terazosin (ter-ay-zoe-sin)

**Classification**

Therapeutic: antihypertensives

Pharmacologic: peripherally acting antihypertensives

**Pregnancy Category C**

**Indications**

Mild to moderate hypertension (alone or with other agents). Urinary outflow obstruction in patients with prostate hyperplasia.

**Action**

Dilates both arteries and veins by blocking postsynaptic alpha1-adrenergic receptors. Decreases contractions in smooth muscle of the prostatic capsule. Therapeutic Effects:

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

**Pharmacokinetics**

- **Absorption:** Well absorbed after oral administration.
- **Distribution:** Unknown.
- **Metabolism and Excretion:** 50% metabolized by the liver. 10% excreted unchanged by the kidneys. 20% excreted unchanged in feces. 40% eliminated in bile.
- **Half-life:** 12 hr.

**TIME/ACTION PROFILE**

**ROUTE ONSET† PEAK‡ DURATION†**

- **PO-hypertension**: 15 min 6–8 wk 24 hr
- **PO-prostatic hyperplasia**: 2–6 wk unknown unknown

†After single dose
‡After multiple oral dosing

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity.
- **Use Cautiously in:** Dehydration, volume or sodium depletion (risk of hypotension). OB, Lactation, Pedi: Safety not established; Patients undergoing cataract surgery (risk of intraoperative floppy iris syndrome).

**Adverse Reactions/Side Effects**

- **CNS:** dizziness, headache, weakness, drowsiness, nervousness. EENT: nasal congestion.
- **CV:** first-dose orthostatic hypotension, chest pain, palpitations, peripheral edema, syncope.
- **Resp:** tachypnea.
- **GI:** nausea, abdominal pain, vomiting, diarrhea, dry mouth, constipation.
- **GU:** erectile dysfunction, urinary frequency.
- **Musculoskeletal:** back pain, extremity pain.
- **Skin:** rash, pruritus.
- **Other:** fever.

**Interactions**

**Drug-Drug:** Risk of hypotension with sildenafil, tadalafil, vardenafil, other antihypertensives, nitrates, acute ingestion of alcohol. NSAIDs, sympathomimetics, or estrogens may enhance effects of antihypertensive therapy.

**Route/Dosage**

**Hypertension**

- **PO (Adults):** 1 mg initially, then slowly titrate up to 5 mg/day (usual range 1–5 mg/day); may be given as single dose or in 2 divided doses (not to exceed 20 mg/day).

**Benign Prostatic Hyperplasia**

- **PO (Adults):** 1 mg at bedtime; may be increased gradually to 5–10 mg/day.

**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 significant changes.
- **Pharmacological:** Monitor BP and pulse frequenctly during initial dosage adjustment and periodically throughout therapy. Report significant changes.
- **Frequency of prescription refills to determine adherence.
- **Storage Prostatic Hyperplasia:** Assess patient for symptoms of prostatic hyperplasia (urinary hesitancy, feeling of incomplete bladder emptying, interruption of stream, nocturia).
urinary stream, impairment of size and force of urinary stream, terminal urinary dribbling, straining to start flow, dysuria, urgency) before and periodically during therapy.

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

Potential Nursing Diagnoses
- 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 terazosin therapy, reduce dose of terazosin 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 patients 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 if frequent dizziness, fainting, or swelling of feet or lower legs occurs.
- Emphasize the importance of follow-up exams to evaluate effectiveness of medication.

Evaluation/Desired Outcomes
- Decrease in BP without appearance of side effects.
- Decreased symptoms of prostatic hyperplasia. May require 2–6 wk of therapy before effects are noticeable.

Why was this drug prescribed for your patient?

- 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).
- Instruct patient and family on proper technique for BP monitoring. Advise them to check BP at least weekly and to report significant changes.