PARoxetine (par-ox-e-teen)

Paroxetine hydrochloride
Paxil, Paxil CR

Paroxetine mesylate
Brisdelle, Pexeva

Paroxetine is an antidepressant, classified as a selective serotonin reuptake inhibitor (SSRI).

Indications
Paxil, Paxil CR, Pexeva:
- Major depressive disorder, panic disorder.
- Obsessive compulsive disorder (OCD), generalized anxiety disorder (GAD).
- Social anxiety disorder.
- Post-traumatic stress disorder (PTSD).
- Premenstrual dysphoric disorder (PMDD).

Brisdelle:
- Moderate to severe vasomotor symptoms associated with menopause.

Action
Inhibits neuronal reuptake of serotonin in the CNS, thus potentiating the activity of serotonin; has little effect on norepinephrine or dopamine; mechanism for benefit in treating vasomotor symptoms unknown.

Therapeutic Effects:
- Antidepressant action.
- Decreased frequency of panic attacks, OCD, or anxiety.
- Improvement in manifestations of post-traumatic stress disorder.
- Decreased dysphoria prior to menses.
- Decreased vasomotor symptoms in postmenopausal women.

Pharmacokinetics
Absorption: Completely absorbed following oral administration. Controlled-release tablets are enteric-coated and control medication release over 4–5 hr.

Distribution: Widely distributed throughout body fluids and tissues, including the CNS; cross the placenta and enter breast milk.

Protein Binding: 95%.

Metabolism and Excretion:
- Highly metabolized by the liver (primarily by P450 2D6 enzyme system).
- Approximately 7% of a dose is excreted unchanged in urine.
- Half-life: 21 hr.

TIME/ACTION PROFILE (antidepressant action)
ROUTE ONSET PEAK DURATION
PO 1–4 wk unknown unknown

Contraindications/Precautions
- Hypersensitivity.
- Concurrent use of MAO inhibitors or MAO-like drugs (linezolid or methylene blue).
- Concurrent use of thioridazine or pimozide.
- Use cautiously in:
  - Risk of suicide (may increase the risk of suicide attempt or ideation especially during early treatment or dose adjustment; history of depression; history of bipolar disorder; OB; use during the first trimester may be associated with an increased risk of cardiac malformations—consider fetal risk/maternal benefit; use during third trimester may result in neonatal serotonin syndrome requiring prolonged hospitalization, respiratory and nutritional support).
  - Risk of adverse effects.

Adverse Reactions/Side Effects
- CNS: Neuroleptic malignant syndrome, suicidal thoughts, anxiety, dizziness, drowsiness, headache, insomnia, weakness, agitation, amnesia, confusion, emotional lability, hangover, impaired concentration, malaise, mental depression, syncope.
- EENT: Blurred vision, rhinitis.
- Resp: Cough, pharyngitis, dyspnea, respiratory disorders, yawning.
- CV: Chest pain, edema, hypertension, palpitations, postural hypotension, tachycardia, vasodilation.
- GI: Constipation, diarrhea, dry mouth, nausea, abdominal pain, appetite, dyspepsia, flatulence, taste disturbances, vomiting.
- GU: Ejaculatory disturbance, libido, genital disorders, infertility, urinary disorders, urinary frequency.
- Derm: Stevens-Johnson syndrome, sweating, photosensitivity, pruritus, rash.
- F and E: Hyponatremia.
- Metab: Weight gain/loss.
- MS: Back pain, bone fracture, myalgia, myopathy.
- Neuro: Paresthesia, tremor.
- Misc: Serotonin syndrome, chills, fever.

Interactions
Drug-Drug: Concurrent use with MAO inhibitors may result in serious, potentially fatal reactions (wait at least 2 wk after stopping MAO inhibitors before initiating paroxetine).

Follow-up readings indicate most frequent. 2% excreted unchanged in urine.
paroxetine, wait at least 2 wk after stopping paroxetine before starting MAO inhib-
itors. Concurrent use with MAO inhibitor like drugs, such as linezolid or methylene blue may ↑ risk of serotonin syndrome; concurrent use contraindicated; do not start for any patients recovering from linezolid or methylene blue; if linezolid or methylene blue needs to be started in a patient recovering paroxetine; immediately discontinue paroxetine and monitor for signs/symptoms of serotonin syndrome for 2 wk or until 24 hr after last dose of linezolid or methylene blue, whichever comes first (may resume paroxetine therapy 24 hr after last dose of linezolid or methylene blue).

Concurrent use with pimozide (may resume paroxetine therapy 24 hr after last dose of linezolid or methylene blue).

Discontinue paroxetine and monitor for signs/symptoms of serotonin syndrome for 2 wk or until 24 hr after last dose of linezolid or methylene blue, whichever comes first.

drug-Natural Products:

Drugs that affect serotonergic neurotransmitter systems, including tri-
 cyclic antidepressants, SNRIs, serotonin, norepinephrine, and dopamine.

Concurrent use should be avoided with cyclic antidepressants, SNRIs, serotonin,
norepinephrine, and dopamine.

Drug-Natural Products: 

risk of serotonin syndrome.

PO (Adults): 20 mg once daily initially; may be slowly increased q 7 days (not to exceed 50 mg/day).

PO (Adults): 12.5 mg once daily throughout men-
strual cycle or during luteal phase of menstrual cycle only; may be slowly increased q 7 days (not to exceed 50 mg/day).

PO (Adults): 12.5 mg once daily initially; may be slowly increased q 7 days (not to exceed 50 mg/day).

PO (Adults): 12.5 mg once daily initially; may be slowly increased q 7 days (not to exceed 50 mg/day).

