nabumetone (na-byoo-me-tone)

Classification
Antirheumatics, nonsteroidal anti-inflammatory agents

Pregnancy Category C

Indications
Symptomatic management of rheumatoid arthritis and osteoarthritis.

Action
Inhibits prostaglandin synthesis. Therapeutic Effects: Suppression of pain and inflammation.

Pharmacokinetics
Absorption: Nabumetone (a prodrug) is 80% absorbed after oral administration; 35% is rapidly converted to 6-methoxy-2-naphthylacetic acid (6-MNA), which is the active drug.

Distribution: Unknown.

Protein Binding: 99%.

Metabolism and Excretion: 6-MNA is metabolized by the liver to inactive compounds.

Half-life: 2 hr (increased in severe renal impairment).

Contraindications/Precautions
Contraindicated in: Hypersensitivity; use with other NSAIDs, including aspirin; cross-sensitivity may occur; Active GI bleeding or ulcer disease; Peri-operative pain from coronary artery bypass graft (CABG) surgery; Lactation: Lactation.

Use Cautiously in: Severe renal or hepatic disease; History of ulcer disease; OB: Avoid using during 2nd half of pregnancy due to potential of NSAIDs to cause premature closure of ductus arteriosus; Pedi: Safety not established.

Adverse Reactions/Side Effects

Interactions
Drug-Drug: Additive adverse GI effects with aspirin, other NSAIDs, potassium supplements, corticosteroids, or alcohol. May affect effectiveness of diuretics or antihypertensives. May ↑ hypoglycemic effects of insulin or oral hypoglycemic agents. ↑ risk of toxicity from methotrexate. ↑ risk of bleeding with corticosteroids, cyclooxygenase, valproic acid, anticoagulants, ticlopidine, clopidogrel, epidual anesthesia, radiation therapy. Concurrent use with cyclosporine may ↑ risk of renal toxicity.

Route/Dosage
PO (Adults): 1000 mg/day as a single dose or divided dose twice daily; may be up to 2000 mg/day, use lowest effective dose during chronic therapy.

NURSING IMPLICATIONS
Assessment
● Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Monitor for asthma, urticaria, and nasal congestion.

● Assess pain and range of motion before and periodically throughout therapy.

● Lab Test Considerations: Evaluate BUN, serum creatinine, CBC, and liver function periodically in patients receiving prolonged therapy.

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Serum potassium, BUN, serum creatinine, alkaline phosphatase, LDH, AST, and ALT tests may show ↑ levels. Blood glucose, hemoglobin, and hematocrit concentrations, leukocyte and platelet counts, and CO may be ↓.

May cause prolonged bleeding time.

Potential Nursing Diagnoses
Serum potassium, BUN, serum creatinine, alkaline phosphatase, LDH, AST, and ALT tests may show ↑ levels. Blood glucose, hemoglobin, and hematocrit concentrations, leukocyte and platelet counts, and CO may be ↓.

Impaired physical mobility (Implications)

Implementation
Administration in higher than recommended doses does not provide increased effectiveness but may cause decreased side effects. Use lowest effective dose for the shortest duration possible to minimize cardiac risks.

PO: Administration with meals or antacids to decrease GI irritation and increase absorption.

Potential Nursing Diagnoses

Acute pain (Indications)
Impaired physical mobility (Indications)

Patient/Family Teaching
Advise patient to take the medication with a full glass of water and to remain in an upright position for 15–30 min after administration.

Diet: Patient to take medication as directed. Take missed doses as soon as remembered but not if almost time for the next dose. Do not double doses.

May cause drowsiness, dizziness, or visual disturbances. Advise patient to avoid driving or other activities requiring alertness until response to the medication is known.

Advise patient to use sunscreen and protective clothing to prevent photosensitivity reactions.

Caution patient to avoid the concurrent use of alcohol, aspirin, acetaminophen, or other OTC medications without consulting health care professional.

Advise patient to consult health care professional if rash, itching, visual disturbances, tinnitus, weight gain, edema, black stools, persistent headache, or influenza-like syndrome (chills, fever, muscle aches, pain) occurs.

Evaluation/Desired Outcomes
Decreased pain and improved joint mobility. Partial arthritic relief is usually seen within 1 wk, but maximum effectiveness may require 2 wk or more of continuous therapy. Patients who do not respond to one NSAID may respond to another.

Why was this drug prescribed for your patient?