**dooxazosin** (dox-a-zoe-sin)

**Cardura, Cardura XL**

**Classification**

Therapeutic: antihypertensives

Pharmacologic: peripherally acting antihypertensives

**Pregnancy Category C**

**Indications**

Hypertension (alone or with other agents) (immediate-release only). Symptomatic benign prostatic hyperplasia (BPH).

**Action**

Dilates both arteries and veins by blocking postsynaptic alpha1-adrenergic receptors.

**Therapeutic Effects:**

Lowering of BP. Increased urine flow and decreased symptoms of BPH.

**Pharmacokinetics**

Absorption: Well absorbed following oral administration.

Distribution: Probably enters breast milk; rest of distribution unknown.

Protein Binding: 98–99%.

Metabolism and Excretion: Extensively metabolized by the liver.

Half-life: 22 hr.

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>EFFECT</th>
<th>PO†</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antihypertensive effect</td>
<td>1 mg once daily for 2–6 hr</td>
<td>2–6 hr</td>
<td>24 hr</td>
<td></td>
</tr>
</tbody>
</table>

† Antihypertensive effect

**Contraindications/Precautions**

Contraindicated in: Hypersensitivity.

**Use Cautiously in:**

Hepatic dysfunction; Gastrointestinal narrowing (XL only); Geri: Appears on Beers list. Geriatric patients are at risk for hypotension; OB, Lactation, Pedi: Safety not established; Patients undergoing cataract surgery (risk of intraoperative floppy iris syndrome).

**Adverse Reactions/Side Effects**

**CNS:** Dizziness, headache, depression, drowsiness, fatigue, nervousness, weakness.

**EENT:** Visual disturbances, conjunctivitis, vision disturbances, intraoperative floppy iris syndrome.

**Resp:** Dyspnea.

**CV:** First-dose orthostatic hypotension, arrhythmias, chest pain.

**GI:** Constipation, diarrhea, dry mouth, flatulence, nausea, vomiting, melena, jaundice.

**GU:** Libido, priapism, sexual dysfunction, urinary urgency.

**Derm:** Rash, pruritus, urticaria.

**MS:** Arthralgia, arthritis, gout, myalgia.

**Interactions**

Drug-Drug: Risk of hypotension with sildenafil, tadalafil, vardenafil, other antihypertensives, nitrates, or acute ingestion of alcohol. NSAIDs, sympathomimetics, or estrogens may affect the effects of antihypertensive therapy.

**Route/Dosage**

**Hypertension**

**PO (Adults):** 1 mg once daily, may be gradually increased to 2–16 mg/day; incidence of postural hypotension greatly reduced at doses ≤4 mg/day.

**Benign Prostatic Hyperplasia**

**PO (Adults):** Immediate release—1 mg once daily, may be increased to 8 mg/day; Extended release—4 mg once daily (with breakfast), may be increased to 8 mg/day.

**NURSING IMPLICATIONS**

- **Assessment**
  - Monitor BP and pulse 2–6 hr after first dose, with each increase in dose, and periodically during therapy. Report significant changes.
  - Assess for first-dose orthostatic hypotension and syncope. Illness may be dose related. Observe patient closely during the period and take precautions to prevent injury.
  - Monitor intake and output ratios and daily weight, and assess for edema daily, especially at beginning of therapy. Report weight gain or edema.
  - BPBP: Assess patient for symptoms of prostatic hyperplasia (urinary hesitancy, feeling of incomplete bladder emptying, interruption of urinary stream, impatien...
Potential Nursing Diagnoses

- Impaired urinary elimination (Indications)
- Potential Nursing Diagnoses
- Risk for injury (Side Effects)

Implementation

- Do not confuse Cardura with Coumadin.
- PO: Administer daily dose at bedtime.
- XL tablets should be swallowed whole; do not break, crush, or chew.
- Hypertension: May be administered concurrently with a diuretic or other anti-hypertensive.

Patient/Family Teaching

- Emphasize the importance of continuing to take the medication, even if feeling well. Instruct patient to take medication at the same time each day. Take missed doses as soon as remembered unless almost time for next dose. Do not double doses.
- May cause drowsiness or dizziness. Advise patient to avoid driving or other activities requiring alertness until response to medication is known.
- Caution patient to change positions slowly to decrease orthostatic hypotension. May cause syncope, especially within first 24 hrs of therapy, with dose increase, and with resumption of therapy after interruption.
- Instruct patient to notify health care professional if pregnancy is planned or suspected or if breast feeding.
- Emphasize the importance of follow-up visits to determine effectiveness of therapy.

Evaluation/Desired Outcomes

- Decrease in BP without appearance of side effects.
- Decrease in urinary symptoms of BPH.

Why was this drug prescribed for your patient?