desvenlafaxine (des-ven-la-fax-een)

Shelflife, Potting

Classification Therapeutic: antidepressants
Pharmacologic: selective serotonin/norepinephrine reuptake inhibitors

Pregnancy Category C

Indications

Major depressive disorder.

Action

Inhibits serotonin and norepinephrine reuptake in the CNS. Therapeutic Effects: Decrease in depressive symptomatology, with fewer relapses/recurrences.

Pharmacokinetics

Absorption: 80% absorbed following oral administration.

Distribution: Enters breast milk.

Metabolism and Excretion: 55% metabolized by the liver, 45% excreted unchanged in urine.

Half-life: 10 hr.

TIME/ACTION PROFILE (blood levels)

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<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>7.5 hr</td>
<td>24 hr</td>
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Contraindications/Precautions

Contraindicated in: Hypersensitivity to venlafaxine or desvenlafaxine; Concurrent use of MAO inhibitors or MAO-like drugs (linezolid or methylene blue); Should not be used concurrently with venlafaxine.

Use Cautiously in: Untreated cerebrovascular or cardiovascular disease, including untreated hypertension (control BP before initiating therapy); Bipolar disorder (may activate mania/hypomania); History of glaucoma; Renal impairment (consider modifications, dose should not exceed 50 mg/day, especially in moderate to severe renal impairment); History of seizures or neurologic impairment; Hepatic impairment (dose should not exceed 100 mg/day);

Geriatric: Consider age-related ↓ in renal function, ↓ body mass, concurrent disease states, and medication. ↓ in renal function increases the risk of adverse reactions to desvenlafaxine, which may be more significant in older adults. Use with caution in patients with a history of urinary retention.

Obstetrics: Use only if maternal benefit outweighs fetal/infant risk; Pedi: ↑ risk of suicidal thoughts and behavior (suicidality) in children and adolescents with major depressive disorder and other psychiatric disorders. Observe closely for suicidality and behavioral changes.

Adverse Reactions/Side Effects

CNS: NEUROLEPTIC MALIGNANT SYNDROME, SEIZURES, SUICIDAL THOUGHTS, anxiety, dizziness, drowsiness, headache, somnolence, vertigo.

EENT: intraocular pressure, mydriasis.

Resp: eosinophilic pneumonia, interstitial lung disease.

CV: hypertension.

GI: appetite, constipation, nausea.

GU: male sexual dysfunction.

Derm: ERYTHEMA MULTIFORME, STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, sweating.

F and E: hyponatremia.

Hemat: ↑ risk of bleeding.

Metab: hypercholesterolemia, hyperlipidemia.

Misc: SEROTONIN SYNDROME.

Interactions

Drug-Drug: Concurrent use with MAO inhibitors may result in serious, potentially fatal reactions (wait at least 2 wk after stopping MAO inhibitor before initiating desvenlafaxine; wait at least 1 wk after stopping desvenlafaxine before starting an MAO inhibitor). Concurrent use with MAO-inhibitor like drugs, such as linezolid or methylene blue, may ↑ risk of serotonin syndrome; concurrent use contraindicated; do not start therapy in patients receiving linezolid or methylene blue; if linezolid or methylene blue need to be started in a patient receiving desvenlafaxine, immediately discontinue desvenlafaxine and monitor for signs/symptoms of serotonin syndrome for 2 wk or until last dose of linezolid or methylene blue, whichever comes first (may resume desvenlafaxine therapy 24 hr after last dose of linezolid or methylene blue); ↑ risk of bleeding with other drugs that ↑ bleeding risk including anticoagulants, antithrombotics, platelet aggregation inhibitors, and NSAIDs. Cautiously used with other CNS-active drugs, including alcohol or sedatives/hypnotics; effects of combination are unknown. Drugs that affect sero- tonergic neurotransmitter systems, including tricyclic antidepressants, SNRIs, fentanyl, buspirone, tramadol, or triptans ↑ risk of serotonin syndrome. Ketoconazole may ↑ the effects of desvenlafaxine.

