prazosin (pra-zoe-sin)

**Minipress**

**Classification**

THERAPEUTIC: antihypertensives

PHARMACOLOGIC: peripherally acting α-adrenergic antagonists

**Pregnancy Category C**

**Indications**

Mild to moderate hypertension.

Unlabeled Use:


**Action**

- Dilates both arteries and veins by blocking postsynaptic α₁-adrenergic receptors.
- Decreases contractions in smooth muscle of prostatic capsule.

**Therapeutic Effects:**

- Lowering of BP.
- Decreased cardiac preload and afterload.
- Decreased symptoms of prostatic hyperplasia (urinary urgency, urinary hesitancy, nocturia).

**Pharmacokinetics**

**Absorption:** 60% absorbed following oral administration.

**Distribution:** Widely distributed.

**Protein Binding:** 97%.

**Metabolism and Excretion:** Extensively metabolized by the liver. Minimal (5–10%) renal excretion of unchanged drug.

**Half-life:** 2–3 hr.

**TIME/ACTION PROFILE (antihypertensive effects)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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</thead>
<tbody>
<tr>
<td>PO</td>
<td>2 hr</td>
<td>2–4 hr†</td>
<td>10 hr</td>
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</tbody>
</table>

†Following single dose; maximal antihypertensive effects occur after 3–4 wk of chronic dosing.

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity.

- **Use Cautiously in:**
  - Renal insufficiency (risk of sensitivity to effects; dose may be required to be reduced);
  - OB, Lactation, Pedi:
    - Safety not established;
    - Angina pectoris;
    - When adding diuretics (risk of acute deterioration of prostatic hyperplasia);
    - Patients undergoing cataract surgery (risk of intraoperative floppy iris syndrome).

**Adverse Reactions/Side Effects**

**CNS:**

- Dizziness, headache, weakness, drowsiness, mental depression, syncope.

**EENT:**

- Blurred vision, intraoperative floppy iris syndrome.

**CV:**

- First-dose orthostatic hypotension, palpitations, angina, edema.

**GI:**

- Abdominal cramps, diarrhea, dry mouth, nausea, vomiting.

**GU:**

- Erectile dysfunction, priapism.

**Interactions**

**Drug-Drug:**

- Additive hypotension with acute ingestion of alcohol, other antihypertensives, or nitrates. Antihypertensive effects may be potentiated by NSAIDs.

**Route/Dosage**

**Hypertension**

**PO (Adults):**

- 1 mg 2–3 times daily (give first dose at bedtime) for initial 3 days of therapy, then gradually to maintenance dose of 6–15 mg/day in 2–3 divided doses (not to exceed 20–40 mg/day).

**PO (Children):**

- 50–400 mcg (0.05–0.4 mg)/kg/day in 2–3 divided doses (not to exceed 7 mg/dose or 15 mg/day).

**Benign Prostatic Hyperplasia**

**PO (Adults):**

- 1–5 mg twice daily.

**NURSING IMPLICATIONS**

**Assessment**

- Assess for first-dose orthostatic reaction (dizziness, weakness) and syncope. May occur 30 min–2 hr after initial dose and occasionally thereafter. Incidence may be dose related. Volume-depleted or sodium-restricted patients may be more sensitive. Observe patient closely during this period, take precautions to prevent injury. First dose may be given at bedtime to minimize this reaction.
- Monitor intake and output ratios and daily weight; assess for edema daily, especially at beginning of therapy.
- Hypertension: Monitor BP and pulse frequently during initial dosage adjustment and periodically throughout therapy. Report supraventricular arrhythmias.
- Monitor frequency of prescription refills to determine adherence.
- **Benign Prostatic Hyperplasia:**
  - Assess patient for symptoms of prostatic hyperplasia (unusual hesitancy, feeling of incomplete bladder emptying, interruption of stream).
Potential Nursing Diagnoses
Risk for injury (Side Effects)
Noncompliance (Patient/Family Teaching)

Implementation
● May be used in combination with diuretics or beta blockers to minimize sodium and water retention. If these are added to prazosin therapy, reduce dose of prazosin initially and titrate to effect.

● PO:
Administer daily dose at bedtime. If necessary, dose may be increased to twice daily.

Patient/Family Teaching
● Instruct patient to take medication at the same time each day. Take missed doses as soon as remembered. If not remembered until next day, omit; do not double doses.

● Advise patient to weigh self twice weekly and assess feet and ankles for fluid retention.

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

● Caution patient to avoid sudden changes in position to decrease orthostatic hypotension. Alcohol, CNS depressants, standing for long periods, hot showers, and exercising in hot weather should be avoided because of enhanced orthostatic effects.

● Advise patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications, especially cough, cold, or allergy remedies.

● Instruct patient to notify health care professional before any surgery.

● Advise patient to notify health care professional if frequent dizziness, fainting, or swelling of feet or lower legs occurs.

● Emphasize the importance of follow-up exams to evaluate effectiveness of medication.

Hypertension:
Emphasize the importance of continuing to take this medication as directed, even if feeling well. Medication controls but does not cure hypertension.

Encourage patient to comply with additional interventions for hypertension (weight reduction, low-sodium diet, smoking cessation, moderation of alcohol consumption, regular exercise, and stress management).

Inform patient and family on proper techniques for BP monitoring. Advise them to check BP at least weekly and to report significant changes.

Evaluation/Desired Outcomes
● Decrease in BP without appearance of side effects.

Why was this drug prescribed for your patient?