**sulindac** (soo-lin-dak)

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

**Pregnancy Category C**

**Indications**
Management of inflammatory disorders, including: Rheumatoid arthritis, Osteoarthritis, Acute gouty arthritis, Bursitis.

**Action**
Inhibits prostaglandin synthesis. Therapeutic Effects: Suppression of pain and inflammation.

**Pharmacokinetics**
Absorption: Well absorbed from the GI tract after oral administration.


Metabolism and Excretion: Converted by the liver to active drug. Minimal amounts excreted unchanged by the kidneys.

Half-life: 7.8 hr (16.4 hr for active metabolite).

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>1–2 days</td>
<td>unknown</td>
<td>12 hr</td>
</tr>
<tr>
<td>PO (active metabolite)</td>
<td>1–2 days</td>
<td>unknown</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

Contraindicated in: Hypersensitivity; Cross-sensitivity may occur with other NSAIDs, including aspirin; Active GI bleeding or ulcer disease; Peri-operative pain from coronary artery bypass graft (CABG) surgery; OB: May cause premature closure of ductus arteriosus in third trimester.

Use Cautiously in: Cardiovascular disease or risk factors for cardiovascular disease (may increase risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, especially with prolonged use); Severe renal, or hepatic disease (dosage modification recommended); History of ulcer disease; OB: May use in second and third trimester only if maternal benefit exceeds potential risks to fetus; Lactation: Pedi: Safety not established; Geri: May increase risk of GI bleeding.

**Adverse Reactions/Side Effects**

**CNS:** Dizziness, headache, drowsiness, insomnia, anxiety, confusion, dizziness, disorientation, depression, nausea, vomiting, anorexia, vertigo, syncope, paresthesia, impotence, decreased libido, acne, photosensitivity, rash, photosensitivity, bullae, blood dyscrasias, postural hypotension.

**CV:** Edema.

**EENT:** Blurred vision, tinnitus.

**GI:** GI BLEEDING, DRUG-INDUCED HEPATITIS, constipation, diarrhea, discomfort, dyspepsia, nausea, vomiting, anorexia, flatulence.

**GU:** Renal failure.

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

**Hemat:** Blood dyscrasias, increased bleeding time.

**Misc:** Allergic reactions including anaphylaxis and hypersensitivity syndrome.

**Interactions**

**Drug-Drug:** Concurrent use of aspirin may decrease effectiveness of sulindac. May increase risk of bleeding with anticoagulants, thrombolytic agents, ticlopidine, clopidogrel, ticagrelor, cilostazol, cilostazol, colchicine, coxib, naproxen. May increase risk of bleeding with aspirin, clopidogrel, prasugrel, and other NSAIDs. May increase risk of hypertension or diuretics. May increase levels and risk of toxicity from lithium. May increase risk of hematologic toxicity from antineoplastics or radiation therapy. May increase risk of adverse renal effects with cyclosporine or chronic use of cefazolin, theophylline, and other NSAIDs. May decrease levels and diuretics. May increase levels and risk of toxicity from lithium. May increase risk of hematologic toxicity from antineoplastics or radiation therapy. May increase risk of adverse renal effects with cyclosporine or chronic use of ACE inhibitors or angiotensin II antagonists.

**Route/Dosage**

**PO (Adults):** 150–200 mg twice daily (not to exceed 400 mg/day).

**NURSING IMPLICATIONS**

**Assessment**

- Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Monitor for rhinitis, asthma, and urticaria.

**Nursing Considerations**

- Discontinued.

- Cross-reactivity may occur with other NSAIDs, including aspirin; Active GI bleeding or ulcer disease; Peri-operative pain from coronary artery bypass graft (CABG) surgery;

- Cardiovascular disease or risk factors for cardiovascular disease (may increase risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, especially with prolonged use); Severe renal, or hepatic disease (dosage modification recommended); History of ulcer disease; OB: May use in second and third trimester only if maternal benefit exceeds potential risks to fetus; Lactation: Pedi: Safety not established; Geri: May increase risk of GI bleeding.
● 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, or spondylitis.

● Assess pain and range of movement before and after 1–2 wk of therapy.

● Lab Test Considerations: Evaluate BUN, serum creatinine, JRC, and liver function periodically in patients receiving prolonged therapy.

● Serum potassium, glucose, alkaline phosphatase, AST, and ALT may show ↑ levels.

● Healing time may be prolonged by ↓ day after discontinuation of therapy.

Potential Nursing Diagnoses

Assess Acute pain (Indications)

Impaired physical mobility (Indications)

Implementation

● Administration at higher than recommended doses do not provide increased of effectiveness but may cause increased side effects. Use lowest effective dose for shortest period of time.

● PO. May be administered with food, milk, or antacids to decrease GI irritation.

● Food slows but does not reduce the extent of absorption. Tablets may be crushed and mixed with fluids or food.

Patient/Family Teaching

● Advise patient to take this medication with a full glass of water and to remain in an upright position for 15–30 min after administration.

● Advise patient to take medications as directed. Take missed doses as soon as remembered but not if almost time for the next dose. Do not double doses.

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

● Advise patient to inform 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. Caution patient to avoid the concurrent use of alcohol, aspirin, NSAIDs, or acetaminophen.

● Advise patient to inform health care professional of medication regimen before treatment or surgery.

● Advise patient to use sunscreen and protective clothing to prevent photosensitivity reactions.

● Advise patient to consult health care professional if itching, visual disturbances, tinnitus, weight gain, edema, black stools, persistent headache, or influenza-like syndrome (chills, fever, muscle aches, pain) occurs.

● Instruct patient to notify health care professional immediately if rash, shortness of breath, trouble breathing, sharp chest pain, swelling of face or throat, or weakness in one part or side of your body occurs.

● Advise patient to inform health care professional if pregnancy is planned or suspected, or if breast feeding.

Evaluation/Desired Outcomes

● Decreased pain and improved joint mobility. Partial arthritic relief may be seen within 7 days, but maximum relief may require 2–3 wk of continuous therapy. Patients who do not respond to one NSAID may respond to another.

Why was this drug prescribed for your patient?