**Finasteride** (fi-nas-ter-ide)

**Classification**

Therapeutic: hair regrowth stimulants
Pharmacologic: androgen inhibitors

**Pregnancy Category X**

**Indications**

Benign prostatic hyperplasia (BPH); can be used with doxazosin. Androgenetic alopecia (male pattern baldness) in men only.

**Action**

Inhibits the enzyme 5-alpha-reductase, which is responsible for converting testosterone to its potent metabolite 5-alpha-dihydrotestosterone in prostate, liver, and skin. 5-alpha-dihydrotestosterone is partially responsible for prostatic hyperplasia and hair loss. Therapeutic Effects: decreased prostatic size with associated decrease in urinary symptoms. Decreases hair loss; promotes hair regrowth.

**Pharmacokinetics**

Absorption: Well absorbed after oral administration (63%).
Distribution: Enters prostatic tissue and crosses the blood-brain barrier. Remainder of distribution unknown.
Protein Binding: 90%.
Metabolism and Excretion: Mostly metabolized; 39% excreted in urine as metabolites; 57% excreted in feces.
Half-life: 15 hr (range 6–15 hr; slightly longer in patients >70 yr).

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>rapid</td>
<td>8 hr</td>
<td>2 wk</td>
</tr>
</tbody>
</table>

†Clinical effects as noted by urinary tract symptoms and hair regrowth may not be evident for several months and remain for 4 mo after discontinuation.

**Contraindications/Precautions**

Contraindicated in: Hypersensitivity; Women.

Use Cautiously in: Patients with impaired liver function, severe hepatic impairment, or obstructive uropathy.

**Adverse Reactions/Side Effects**

**Endo:** gynecomastia.
**GU:** prostate cancer (high-grade), libido, volume of ejaculate, erectile dysfunction, infertility.
**Misc:** breast cancer.

**Interactions**

**Drug-Drug:** None noted.

**Route/Dosage**

**PO (Adults):**
- BPH—5 mg once daily (Proscar);
- Androgenetic alopecia—1 mg once daily (Propecia).

**NURSING IMPLICATIONS**

**Assessment**

- Assess for symptoms of prostatic hyperplasia (urinary hesitancy, feeling of incomplete bladder emptying, interruption of urinary stream, impairment of size and force of urinary stream, urinary dribbling, straining to start flow, dysuria, urgency) before and periodically during therapy.
- Digital rectal examinations should be performed before and periodically during therapy for BPH.

**Lab Test Considerations:** Serum prostate-specific antigen (PSA) concentrations, which are used to screen for prostate cancer, may be evaluated before and periodically during therapy. Finasteride may cause a decrease in PSA levels.

**Potential Nursing Diagnoses**

Impaired urinary elimination (Indications)

**Implementation**

- Do not confuse Proscar with Provera.
- PO: Administer once daily with or without meals.

**Patient/Family Teaching**

- Instruct patient to take finasteride as directed, even if symptoms improve or unchanged. At least 6–12 mo of therapy may be necessary to determine whether or not an individual will respond to finasteride. Advise patient to read the Patient Package Insert prior to starting therapy and with each Rx refill in case of changes.
- Inform patient that volume of ejaculate may be decreased and erectile dysfunction and decreased libido may occur during therapy and after therapy is completed.

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Advise patient to notify health care professional promptly if changes in breasts (lumps, pain, nipple discharge) occur.

Inform patient that there is an increased risk of high-grade prostate cancer in men taking this drug.

Caution patient that finasteride poses a potential risk to a male fetus. Women who are pregnant or may become pregnant should avoid exposure to semen of a partner taking finasteride and should not handle crushed finasteride because of the potential for absorption.

Emphasize the importance of periodic follow-up exams to determine whether a clinical response has occurred.

**Evaluation/Desired Outcomes**

- Decrease in urinary symptoms of benign prostatic hyperplasia.
- Hair regrowth in androgenetic alopecia. Evidence of hair growth usually requires 3 mo or longer. Continued use is recommended to sustain benefit. Withdrawal leads to reversal of effect within 12 mo.

**Why was this drug prescribed for your patient?**