mesalamine (me-sal-a-meen)
Apriso, Asacol, Asacol HD, Canasa, Delzicol, Lialda, Pentasa, Rowasa

Classifications: gastrointestinal anti-inflammatories
Pregnancy Category B

Indications

Action
Locally acting anti-inflammatory action in the colon, where activity is probably due to inhibition of prostaglandin synthesis.

Therapeutic Effects:
Reduction in the symptoms of ulcerative colitis, proctosigmoiditis, and proctitis.

Pharmacokinetics
Absorption: 28% absorbed following oral administration; 10–30% absorbed from the colon, depending on retention time, following rectal administration.
Distribution: Unknown.
Metabolism and Excretion: Some metabolism occurs, site unknown; mostly eliminated unchanged in the feces.
Half-life: Oral—12 hr (range 2–15 hr); Rectal—0.5–1.5 hr.

TIME/ACTION PROFILE (clinical improvement)
ROUTE ONSET PEAK DURATION
PO unknown unknown 6–8 hr
ER 2 hr 9–12 hr 12 hr
Rectal 3–21 days unknown 24 hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity reactions to sulfonamides, salicylates, mesalamine, or sulfasalazine; Cross-sensitivity with furosemide, sulfonylurea hypoglycemic agents, or carbonic anhydrase inhibitors may exist; G6PD deficiency; Hyperuricemia or gout; General anesthesia-induced histamine release (mesalamine enema only); Urinary tract or intestinal obstruction; Porphyria.
Use Cautiously in: Severe hepatic or renal impairment; OB: Safety not established; use sulfa-free only if potential benefits outweigh risks to fetus (enteric coating contains dibutyl phthalate which has been shown to cause congenital malformations in animals); Lactation: Has caused side effects in some infants; careful observation required.

Adverse Reactions/Side Effects
CNS: headache, dizziness, malaise, weakness.
EENT: pharyngitis, rhinitis, conjunctivitis, ear malaise.
CV: pericarditis.
GI: diarrhea, flatulence, nausea, vomiting.
GU: interstitial nephritis, pancreatitis, renal failure.
Derm: hair loss, rash.
Local: anal irritation (enema, suppository).
MS: back pain, myalgia.
Misc: anaphylaxis, acute intolerance syndrome, fever.

Interactions
Drug-Drug: May lower metabolism and increase toxicity of mercaptopurine or thioguanine.

Route/Dosage
One mesalamine 800-mg tablet is NOT bioequivalent to two Delzicol 400-mg capsules.

Treatment of Ulcerative Colitis
PO (Adults): Delzicol—800 mg (two 400-mg capsules) 3 times daily for 6 wk; Asacol HD—1.6 g (two 800-mg tablets) 3 times daily for 6 wk; Lialda—2.4–4.8 g (two to four 1.2-g tablets) once daily for up to 6 wk; Pentasa—1 g (four 250-mg capsules or two 500-mg capsules) 4 times daily for up to 8 wk.
Rect (Adults): Rowasa—4 g enema (60 mL) at bedtime, retained for 8 hr for 3–6 wk.

Maintenance of Remission of Ulcerative Colitis
PO (Adults): Delzicol—1.5 g (four 375-mg capsules) once daily in the morning; Lialda—2.4 g (two 1.2-g tablets) once daily; Pentasa—1 g (four 250-mg capsules or two 500-mg capsules) 4 times daily.
Rect (Adults): Rowasa—4 g enema (60 mL) at bedtime, retained for 8 hr (treatment duration = 3–6 wk).

Treatment of Ulcerative Proctosigmoiditis
Rect (Adults): Rowasa—4 g enema (60 mL) at bedtime, retained for 8 hr (treatment duration = 3–6 wk).
Treatment of Ulcerative Proctitis

Rect (Adults):
Rowasa—4-g enema (60 mL) at bedtime, retained for 8 hr (treatment duration 3–6 wk); Canasa—Insert a 1-g suppository at bedtime, retain for at least 1–3 hr (treatment duration 3–6 wk).

NURSING IMPLICATIONS

Assessment

● Assess for allergy to sulfonamides and salicylates. Patients allergic to sulfasalazine may take mesalamine or olsalazine without difficulty, but therapy should be discontinued if rash or fever occurs.
● Monitor intake and output ratios. Fluid intake should be sufficient to maintain a urine output of at least 2000–3000 mL daily to prevent crystalluria and stone formation.

Inflammatory Bowel Disease:
Assess abdominal pain and frequency, quantity, and consistency of stools at the beginning of and during therapy.

Lab Test Considerations:
Monitor urinalysis, BUN, and serum creatinine prior to and periodically during therapy. Mesalamine may cause renal toxicity.

● Monitor AST and ALT levels, serum alkaline phosphatase, GGTP, LDH, amylase, and lipase.

Potential Nursing Diagnoses

Acute pain (Indications)
Diarrhea (Indications)

Implementation

● Do not confuse Asacol (mesalamine) with Os-Cal (calcium carbonate).
● PO: Administer with a full glass of water. Tablets should be swallowed whole; do not break the outer coating, which is designed to remain intact. Take Lialda tablets with a meal. Take Apriso capsules in the morning without regard to meals. Do not co-administer with antacids; may affect dissolution of the coating of the granules in Apriso capsules. Intact or partially intact tablets may occasionally be found in the stool. If this occurs, repeat administration to patients with acute health care professional. Swallow Delzicol capsules whole; do not break, crush, or chew. Administer 1 hr before or 2 hr after a meal. Two Delzicol 400 mg capsules are not equal to one Asacol HD (mesalamine) delayed-release 800 mg tablet.
● Rect: Patient should empty bowel prior to administration of rectal dose forms. Avoid excessively handling of suppositories. Remove foil wrapper and insert pointed end first into rectum with gentle pressure. Support Suppository is best stratified for 1–2 hr or more for maximum benefit.
● Administer 6-g rectal enema once daily at bedtime. Solution should be retained for approximately 3 hr. Prior to administration of rectal suppository, clean bottle well and remove the protective cap. Have patient lie on left side with the lower leg extended and the upper leg flexed for support or place the patient in knee-chest position. Gently insert the applicator tip into the rectum, pointing toward the umbilicus. Squeeze the bottle steadily to discharge most of the preparation.

Patient/Family Teaching

● Instruct patient on the correct method of administration. Advise patient to take medication as directed, even if feeling better. Take missed doses as soon as remembered unless almost time for next dose.
● May cause diarrhea. Caution patient to avoid driving or other activities that require alertness until response to medication is known.
● Advise patient to notify health care professional if skin rash, sore throat, fever, mouth sores, unusual bleeding or bruising, wheezing, fever, or rash occur.

● Instruct patient to notify health care professional if symptoms do not improve after 3–5 days.
● Instruct patient to notify health care professional if symptoms worsen or do not improve after 1–2 mo of therapy.

Evaluation/Desired Outcomes

● Decrease in diarrhea and abdominal pain.
● Return to normal bowel pattern in patients with inflammatory bowel disease. Effect is most seen within 3–14 days. The usual course of therapy is 3–6 wk.
● Maintenance of remission in patients with inflammatory bowel disease.

Why was this drug prescribed for your patient?