diflunisal (dye-flun-iss-al)
- Opioid: Non-Op, NSAID: Non-NSAID

Therapeutic: COX-1 inhibitors, nonsteroidal anti-inflammatory agents
Pharmacologic: Salicylates, indomethacin

Pregnancy Category: C (first and second trimester), D (third trimester)

Indications
Inflammatory disorders including: Rheumatoid arthritis, Osteoarthritis. Treatment of mild to moderate pain.

Action
Inhibits prostaglandin synthesis. Diflunisal is an NSAID chemically related to aspirin.

Therapeutic Effects:
Suppression of pain and inflammation.

Pharmacokinetics
Absorption: Well absorbed from the GI tract.

Distribution: Crosses the placenta; enters breast milk.

Protein Binding: 99%.

Metabolism and Excretion: Metabolized by the liver; excreted in urine as unaltered drug (3%) and as inactive metabolites.

Half-life: 8–12 hr.

TIME/ACTION PROFILE
ROUTE ONSET PEAK DURATION
PO (analgesic) 1 hr 2–3 hr 8–12 hr
PO (anti-inflammatory) several days–1 wk 2 wk unknown

Contraindications/Precautions
Contraindicated in: Hypersensitivity; Cross-sensitivity may exist with other NSAIDs and aspirin; Active GI bleeding or ulcer disease; Patients with recent history of coronary artery bypass surgery; Pregnancy (3rd trimester); Lactation.

Use Cautiously in:
Severe renal or hepatic disease; History of cardiovascular disease; History of ulcer disease; Elderly (increased risk of adverse effects); Pregnancy (1st and 2nd trimesters); Children (safety not established).

Adverse Reactions/Side Effects
CNS: dizziness, drowsiness, headache.

EENT: Tinnitus.

CV: Arrhythmias, q in BP, chest pain, edema.

GI: GI BLEEDING, abdominal discomfort, nausea, constipation, diarrhea, dyspepsia, vomiting.

GU: Renal failure.

Derm: Rash.


Interactions
Drug-Drug: Concurrent use with aspirin may decrease effectiveness. Additive adverse GI effects with aspirin, other NSAIDs, cyclosporine, methotrexate, or alcohol. Chronic use with acetaminophen may increase the risk of aspirin-related renal and hepatic toxicity (increases acetaminophen blood levels by 50%). May decrease the effectiveness of diuretics or antihypertensives; but increases levels of hydrochlorothiazide. May increase the hypotensive effects of clonidine. Probenecid increases the risk of toxicity from diflunisal. Increased risk of bleeding with some cephalosporins or antibiotics. May increase levels and the risk of toxicity from cyclosporine, digoxin, lithium, or methotrexate. Increased risk of adverse renal reactions with enteric coated aspirin. May increase levels and increase the risk of toxicity from cyclosporine, digoxin, lithium, or methotrexate. Increased risk of adverse hematologic reactions with antineoplastics or radiation therapy. Administration with antacids decreases absorption of diflunisal. May increase the risk of adverse renal reactions when used with gold compounds.

Drug-Natural Products: Increased bleeding risk with anise, arnica, chamomile, clove, feverfew, garlic, ginger, ginkgo, ginseng, and others.

Route/Dosage
PO (Adults): Anti-inflammatory—250–500 mg twice daily (maximum daily dose = 1.5 g). Analgesic—500 mg–1 g initially, then 250–500 mg q 8–12 hr (maximum daily dose = 1.5 g).

NURSING IMPLICATIONS

Assessment
- Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Routinely monitor BP in patients with history of hypertension.

- Assess pain and range of motion before and periodically during therapy.

- Pain: Assess type, intensity, location, and duration before and every 4–6 hr. Monitor for signs of toxicity—abdominal pain, GI bleeding, rash, blood dyscrasias.

- GI: Monitor for symptoms of GI bleeding—bleeding, black stools, melena, anemia.