Route/Dosage

PO (Adults): 50 mg once daily (range = 50–400 mg/day).
Renal Impairment
PO (Adults): CCr 30–50 mL/min — 50 mg once daily; CCr <30 mL/min — 50 mg every other day.

Hepatic Impairment
PO (Adults): Moderate-to-severe hepatic impairment — 50 mg once daily (not to exceed 110 mg/day).

NURSING IMPLICATIONS
Assessment
- Assess mental status and mood changes, especially during initial few months of therapy and during dose changes. Inform healthcare professionals 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 lassitude, feelings of guilt or worthlessness, slowed thinking or impaired concentration, suicide attempt or suicidal ideation).

NURSING IMPLICATIONS
Assessment
- Assess suicidal tendencies, especially in early therapy. Restrict amount of drug available to patient. Risk may be increased in children, adolescents, and adults ≥65 yr.
- Monitor BP before and periodically during therapy. Sustained hypertension may be dose related; decrease dose or discontinue therapy if this occurs.
- Monitor appetite and nutritional intake; weigh weekly. Report continued weight loss. Adjust diet as tolerated to support nutritional status.
- Assess for serotonin syndrome (mental changes [agitation, hallucinations, coma], autonomic instability [tachycardia, labile BP, hyperthermia], neuromuscular abnormalities [hyperreflexia, incoordination], and/or 5-HT syndrome [autonomic, gastrointestinal, and/or 5-HT syndrome], especially in patients taking other serotonergic drugs (SNRIs, SSRIAs, triptans).
- Assess for skin rash frequently during therapy. Discontinue at first sign of rash; may be life-threatening. Stevens-Johnson syndrome may develop. Treat symptomatically; may recur once treatment is stopped.
- Lab Test Considerations: May cause "fasting serum total cholesterol, LDL cholesterol, and triglycerides.

Potential Nursing Diagnoses
- Ineffective coping (indications)
- Risk for injury (side effects)

Implementation
- Do not confuse Pristiq with Prilosec.
- PO: Administer at the same time each day, with or without food. Swallow tablets whole; do not crush, break, chew, or dissolve.

Patient/Family Teaching
- Instruct patient to take medication exactly as directed at the same time each day. Take missed doses as soon as possible unless almost time for next dose. Do not double doses or discontinue abruptly; gradually decrease before discontinuation to prevent dizziness, nausea, headache, irritability, insomnia, diarrhea, amnesia, agitation, hyperreflexia, incoordination, and/or GI symptoms (nausea, vomiting, diarrhea).
- Advise patient, family, and caregivers to look for suicidality, especially during early therapy or dose changes. Notify healthcare professional immediately if thoughts about suicide or dying, attempts to commit suicide, new or worse depression or anxiety, agitation or restlessness, panic attacks, insomnia, new or worse irritability, aggression, or anger, or increased panic attacks or depression occur.
- May cause drowsiness or dizziness. Caution patient to avoid driving or other activities requiring alertness until response to the drug is known.
- Caution patient to avoid taking alcohol or other CNS depressant drugs during therapy and of increased risk of bleeding with concomitant use of NSAIDs, aspirin, or other drugs that affect coagulation or bleeding. Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health professional before taking other Rx, OTC, or herbal products.
- Instruct patient to notify health care professional if signs of allergy (rash, hives, swelling, difficulty breathing) occur.
CONTINUED

desvenlafaxine

- Instruct female patients to inform health care professional if pregnancy is planned or suspected or if breast feeding.
- Emphasize the importance of follow-up exams to monitor progress.

Evaluation/Desired Outcomes

- Increased sense of well-being.
- Renewed interest in surroundings. Need for therapy should be periodically re-assessed. Therapy is usually continued for several mo.

Why was this drug prescribed for your patient?