isocarboxazid (eye-soe-kar-boks-a-zid)

**Stenz**

**Classification**
Therapeutic: antidepressants
Pharmacologic: monoamine oxidase (MAO) inhibitors

**Pregnancy Category C**

**Indications**
Treatment of depression (usually reserved for patients who do not tolerate or respond to other modes of therapy [e.g. tricyclic antidepressants, SNRIs, SNMBs or electroconvulsive therapy]).

**Action**
Inhibits the enzyme monoamine oxidase, resulting in an accumulation of various neurotransmitters (dopamine, epinephrine, norepinephrine, and serotonin) in the body. Therapeutic Effects: Improved mood in depressed patients.

**Pharmacokinetics**
Absorption: Unknown.
Distribution: Unknown.
Metabolism and Excretion: Unknown.
Half-Life: Unknown.

**TIME/ACTION PROFILE (antidepressant effect)**

<table>
<thead>
<tr>
<th>ROUGE</th>
<th>SHORT</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>3–6 wk</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**
Contraindicated in: Hypersensitivity; Liver disease; Severe renal disease; Cerebrovascular disease; Cardiovascular disease; Uncontrolled hypertension; Pheochromocytoma; History of severe or frequent headaches; Patients undergoing elective surgery requiring general anesthesia (should be discontinued at least 10 days before surgery); Concurrent use of other antidepressants (MAOIs), amphetamines, tricyclics, tetracyclics, nefazodone, transdolezole, carbamazepine, cyclobenzaprine, or selegiline.

**Use Cautiously in:**

- Patients who may be suicidal or have a history of drug dependency;
- Patients with a history of drug dependency;
- Pedi: May increase risk of suicide attempt/ideation especially during first 1–2 mo of treatment.
- Geri: May increase risk of adverse reactions.

**Adverse Reactions/Side Effects**
CNS: SEIZURES, dizziness, headache, akathisia, anxiety, ataxia, drowsiness, euphoria, insomnia, restlessness, weakness.
EENT: blurred vision.
CV: HYPERTENSIVE CRISIS, orthostatic hypotension.
GI: nausea, black tongue, constipation, diarrhea, dry mouth.
GU: dysuria, sexual dysfunction, urinary incontinence, urinary retention.
Derm: photosensitivity.

**Interactions**
Drug-Drug: Serious, potentially fatal adverse reactions may occur with concurrent use of other antidepressants (SSRIs, SNRIs, bupropion, tricyclics, tetracyclics, nefazodone, transdolezole, carbamazepine, cyclobenzaprine, procarbazine, or selegiline). Avoid using within 2 wk of each other (wait 5 wk from end of fluoxetine therapy). Hypertensive crisis may occur with amphetamines, methydrdopa, levodopa, dopamine, epinephrine, norepinephrine, resepine, methydrdopa, or vasoconstrictors (hypertension or hypotension, coma, seizures, respiratory depression, and death may occur with meperidine). Hypertension or hypotension, coma, seizures, respiratory depression, and death may occur with concurrent use of St. John's wort or SAMe. Hypertensive crises may occur with concurrent use of antihypertensives or sympathomimetics. 

**Drug-Natural Products:**
Serious, potentially fatal adverse effects (serotonin syndrome) may occur with concurrent use of St. John's wort or SAMe.

**Use In Pregnancy:**
Not established.

**Lactation:**
Teratogenicity: Unknown.女性朋友 in pregnant women (safety and effectiveness not established).

**Notes:**
- Gradual drug name.
- Genetic Implication.
- OPTARG indicates life-threatening, underline indicates most frequent.
- strikethrough
Crises may occur with large amounts of caffeine-containing herbs (cola, guarana, or mate). Insomnia, headache, tremor, hypertension may occur with ginseng, hypertensive crisis, disorientation, and memory impairment may occur with tyramine or supplements containing tyrosine or phenylalanine.

**Drug-Food:** Hypertensive crisis may occur with ingestion of foods containing high concentrations of tyramine. Consumption of foods or beverages with high caffeine content increases the risk of hypertension and arrhythmias.

**Route/Dosage**

**PO (Adults):** 10 mg twice daily; may be increased every 2–4 days by 10 mg, up to 40 mg/day by the end of the first wk. Doses may be increased by up to 20 mg every wk, up to 60 mg/day in 2–4 divided doses. After optimal response is obtained, dose should be slowly decreased to lowest effective amount (40 mg/day or less).

**NURSING IMPLICATIONS**

**Assessment**

- Assess mental status, mood changes, and anxiety level frequently. Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient.
- Monitor BP and pulse rate before and frequently during therapy. Report significant changes promptly.
- Monitor intake and output ratios and daily weight. Assess patient for urinary retention.
- Lab Test Considerations: Assess hepatic function periodically during prolonged or high-dose therapy.
- Monitor serum glucose closely in diabetic patients. Hypoglycemia may occur.
- Toxicity and Overdose: Concurrent ingestion of tyramine-rich foods and many medications may result in a life-threatening hypertensive crisis. Anergic and symptoms of hypertensive crisis include chest pain, tachycardia or bradycardia, severe headache, nausea, vomiting, photophobia, neck stiffness, sweating, and enlarged pupils. Treatment includes IV phentolamine.
- Symptomatic overdose may occur with unusual high caffeine-containing herbs and high-dose caffeine intake.
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gum may diminish dry mouth. An increase in fluid intake, fiber, and exercise may
prevent constipation.

- Advise patient to notify health care professional of medication regimen before sur-
gen. If possible, therapy should be discontinued at least 2 wk before surgery.
- Instruct patient to carry identification describing medication regimen at all times.
- Emphasize the importance of participation in psychotherapy if recommended by
  health care professional and follow-up exams to evaluate progress.

Evaluation/Desired Outcomes

- Improved mood in depressed patients.
- Decreased anxiety.
- Increased appetite.
- Improved energy level.
- Improved sleep.
- Patients may require 3–6 wk of therapy before therapeutic effects of medication
  are seen.

Why was this drug prescribed for your patient?