- Lab: Monitor CBC and BUN, serum creatinine, liver function tests, and platelet count periodically during therapy.

Patient/Family Teaching
- Instruct patient to take medication exactly as directed. Take missed doses as soon as remembered unless almost time for next dose. Do not double doses.

- Instruct patient to take medication with plenty of fluid (8–10 glasses daily) to decrease risk of GI irritation. Do not use for acute pain.

- Caution patient to avoid dehydrating conditions and GI irritation; to avoid taking aspirin-containing products; to平坦ample cigarette smoking and alcohol use.

- Instruct patient to report muscle weakness, severe rash, or signs of anaphylaxis to health care professional immediately.

- Emphasize importance of routine dental care.

- Advise patient to wear identification clearly showing medical condition and medications being taken in case of emergency.

- Advise patient to seek medical care promptly at first sign of infection (fever, chills, malaise), as symptoms may be masked.

- Emphasize the importance of follow-up exams to evaluate response to therapy.

Otheractory agents.
Lab Test Considerations: BUN, serum creatinine, CBC, and liver function tests should be evaluated periodically in patients receiving prolonged course of therapy.

Serum creatinine, AST, ALT, and LDH may show increased levels. Serum uric acid levels may be decreased.

May cause minimally prolonged bleeding time at higher doses, which may persist for less than 1 day after discontinuation of therapy.

Potential Nursing Diagnoses

Impaired physical mobility (Indications)

Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation

Concomitant use of oxelofen may have additive analgesic effects and may permit lower opioid doses.

PO: For rapid initial effect, administer 30 min before or 2 hr after meals. May be administered with food, milk, or antacids to decrease GI irritation. Tablets should be swallowed whole; do not crush or chew.

Patient/Family Teaching

Advise patient to take diflunisal with a full glass of water and to remain in an upright position for 15–30 min after administration.

Advise patient to avoid concurrent use of alcohol, aspirin, other NSAIDs, acetaminophen, or other OTC medications without consulting health care professional.

Advise patient to notify health care professional if rash, itching, visual disturbances, tinnitus, weight gain, edema, black stools, persistent headache, or influenza-like syndrome occurs.

Advise patient to notify health care professional if pregnancy is planned or suspected.

Evaluation/Desired Outcomes

Decrease in severity of mild to moderate pain.

Improved joint mobility. Partial arthritic relief is usually seen within 1–2 wk, with maximum effectiveness seen in several weeks. Patients who do not respond to one NSAID may respond to another.

Why was this drug prescribed for your patient?

Achieve patient to modify health care professional if pregnancy is planned or suspected.

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Implementation

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PO: For rapid initial effect, administer 30 min before or 2 hr after meals. May be administered with food, milk, or antacids to decrease GI irritation. Tablets should be swallowed whole; do not crush or chew.

Patient/Family Teaching

Advise patient to take diflunisal with a full glass of water and to remain in an upright position for 15–30 min after administration.

Advise patient to take diflunisal exactly as directed. If a dose is missed, it should be taken as soon as remembered but not if almost time for the next dose. Do not double doses.

May cause drowsiness or dizziness. Advise patient to avoid driving or other activities requiring alertness until response to the medication is known.

Advise patient to avoid concurrent use of alcohol, aspirin, other NSAIDs, acetaminophen, or other OTC medications without consulting health care professional.

Advise patient to notify health care professional if rash, itching, visual disturbances, tinnitus, weight gain, edema, black stools, persistent headache, or influenza-like syndrome occurs.

Advise patient to consult health care professional if rash, itching, visual disturbances, tinnitus, weight gain, edema, black stools, persistent headache, or influenza-like syndrome occurs because of a possible association with Reye’s syndrome.

Centers for Disease Control and Prevention warns against giving aspirin or salicylates to children or adolescents with varicella (chickenpox) or influenza-like or viral illnesses because of a possible association with Reye’s syndrome.