cyproheptadine (si-proe-hep-ta-deen)

Classification
Therapeutic: allergy, cold, and cough remedies, antihistamines
Pregnancy Category B

Indications
Relief of allergic symptoms caused by histamine release including: seasonal and perennial allergic rhinitis, Chronic urticaria, Cold urticaria.

Action
Antagonizes the effects of histamine at H-receptor sites; does not bind to or inactivate histamine. Also blocks the effects of serotonin, which may result in increased appetite. Therapeutic Effects: Decreased symptoms of histamine excess (sneezing, rhinorrhea, nasal and ocular pruritus, ocular tearing and redness). Decreased cold urticaria.

Pharmacokinetics
Absorption: Apparently well absorbed after oral dosing.
Distribution: Unknown.
Metabolism and Excretion: Mostly metabolized by the liver.
Half-life: Unknown.

TIME/ACTION PROFILE (antihistaminic effects)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>15–60min</td>
<td>1–2hr</td>
<td>8hr</td>
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</tbody>
</table>

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Acute attacks of asthma; Lactation; Known alcohol intolerance (syrup only).

Use Cautiously in: Geri: Appears on Beers list. Geriatric patients are sensitive to anticholinergic effects and have increased risk for side effects: Angle-closure glaucoma; Liver disease; Pregnancy (safety not established).

Adverse Reactions/Side Effects
CV: arrhythmias, palpitations.
GI: dry mouth, constipation.
GU: hesitancy, retention.
Derm: photosensitivity, rashes.
Medication Errors: may result in increased appetite.

Interactions
Drug-Drug: Additive CNS depression with other CNS depressants, including alcohol, opioid analgesics, and sedative/hypnotics. MAO inhibitors may intensify and prolong the anticholinergic effects of antihistamines.

Route/Dosage
PO (Adults): 4 mg q 8 hr (range 4–20 mg/day in 3 divided doses; not to exceed 0.5 mg/kg/day).
PO (Children 6–14 yr): 2–4 mg q 8–12 hr (not to exceed 16 mg/day).
PO (Children 2–6 yr): 2 mg q 8–12 hr (not to exceed 12 mg/day).

NURSING IMPLICATIONS

Assessment
● Geri: Assess for adverse anticholinergic effects (delirium, acute confusion, dizziness, dry mouth, blurred vision, urinary retention, constipation, tachycardia).

● Allergy: Assess symptoms (rhinitis, conjunctivitis, hives) prior to and periodically throughout therapy.

● Monitor lung sounds and respiratory function prior to and periodically throughout therapy. May cause thickening of bronchial secretions. Maintain fluid intake of 1500–2000 mL/day to decrease viscosity of secretions.

● Appetite Stimulant: Monitor food intake and weight control.

● Lab Test Considerations: May cause false negative reactions on allergy skin tests.

● Serum amylase and prolactin concentrations may occur when cyproheptadine is administered with a thyrotropin-releasing hormone.

Potential Nursing Diagnoses
Ineffective airway clearance (Indications)
Risk for injury (Side Effects)

Implementation
● PO: Administer with food, water, or milk to minimize gastric irritation.

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Patient/Family Teaching

● Instruct patient to take cyproheptadine exactly as directed. Missed dose should be taken as soon as remembered. Do not double doses. Syrup should be accurately measured using calibrated medication cup or measuring device.

● Medication may cause drowsiness. Advise patient to avoid driving or other activities requiring alertness until response to the drug is known.

● Advise patient to use sunscreen and protective clothing to prevent a photosensitivity reaction.

● Caution patient to avoid concurrent use of alcohol and other CNS depressants.

● Advise patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may decrease dry mouth. Patient should notify dentist if dry mouth persists for >2 wk.

● Geri: Teach patient and family about anticholinergic effects and to contact a health care provider if such effects persist.

Evaluation/Desired Outcomes

● Alleviation of allergic symptoms.

● Alleviation of cold urticaria.

● Improvement of appetite.

Why was this drug prescribed for your patient?