wellbutrin, Wellbutrin SR, Wellbutrin XL, Zyban

Classifications

Therapeutic: antidepressants, smoking deterrents
Pharmacologic: antidepressants

Pregnancy Category: B

Indications

Treatment of depression (with psychotherapy). Depression with seasonal affective disorder (Aplenzin and Wellbutrin XL only). Smoking cessation (Zyban only).

Contraindications/Precautions

PO 1–3 wk unknown unknown

ROUTE ONSET PEAK DURATION

Half-life: 14 hr (active metabolites may have longer half-lives).

Metabolism and Excretion: Unknown.

Distribution: Although well absorbed, rapidly and extensively metabolized by the liver into 3 active metabolites (CYP2B6 involved in formation of one of the active metabolites).

Pharmacokinetics

Absorption: Although well absorbed, rapidly and extensively metabolized by the liver

Distribution: Unknown.

Metabolism and Excretion: Extensively metabolized by the liver into 3 active metabolites (CYP2B6 involved in formation of one of the active metabolites). Half-life: 14 hr (active metabolites may have longer half-lives).

TIME/ACTION PROFILE (antidepressant effect)

ROUTE ONSET PEAK DURATION

Patient

Pharmacokinetics

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TIME/ACTION PROFILE (antidepressant effect)

ROUTE ONSET PEAK DURATION

Pharmacodynamic Effects: Depression.

Pharmacologic Classification: Antidepressants, smoking deterrents

Therapeutic Classification: Antidepressants, smoking deterrents

Aplenzin, Forfivo XL, Wellbutrin, Wellbutrin SR, Wellbutrin XL, Zyban (byoo-proe-pee-on)

1 REMS

Contraindicated in:

Hypersensitivity; Concurrent use of MAO inhibitors or MAO-inhibitor like drugs (linezolid or methylene blue); Concurrent use of ritonavir; Seizure disorder (Aplenzin and Wellbutrin XL only). Smoking cessation (Zyban only).

Treatment of depression (with psychotherapy). Depression with seasonal affective disorder. Treatment of ADHD in adults (SR only). To increase sexual desire in women.

Pharmacologic:

Antidepressants, smoking deterrents

Therapeutic:

Classification

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Genetic Implication. CAPI TALS indicate l ife-threatening, u nderlines indicate most frequent. Strikethrough indicates discontinued.

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bupropion, haloperidol, risperidone, thioridazine, haloperidol, beta-blockers, fluoxetine, and propafenone. May increase efficacy of... 

Route/Dosage

Depression

PO (Adults): Immediate-release — 100 mg twice daily initially; after 3 days may increase to 100 mg 3 times daily; after at least 4 wk of therapy, may increase to 150 mg 3 times daily. Sustained-release — 150 mg once daily in the morning, after 3 days, may increase to 150 mg twice daily with at least 6 h between doses. At least 4 wk of therapy, may increase to a maximum daily dose of 400 mg once daily or 300 mg twice daily. Extended-release (Wellbutrin SR) — 150 mg once daily in the morning, may increase to 300 mg once daily. Some patients may require up to 450 mg/day in a single daily dose. Extended-release (Zyban SR) — 150 mg once daily in the morning, may increase to 300 mg once daily. Some patients may require up to 450 mg/day in a single daily dose. Extended-release (Wellbutrin XL) — 150 mg once daily in the morning, may increase to 300 mg once daily. Some patients may require up to 450 mg/day in a single daily dose. Extended-release (Aplenzin) — 174 mg once daily in the morning, may increase to 348 mg once daily. Some patients may require up to 522 mg/day as a single daily dose. Extended-release (Forfivo XL) — 450 mg once daily (should NOT be used as initial therapy; it should only be used in patients who have been receiving 300 mg/day of another bupropion formulation for at least 2 wk and require titration up to 450 mg/day or in those patients receiving 450 mg/day of another bupropion formulation).

Seasonal Affective Disorder

PO (Adults): Extended-release (Wellbutrin IR) — 150 mg/day in the morning, if dose is well tolerated, 150 mg/day to one wk. Doses should be tapered to 150 mg/day for 1 wk before discontinuing. Extended-release (Anplenzin) — 174 mg once daily in the morning, may increase to 348 mg once daily.

