valsartan (val-sar-tan)

(Declin)

Classification
Therapeutic: antihypertensives
Pharmacologic: angiotensin II receptor antagonists

Pregnancy Category D

Indications
Shown or used with other agents in the management of hypertension. Treatment of heart failure (New York Heart Association class II-IV). Reduction of risk of death from cardiovascular causes in patients with left ventricular systolic dysfunction following myocardial infarction.

Action
Blocks the renin-angiotensin and aldosterone-secreting effects of angiotensin II at various receptor sites, including vascular smooth muscle and the adrenal glands. Therapeutic Effects:
- Lowering of BP in patients with hypertension.
- Decreased risk of heart-failure-related hospitalizations in patients with heart failure.
- Decreased risk of death from cardiovascular causes in patients with left ventricular systolic dysfunction following myocardial infarction.

Pharmacokinetics
Absorption: 10–35% absorbed following oral administration.
Distribution: Crosses the placenta.
Protein Binding: 95%.
Metabolism and Excretion: Minor metabolism by the liver; 13% excreted in urine; 83% in feces.
Half-life: 6 hr.

TIME/ACTION PROFILE (antihypertensive effect)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>PO</td>
<td>within 2 hr</td>
<td>4 wks†</td>
<td>24 hr†</td>
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*N†After single dose
†Chronic dosing

Contraindications/Precautions
Contraindicated in: Hypersensitivity. Concurrent use with aliskiren in patients with diabetes or moderate-to-severe renal impairment (CrCl < 60 mL/min); OB: Can cause injury or death of fetus — if pregnancy occurs, discontinue immediately. Use Cautionally in: Volume- or salt-depleted patients or patients recovering large doses of diuretics (correct deficits before initiating therapy or initiate at lower dose); Black patients (may not be as effective); Impaired renal function due to primary renal disease or HF (may worsen renal function); Hepatic impairment; Women of childbearing potential. Pediatric: < 6 yr (safety not established).

Adverse Reactions/Side Effects
CNS: dizziness, fatigue, headache.
CV: edema, hypotension.
EENT: pharyngitis, rhinitis, sinusitis.
F and E: hyperkalemia.
GI: abdominal pain, diarrhea, nausea.
GU: impaired renal function.
MS: arthralgia, back pain.
Misc: ANGIOEDEMA.

Interactions
Drug-Drug: Additive hypotension with other antihypertensives. Excessive hypotension may occur with concurrent use of diuretics. Risk of hyperkalemia with concurrent use of potassium supplements, potassium-sparing diuretics, or potassium-containing salt substitutes; or with ACE inhibitors; or with concurrent use of ACE inhibitors or aliskiren; avoid concurrent use with aliskiren in patients with diabetes or CrCl < 60 mL/min. NSAIDs and selective COX-2 inhibitors may blunt the antihypertensive effect and the risk of renal dysfunction.

Route/Dosage
Hypertension
PO (Adults): 80 mg or 160 mg once daily when used as monotherapy in patients who are not volume depleted; may be up to 320 mg once daily.
PO (Children 6–16 yr): 1.3 mg/kg once daily (maximum dose: 40 mg/day); may be up to 2.7 mg/kg once daily (maximum dose: 160 mg/day).

Heart Failure
PO (Adults): 40 mg twice daily, dose may be titrated up to target dose of 160 mg twice daily, as tolerated.

Post-Myocardial Infarction
PO (Adults): 20 mg twice daily (may be initiated 1–2 hours after myocardial infarction), dose may be titrated up to target dose of 160 mg twice daily, as tolerated.
NURSING IMPLICATIONS

Assessment
- Assess BP (lying, sitting, standing) and pulse frequently during initial dosage adjustment and periodically throughout therapy. Notify health care professional of significant changes.
- Monitor frequency of prescription refills to determine compliance.
- Assess patients for signs of angioedema (dyspnea, facial swelling).
- HF: Monitor daily weight and assess patient routinely for resolution of fluid overload (peripheral edema, rales/crackles, dyspnea, weight gain, jugular venous distention).

Lab Test Considerations: Monitor renal function. May cause increase in BUN and serum creatinine.
- May cause hyperkalemia.
- May cause slight increase in AST and ALT.
- May cause slight decrease in hemoglobin and hematocrit, or neutropenia.
- May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- May cause difficulty in swallowing, especially in elderly and edematous patients.

Potential Nursing Diagnoses
- Risk for injury (Adverse Reactions)
- Noncompliance (Patient/Family Teaching)

Implementation
- Do not confuse Diovan with Zyban.
- PO: May be taken without regard to food.

Patient/Family Teaching
- Emphasize the importance of continuing to take as directed, at the same time each day, even if feeling well. Take missed doses as soon as remembered if not almost time for next dose; do not double doses. Warn patient not to discontinue therapy unless directed by health care professional.
- Caution patient to avoid salt substitutes containing potassium or foods containing high levels of potassium or sodium as directed by health care professional.
- Caution patient to avoid sudden position changes to decrease orthostatic hypotension.
- Emphasize the importance of follow-up exams to evaluate effectiveness of medication.
- Hypertension: Encourage patient to comply with additional interventions for hypertension (weight reduction, low-sodium diet, discontinuation of smoking, moderation of alcohol consumption, regular exercise, stress management). Medication controls but does not cure hypertension.
- Emphasize the importance of follow-up exams to evaluate effectiveness of medication.

Evaluation/Desired Outcomes
- Decrease in BP without appearance of excessive side effects. Effects are usually seen within 2 wks, with maximum effect in 4 wks.
- Decreased heart-failure-related hospitalizations in patients with heart failure.
- Decreased risk of death from cardiovascular causes in patients with left ventricular systolic dysfunction following myocardial infarction.

Why was this drug prescribed for your patient?