**Eprosartan** (ep-roe-sar-tan)

**Therapeutic Class:** Antihypertensives

**Pharmacologic Class:** Angiotensin II receptor antagonists

**Pregnancy Category:** D

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**Indications**

Alone or with other agents in the management of hypertension.

**Action**

Blocks the vasoconstrictor and aldosterone-secreting effects of angiotensin II at various receptor sites, including vascular smooth muscle and the adrenal glands. Therapeutic effects: Lowering of BP in patients with hypertension.

**Pharmacokinetics**

**Absorption:** 13% absorbed following oral administration.

**Distribution:** Crosses the placenta.

**Protein Binding:** 98%.

**Metabolism and Excretion:** Excreted mostly unchanged in feces via biliary excretion.

**Half-life:** 20 hr.

**TIME/ACTION PROFILE (antihypertensive effect with chronic dosing)**

<table>
<thead>
<tr>
<th>Route</th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>within 1–2 hr</td>
<td>2–3 wks</td>
<td>24 hr</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

**Contraindicated In:** Hypersensitivity. Concurrent use with aliskiren in patients with diabetes or moderate-to-severe renal impairment (CCr < 60 mL/min); OB: Can cause injury or death of fetus – if pregnancy occurs, discontinue immediately; Lactation: Discontinue drug or use formula.

**Use Cautiously In:** Volume- or salt-depleted patients or patients receiving large doses of diuretics (correct deficits before initiating therapy); Black patients (may not be as effective); Impaired renal function caused by primary renal disease or heart failure (may worsen renal function); Women of childbearing potential; Pediatric Use: Safety not established.

**Adverse Reactions/Side Effects**

**CNS:** Depression, fatigue.

**CV:** Hypotension.

**EENT:** Pharyngitis, rhinitis.

**F and E:** Hyperkalemia.

**GI:** Abdominal pain.

**GU:** Impaired renal function.

**MS:** Pain.

**Misc:** Angioedema.

**Interactions**

**Drug-Drug:** Additive hypotension with other antihypertensives. Excessive hypotension may occur with concurrent use of diuretics. Risk of hypotension with concurrent use of potassium supplements, potassium-containing salt substitutes, or potassium-sparing diuretics. Risk of hyperkalemia, renal dysfunction, hypotension, and syncope with concurrent use of ACE inhibitors or aliskiren. Avoid concurrent use with aliskiren in patients with diabetes or CCr < 60 mL/min. NSAIDs and selective COX-2 inhibitors may blunt the antihypertensive effect and the risk of renal dysfunction.

**Route/Dosage**

**PO (Adults):** 600 mg once daily when used as monotherapy in patients who are not volume depleted. May be titrated to 800 mg/day (in 1–2 divided doses).

**Renal Impairment**

**PO (Adults):** CCr < 60 mL/min — Do not exceed 600 mg/day.

**NURSING IMPLICATIONS**

**Assessment**

- Assess BP (lying, sitting, standing) and pulse frequently during initial dosage adjustment and periodically throughout therapy. Notify health care professional of significant changes.
- Monitor frequency of prescription refills to determine compliance.
- Assess patients for signs of angioedema (dyspnea, facial swelling). May rarely cause angioedema.
- **Lab Test Considerations:** Monitor renal function. May cause increase in BUN and serum creatinine.
- May cause hyperkalemia.
- May cause theophylline, warfarin, and lithium toxicity.
- May cause slight decrease in hemoglobin, hematocrit, or thrombocytopenia.

**NURSING DIAGNOSIS**

- Gastrointestinal dysfunction (related to drug therapy).

**Client Teaching**

- Instruct patient to take the morning dose on an empty stomach. May cause hyperkalemia.
- Inform patient that this medication may cause dizziness; advise them to use caution when driving or performing other tasks requiring alertness.
- Advise patient to report any symptoms of hyperkalemia, such as muscle weakness or cramps.
- Instruct patient to keep appointments for laboratory follow-up and monitor BP at home.

**Potential Nursing Diagnoses**

- Knowledge deficit related to medication regimen.
Potential Nursing Diagnoses

Risk for injury (Adverse Reactions)

Implementation

- Volume depletion should be corrected, if possible, before initiation of therapy.
- PO: May be administered without regard to meals.

Patient/Family Teaching

- Emphasize the importance of continuing to take as directed, even if feeling well. Take missed doses as soon as remembered if not almost time for next dose; do not double doses. Instruct patient to take medication at the same time each day. Warn patient not to discontinue therapy unless directed by health care professional.
- Caution patient to avoid salt substitutes containing potassium or foods containing high levels of potassium or sodium unless directed by health care professional.
- Emphasize patient to exercise interventions for hypertension (weight reduction, low-sodium diet, discontinuation of smoking, moderation of alcohol consumption, regular exercise, stress management). Medication controls but does not cure hypertension.
- Instruct patient and family on proper technique for monitoring BP. Advise them to check BP at least weekly and to report significant changes.
- Instruct patient to avoid sudden changes in position to decrease orthostatic hypotension. Use of alcohol, standing for long periods, exercising, and hot weather may increase orthostatic hypotension.
- May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Instruct patient to notify health care professional of swelling of face, eyes, lips, or tongue or if difficulty swallowing or breathing occurs.
- Advise women of childbearing age to use contraception and notify health care professional if pregnancy is suspected or planned, or if breast feeding. If pregnancy is detected, discontinue medication as soon as possible. Avoid breast feeding.

Evaluation/Desired Outcomes

- Decrease in BP without appearance of excessive side effects.

Why was this drug prescribed for your patient?