Smoking cessation

PO (Adults): Zyban — 150 mg once daily for 3 days, then 150 mg once daily for 7-12 wk (doses should be distinct for apetite).

NURSING IMPLICATIONS

Assessment

Monitor mood changes. Inform health care professional if patient demonstrates significant increase in anxiety, nervousness, or insomnia.

Assume mental status and mood changes, especially during initial few months of therapy and during dose changes. Risk may be increased in children, adolescents, and adults >45 yrs. Inform health care professional if patient demonstrates significant increase in signs of depression (depressed mood, loss of interest in usual activities, significant change in weight and/or appetite, insomnia or hypersomnia, psychomotor agitation or retardation, increased fatigue, feelings of guilt or worthlessness, slowed thinking or impaired concentration, suicide attempt or suicidal ideation). Restrict amount of drug available to patient.

Low Level Considerations: Monitor hepatic and renal function closely in patients with kidney or liver impairment to prevent increases in serum and tissue bupropion concentrations.

May cause false-positive urine test for amphetamines.

Potential Nursing Diagnoses

Ineffective coping (Indications)

Implementation

Do not confuse bupropion with buprenorphine. Do not confuse Wellbutrin SR with Wellbutrin XL. Do not confuse Zyban with Diovan. Do not administer bupropion (Wellbutrin) with Zyban, which contains the same ingredients.

Administer doses in equally spaced time increments during the day to minimize the risk of seizures. Risk of seizures increases four fold in doses greater than 450 mg per day.

May be initially administered concurrently with sedatives to minimize agitation. This is not usually required after the 1st wk of therapy. Inform health care professional if patient demonstrates significant increase in anxiety, nervousness, or insomnia.

May be administered with food to lessen GI irritation.

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CONTINUED
Seasonal Affective Disorder: Begin administration in autumn prior to the onset of depressive symptoms. Continue therapy through winter and begin to taper and discontinue in early spring.

Patient/Family Teaching
- Instruct patient to take bupropion as directed. Take missed doses as soon as possible, and resume day’s remaining doses exactly as usual if less than 12 hr has elapsed. Missed doses for smoking cessation should be omitted. Do not double doses or take more than prescribed. May require 4 wk or longer for full effects. Do not discontinue without consulting health care professional. May require gradual reduction before discontinuation.
- May impair judgment or motor and cognitive skills. Caution patient to avoid driving and other activities requiring alertness until response to medication is known.
- Advise patient, family, and caregivers to look for suicidality, especially during early therapy or dose changes. Notify health care professional immediately if thoughts about suicide or dying, attempts to commit suicide, panic attacks, insomnia, new or worse irritability, aggressiveness, acting on dangerous impulses, mania, or other changes in mood or behavior occur.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken, to avoid alcohol during therapy, and to consult with health care professional before taking other medications with bupropion, such as Zyban.
- Inform patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may minimize dry mouth. If dry mouth persists for more than 2 wk, consult health care professional regarding use of saliva substitute.
- Advise patient to use sunscreen and protective clothing to prevent photosensitivity reactions.

Evaluation/Desired Outcomes
- Increased sense of well-being.
- Renewed interest in surroundings. Acute episodes of depression may require several months of treatment.
- Cessation of smoking.

Why was this drug prescribed for your patient?

- Advise patient to notify health care professional of medication regimen before treatment or surgery.
- Instruct female patients to inform health care professional if pregnancy is planned or suspected or if breast feeding or planning to breast feed.
- Emphasize the importance of follow-up exams to monitor progress. Encourage patient participation in psychotherapy.
- Smoking Cessation: Smoking should be stopped during the 2nd week of therapy to allow for the onset of bupropion and to maximize the chances of quitting.
- Advise patient to stop taking bupropion and contact a health care professional immediately if agitation, depressed mood, and any changes in behavior that are not typical of nicotine withdrawal, or if suicidal thoughts or behavior occur.