**nilutamide** (nye-loot-a-mide)  
- **Antidepressant, Nilutamide**  

**Classification**  
- Therapeutic: antiprogestins  
- Pharmacologic: antiandrogens  

**Pregnancy Category C**

**Indications**  
Management of metastatic prostate cancer (with surgical castration).

**Action**  
Blocks the effects of androgen (testosterone) at the cellular level. Therapeutic Effects: Decreased spread of prostate cancer.

**Pharmacokinetics**  
- **Absorption:** Rapidly and completely absorbed following oral administration.  
- **Distribution:** Unknown.  
- **Metabolism and Excretion:** Extensively metabolized by the liver; two metabolites have antiandrogenic activity; ~2% excreted unchanged in urine.  
- **Half-life:** 41–49 hr.

**TIME/ACTION PROFILE (antiandrogenic effects)**  
- **ROUTE ONSET PEAK DURATION**  
  - PO rapid unknown 24 hr

**Contraindications/Precautions**  
- **Contraindicated in:** Hypersensitivity; Severe hepatic impairment; Severe respiratory insufficiency.  
- **Use Cautiously in:** History of liver disease or alcoholism; History of respiratory problems; OB: Lactation: Pedi: Safety not established.

**Adverse Reactions/Side Effects**  
- **CNS:** Dizziness.  
- **EENT:** Impaired adaptation to darkness, abnormal vision.  
- **Resp:** Interstitial pneumonitis.  
- **CV:** Hypertension.  
- **GI:** Hepatotoxicity, constipation, hepatitis, elevated liver enzymes, nausea.  
- **Derm:** Hot flashes, hair loss, sweating.  
- **Other:** Fatigue, anorexia, weight loss, edema.

**Interactions**  
- **Drug-Drug:** May **q** the effects of warfarin, phenytoin, and theophylline. May **cause** alcohol intolerance.

**Route/Dosage**  
- **PO (Adults):** 300 mg once daily for 30 days; then 150 mg once daily.

**NURSING IMPLICATIONS**  
- **Assessment:**  
  - Patients should have a chest x-ray prior to initiation of therapy.  
  - Monitor for symptoms of interstitial pneumonitis (dyspnea or worsening of pre-existing dyspnea).  
  - If symptoms occur, nilutamide should be discontinued until cause can be determined.  
  - Pneumonitis usually occurs during the first 3 mo of therapy and is almost always reversible when treatment is discontinued.  
- **Lab Test Considerations:** Monitor hepatic function prior to and every 3 mo throughout therapy.  
- If AST or ALT is elevated more than 2–3 times normal, treatment should be discontinued.  
- **GI:** May cause hyperglycemia; increased serum alkaline phosphatase, BUN, and creatinine; and leukopenia.

**Potential Nursing Diagnoses**  
- Risk for injury (Side Effects)

**Implementation**  
- **PO:** May be taken without regard to food.

**Patient/Family Teaching**  
- Instruct patient to take nilutamide exactly as directed. If a dose is missed, take as soon as possible unless almost time for next dose. Do not double doses.
- Caution patient that adaptation to darkness may be impaired and may cause difficulty driving at night or through tunnels. Wearing tinted glasses may minimize this effect.
- Advise patient to notify physician immediately if dark urine, fatigue, abdominal pain, yellow eyes or skin, or unexplained GI symptoms occur.  
- Hepatotoxicity usually resolves when nilutamide is discontinued but may be progressive and fatal; requires immediate medical attention.

**Evaluation/Desired Outcomes**  
- Decrease in the spread of prostate cancer.

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

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**Note:** This information may not be all-inclusive and is not intended to be used for medical diagnosis or treatment.