Piroxicam (peer-ox-i-kam)

**Classification**
- Therapeutic: antiinflammatory, nonsteroidal antiinflammatory agents

**Pregnancy Category C**

**Indications**
- Management of inflammatory disorders, including: Rheumatoid arthritis, Osteoarthritis.
- Unlabeled Use: Dysmenorrhea.

**Action**
- Inhibits prostaglandin synthesis.

**Therapeutic Effects:**
- Suppression of pain and inflammation.

**Pharmacokinetics**
- **Absorption:** Well absorbed from the GI tract.

**Distribution:** Unknown. Enters breast milk in small amounts.

**Metabolism and Excretion:** Mostly metabolized by the liver (primarily by CYP2C9). Patients who are poor CYP2C9 metabolizers may have reduced metabolism of piroxicam which may lead to toxicity. Minimal amounts excreted unchanged by the kidneys.

**Half-life:** 50 hr.

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO (analgesic effect)</td>
<td>1 hr</td>
<td>unknown</td>
<td>48–72 hr</td>
</tr>
<tr>
<td>PO (anti-inflammatory effect)</td>
<td>7–12 days</td>
<td>2–3 wk†</td>
<td>unknown</td>
</tr>
</tbody>
</table>

†May take up to 12 wk

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity, Cross-sensitivity may exist with other NSAIDs, including aspirin. Active GI bleeding or ulcer disease. Postoperative pain from coronary artery bypass graft (CABG) surgery.

**Use Cautiously in:** Cardiovascular disease or risk factors for cardiovascular disease (may ↑ risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, especially with prolonged use), severe hepatic disease, history of side effects, Renal impairment (↑ dose recommended). G6PD deficiency established. G6PD deficiency established. G6PD deficiency established. G6PD deficiency established. G6PD deficiency established.

**Adverse Reactions/Side Effects**
- **CNS:** Drowsiness, headache, dizziness.

- **EENT:** Blurred vision, tinnitus.

- **CV:** Edema.

- **GI:** Drug-induced hepatitis, GI bleeding, discomfort, dyspepsia, nausea, vomiting, anorexia, constipation, diarrhea, flatulence.

- **GU:** Renal failure.

- **Derm:** Exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermal necrolysis, rashes.

- **He-mat:** Blood dyscrasias, prolonged bleeding time.

- **Misc:** Allergic reactions including anaphylaxis.

**Interactions**

**Drug-Drug:**
- Concurrent use with aspirin may ↓ levels and may ↓ effectiveness. ↑ risk of bleeding with anticoagulants, clopidogrel, and other NSAIDs, warfarin.
- Probenecid may ↓ levels and may ↑ toxicity. May ↑ serum levels and risk of toxicity from lithium and methotrexate.
- May ↑ risk of adverse renal effects with cyclosporine or chronic use of auranofin.
- Drug-Natural Products: ↑ bleeding risk with arnica, chamomile, clove, dong quai, feverfew, garlic, ginger, ginkgo, and Panax ginseng.

**Route/Dosage**

| PO (Adults): | Anti-inflammatory | 10–20 mg/day; may be given as single dose or 2 divided doses. Antidysmenorrheal | 40 mg initially, then 20 mg/day. |

**PO (Geriatric Patients):** 10 mg/day initially.

**NURSING IMPLICATIONS**

- Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Monitor for rhinitis, asthma, and urticaria.
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, blister, oral lesions, conjunctivitis, hepatitis and/or eosinophilia.

Arthritis:
Assess pain and range of motion prior to and 1–2 hr following administration.

Lab Test Considerations:
Bleeding time may be prolonged for up to 2 wk following discontinuation of therapy.

May cause:
- Hypersensitivity, urticaria, and pruritus.
- Monitor liver function tests periodically during therapy. May cause elevation of serum alkaline phosphatase, LDH, AST, and ALT concentrations.
- Monitor WBC, serum creatinine, and electrolyte concentrations periodically during therapy. May cause:
  - Serum creatinine, and electrolyte concentrations and urine electrolyte concentration.

Potential Nursing Diagnoses
Artefact pain (Indications)
Impaired physical mobility (Indications)

Implementation
Do not confuse piroxicam with paroxetine.

- Administration in higher than recommended doses does not provide increased effectiveness but may cause increased side effects, especially in geriatric patients.
- Use lowest effective dose for shortest period of time.

- PO: Administer after meals or with food or an antacid containing aluminum or magnesium to minimize gastric irritation.
- Administer as soon as possible after the onset of menses. Prophylactic use has not been proved effective.

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.
- Administer 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 or dizziness. Advise patient to avoid driving or other activities requiring alertness until response to the medication is known.
- Caution patient to avoid the concurrent use of alcohol,POINT dron, acetaminophen, or other OTC or herbal products without consulting health care professional.
- Advise patient to inform health care professional of medication regimen prior to treatment or surgery.
- Caution patient to use sunscreen and protective clothing to prevent photosensitivity reactions (rare).
- 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 arthritis relief is usually seen within 2 wk, but maximum effectiveness may require up to 12 wk of continuous therapy. Patients who do not respond to one NSAID may respond to another.

Why was this drug prescribed for your patient?