Menopausal Vasomotor Symptoms

PO (Adults): 7.5 mg once daily at bedtime.

Hepatic Impairment

PO (Adults): Paxil, Paxil CR, or Pexeva: 10 mg once daily at bedtime.

PO (Adults): 10 mg once daily initially; may be slowly increased q 7 days (not to exceed 20 mg/day).

PO (Adults): 10 mg initially; may be increased q 7 days (not to exceed 20 mg/day).

PO (Adults): 20 mg/day initially; may be slowly increased q 7 days (not to exceed 40 mg/day).

PO (Adults): 10 mg/day initially; may be slowly increased q 7 days (not to exceed 20 mg/day).

PO (Adults): 12.5 mg once daily initially; may be slowly increased q 7 days (not to exceed 50 mg/day).

NURSING IMPLICATIONS

Assessment

● Monitor appetite and nutritional intake. Weigh weekly. Notify health care profes-
sional of continued weight loss. Adjust diet as tolerated to support nutritional
status.

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PARoxetine mesylate

- Depression: Monitor mental status (orientation, mood, behavior). Inform health care professional if patient demonstrates significant increase in anxiety, nervousness, or insomnia.
- Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient. Risk may be increased in children, adolescents, and adults ≥16 years.
- Assess for serotonin syndrome (mental changes [agitation, hallucinations, coma], autonomic instability [tachycardia, labile BP, hypertension], neuromuscular abnormalities [hyperreflexia, incoordination], and/or GI symptoms [nausea, vomiting, diarrhea]), especially in patients taking other serotonergic drugs (SNRIs, SNRIs, or SNRIs).
- Monitor for development of neuroleptic malignant syndrome (fever, respiratory distress, tachycardia, seizures, diaphoresis, hypertension or hypotension, pallor, tiredness). Discontinue paroxetine and notify health care professional immediately if these symptoms occur.
- Assess for rash periodically during therapy. May cause Stevens-Johnson syndrome. Discontinue therapy if severe or if accompanied with fever, general malaise, fatigue, muscle or joint aches, blisters, oral lesions, conjunctivitis, hepatitis and/or eosinophilia.
- OCD: Assess patient for frequency of obsessive-compulsive behaviors. Note degree to which these thoughts and behaviors interfere with daily functioning.
- Panic Attacks: Assess frequency and severity of panic attacks.
- Social Anxiety Disorder: Assess frequency and severity of episodes of anxiety.
- Posttraumatic Stress Disorder: Assess manifestations of post-traumatic stress disorder periodically during therapy.
- Perimenstrual Dysphoria: Assess symptoms of premenstrual distress prior to and during therapy.
- Lab Test Considerations: Monitor CBC and differential periodically during therapy. Report leukopenia or anemia.

Potential Nursing Diagnoses

- Indications (Indications/ Risks for injury [Side Effects])

○ Cardiac nursing

- Genetic Implication

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Implementation

- Do not confuse paroxetine with BuSpar, duloxetine, or piroxicam. Do not confuse Paxil (paroxetine) with BuSpar (desvenlafaxine fumarate), Tasol (pantoprazole), or Plavix (clopidogrel). Do not confuse Pravex (paroxetine mesylate) with Lexotan (losapentenate).
- Paroxetine mesylate (Pravex) cannot be substituted with paroxetine (Paxil or Paxil CR) or generic paroxetine.
- Periodically reassess dose and continued need for therapy.
- PO: Administer as a single dose in the morning. May administer with food to minimize GI irritation.
- Small children: Whole. Do not crush, break, or chew. Shake suspension before administering.
- Taper to avoid potential withdrawal reactions.

Patient/Family Teaching

- Instruct patient to take paroxetine as directed. Take missed doses as soon as possible and return to regular dosing schedule. Do not double doses. Caution patient to consult health care professional before discontinuing paroxetine. Daily doses should be decreased slowly. Abrupt withdrawal may cause insomnia, anxiety, agitation, and restlessness. Advise patient to read Medication Guide before starting and with each Rx refill in case of changes.
- Instruct patient to avoid driving and other activities requiring alertness until response to the drug is known.
- Instruct patient, family and caregivers to look for suicidality, especially during early therapy or dose changes. Notify health care professional immediately if thoughts about suicide or dying, attempts to commit suicide, new or worse depression or anxiety, agitation or restlessness, panic attacks, insomnia, new or worse irritability, aggressiveness, acting on dangerous impulses, mania, or other changes in mood or behavior and/or symptoms of serotonin syndrome or neuroleptic malignant syndrome occur.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and consult health care professional before taking any new medications and to avoid alcohol or other CNS-depressant drugs during therapy.
- Instruct patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may minimize dry mouth. Saliva substitute may be used. Consult dentist if dry mouth persists for more than 2 wk.
Advise patient to notify health care professional if headache, weakness, nausea, anorexia, anxiety, or insomnia persists.

Instruct female patient to inform health care professional if pregnancy is planned or suspected or if breast feeding.

Emphasize the importance of follow-up exams to monitor progress. Encourage patient participation in psychotherapy to improve coping skills.

Evaluation/Desired Outcomes

- Increased sense of well-being.
- Renewed interest in surroundings. May require 1–4 wk of therapy to obtain antidepressant effects.
- Decrease in obsessive-compulsive behaviors.
- Decrease in frequency and severity of panic attacks.
- Decrease in frequency and severity of episodes of anxiety.
- Improvement in manifestations of posttraumatic stress disorder.
- Decreased dysphoria prior to menses.

Why was this drug prescribed for your patient?