silodosin (si-lo-do-sin)

**Classification**
Therapeutic: benign prostatic hyperplasia (BPH) agents
Pharmacologic: alpha-adrenergic blockers

**Pregnancy Category:** B

**Indications**
Treatment of the signs/symptoms of benign prostatic hyperplasia (BPH).

**Action**
Blocks post synaptic alpha, adrenergic receptors. Decreases contractions in the smooth muscle of the prostatic capsule.

**Therapeutic Effects:** Decreased signs and symptoms of BPH (urinary urgency, hesitancy, nocturia).

**Pharmacokinetics**

- **Absorption:** 32% absorbed following oral administration.
- **Distribution:** Unknown.
- **Protein Binding:** 97%.
- **Metabolism and Excretion:** Extensively metabolized (CYP3A4, UGT2B7 and other metabolic pathways involved); 33.5% excreted in urine and 54.9% in feces.
- **Half-life:** 13.3 hr.

**TIME/ACTION PROFILE** (effect on symptoms of BPH)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>rapid</td>
<td>24 hr</td>
<td>24 hr*</td>
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</tbody>
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*Following discontinuation.

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity; Not indicated for use in women or children; Severe renal impairment (CrCl less than 30 mL/min); Severe hepatic impairment; Concurrent use of strong CYP3A4 inhibitors or P-gp inhibitors.
- **Use Cautiously in:** Moderate inhibitors of the CYP3A4 enzyme system; Cataract surgery (may cause intraoperative floppy iris syndrome); Moderate renal impairment; Geri: q risk of orthostatic hypotension; Pedi: Safety and effectiveness have not been established.

**Adverse Reactions/Side Effects**

- **CNS:** dizziness, headache.
- **CV:** orthostatic hypotension.
- **GI:** diarrhea.
- **GU:** retrograde ejaculation.
- **Derm:** pruritis, rash, urticaria.
- **Misc:** allergic reactions.

**Interactions**

- **Drug-Drug:** Strong inhibitors of CYP3A4 (including ketoconazole, clarithromycin, itraconazole, and ritonavir) metabolize, ↑ blood levels and risk of toxicity; concurrent use is contraindicated. Concurrent use with moderate CYP3A4 inhibitors (including diltiazem, erythromycin, and verapamil) may ↑ levels; use cautiously. Concurrent use with antihypertensives (including calcium channel blockers and thiazides), other alpha blockers and phosphodiesterase type 5 inhibitors (including sildenafil, tadalafil, and vardenafil) ↑ risk of dizziness and orthostatic hypotension. P-glycoprotein (P-gp) inhibitors including cyclosporine may ↑ levels; concurrent use not recommended.

**Route/Dosage**

**PO** (Adults): 8 mg once daily.

**Renal Impairment**

**PO** (Adults): CCr 30–50 mL/min — 4 mg once daily.

**Potential Nursing Diagnoses**

- Risk for injury (Side Effects)
- Noncompliance (Patient/Family Teaching)

**NURSING IMPLICATIONS**

**Assessment**

- Assess patient for symptoms of benign prostatic hyperplasia (urinary hesitancy, feeling of incomplete bladder emptying, interruption of urinary stream, impairment of size and force of urinary stream, terminal urinary dribbling, straining to start flow, frequency, dysuria, nocturia, urgency) before and periodically during therapy.

**Nursing Considerations**

- Assess patient for orthostatic reaction and syncope. Monitor BP (lying and standing) and during initial therapy and periodically thereafter.

- Rule out prostatic carcinoma before therapy; symptoms are similar.

**Patient Education**

- Risk for injury (Side Effects)
- Noncompliance (Patient/Family Teaching)
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Implementation

- PO: Administer with food at the same meal each day.
- If unable to swallow capsule, open capsule and sprinkle powder inside on a tablespoonful of applesauce. Swallow immediately, within 5 minutes, without chewing. Follow with 8 oz of cool water to ensure complete dose is swallowed. Use cool applesauce, soft enough to be swallowed without chewing. Do not store for future use or subdividing capsule contents.

Patient/Family Teaching

- Instruct patient to take medication with the same meal each day.
- May cause dizziness. Caution 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, especially in patients with low BP or concurrently taking antihypertensives.
- Instruct patients to notify health care professional if falls or dizziness 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, especially cough, cold, or allergy remedies.
- Instruct patient to notify health care professional if symptoms do not improve or become worse.
- 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, especially cough, cold, or allergy remedies.
- Instruct patient to notify health care professional of all Rx or OTC medications being taken before any surgery. Patients planning cataract surgery should notify ophthalmologist of silodosin therapy prior to surgery.
- Instruct patient that ejaculation may cause retrograde ejaculation (orgasm with reduced or no semen). This does not pose a safety concern and is reversible with discontinuation.
- Emphasize the importance of follow-up exams to evaluate effectiveness of medication.
- Geri: Assess risk for falls; implement fall prevention program and instruct patient and family in preventing falls at home.

Evaluation/Desired Outcomes

- Decreased symptoms of benign prostatic hyperplasia.

Why was this drug prescribed for your patient?