acitretin (a-si-tret-in)

**Classification**
Therapeutic: antipsoriatics
Pharmacologic: retinoids

**Pregnancy Category X**

**Indications**
Severe psoriasis unresponsive to other therapies.

**Action**
Mechanism of action is not known. Therapeutic Effects: Improvement in psoriatic lesions.

**Pharmacokinetics**

**Absorption:** Well absorbed (72%) following oral administration.

**Distribution:** Crosses the placenta; remainder of distribution unknown.

**Protein Binding:** Highly protein bound (99.9%).

**Metabolism and Excretion:** Most by the liver; metabolites excreted in feces (34–54%) and urine (16–53%).

**Half-life:** 49–63 hr.

**TIME/ACTION PROFILE (antipsoriatic effect)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>up to 3 mo</td>
<td>unknown</td>
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</table>

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity to retinoids or parabens; Concurrent use of alcohol, in any form; Patients taking methotrexate or a tetracycline; Chronically elevated blood lipids; Severe hepatic or renal impairment; OB, Lactation, Pedi: Safety not established.

**Use Cautiously in:** Concurrent phototherapy (intensity of treatment may need to be altered).

**Exercise Extreme Caution in:** Women of childbearing age.

**Adverse Reactions/Side Effects**

**CNS:** Rashes, depression, fatigue, headache, paresthesia, cerebellar (ataxia, incoordination), sleep disturbances, EENT: dry eyes, opthalmia, irritation, blurred vision, diplopia, myopia, keratoconjunctivitis, dry nose, epistaxis.

**EENT:** Dry eyes, epistaxis, irritation, blurred vision, diplopia, myopia.

**CV:** Edema.

**GI:** Hepatotoxicity, pancreatitis, anorexia, nausea, vomiting, diarrhea, abdominal pain, gastritis.

**GU:** Hematuria.

**Derm:** Acne, alopecia, dry skin, pruritus, rash, dermatitis, sunburn, sweating.

**MS:** Arthralgia, hyperostosis, myalgia.

**Misc:** Cheilitis, paresthesia, hot flashes.

**Interactions**


**Drug-Food:** Food decreases absorption.

**Route/Dosage**

**PO (Adults):** 25 or 50 mg once daily with a meal.

**NURSING IMPLICATIONS**

**Assessment**

- Assess skin lesions before and periodically during therapy. Treat transient worsening of psoriasis, with increased redness and itching, with oral corticosteroids.
- Monitor blood lipids (cholesterol, HDL, triglycerides) every 1–2 wk until stable and periodically thereafter as indicated. Discontinue therapy if lipids are not stabilized within 1 mo.
- Monitor fasting blood lipids (cholesterol, HDL, triglycerides) every 1–2 wk until lipids are stabilized, usually 4–8 wk, and periodically thereafter. Report >200 mg/dL of triglyceride levels or >150 mg/dL HDL.

**Potential Nursing Diagnoses**

- Disturbed body image (Indications)

- Diabetic patient (Side Effects)

- Gastrointestinal disturbance (Side Effects)

**Patient/Family Teaching**

- Instruct patient to take medication as directed. Missed doses may be taken as soon as remembered up to 1 hr after the usual time of dosing. Do not double doses.

- Instruct patient to take with food or milk to prevent nausea.

- Teach patient to report any vision disturbances to physician immediately.

- Advise patient to use sunscreen and protective eyewear to minimize risk of photosensitivity reactions.

- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult health care professional before taking any new medications.

- Instruct patient to use only prescribed contraceptive methods (avoid silicone-based products) during therapy and for 1 mo after discontinuation.

- Instruct patient to use broad-spectrum sunscreen and protective eyewear during treatment and for 1 mo after discontinuation.

- Instruct patient to report vision disturbances, eye irritation, dryness, epistaxis, increased risk of skin infections, jaundice or yellowing of skin or eyes, or any unusual reactions to health care professional.

- May cause drowsiness. Caution patient to avoid driving and other hazardous activities until response to medication is known.

- Inform women of childbearing age of potential for serious adverse effects in the fetus. Advise women of childbearing age to use effective contraception during therapy and for 1 mo after discontinuation.

- Pregnancy Category X (Nursing Implications)
Implementation

- Do not confuse Soriatane with Loxitane, sertraline, or Sonata.
- Female patients of childbearing years taking acitretin must participate in the Do Your Part program during and for 5 yrs after discontinuing therapy. Therapy in women of childbearing age is started during the first 5 days of the menstrual period immediately preceding therapy. Following a negative serum or urine pregnancy test with a sensitivity of at least 25 mIU/mL. The first pregnancy test is used as a screening test and done at time of decision of therapy. Patients must continue using forms of birth control for at least 3 yrs after starting therapy, during therapy, and for at least 5 yrs after discontinuing therapy. For patients without amenorrhea, the second pregnancy test is done 11 days after unprotected sexual intercourse. Continue pregnancy tests monthly during therapy and every 3 mo for 5 yrs after discontinuing therapy.

- A Patient Agreement/Informed Consent must be signed by female patients before receiving prescription. Limited amounts of acitretin should be prescribed to encourage compliance with pregnancy testing. All patients must receive a Soriatane Medication Guide with each prescription refill.

- PO: Absorption is enhanced by taking with food.

Patient/Family Teaching

- Instruct patient to take medication as directed. If a dose is missed, skip dose and return to regular schedule. Do not double doses. Inform patient that condition may appear to worsen during initial therapy. Caution patient not to share this medication with others; may be dangerous.

- Explain the Do Your Part program to female patient.

- Caution patient not to take vitamin A supplements while taking acitretin. Hypervitaminosis A may result.

- Instruct patient to immediately report decreased vision in the dark, mood disturbances, suicidal thoughts, or signs and symptoms of severe liver damage (yellowing of skin or whites of eyes, nausea and vomiting, loss of appetite, dark urine).

- Instruct patient to use caution when driving at night.

- Instruct patients with diabetes to closely follow blood glucose levels while taking acitretin, and to report significant changes in blood glucose levels to a health care provider.

- Inform patient that dry skin and chapped lips will occur and to apply lubricant to lips. Health care professional should be notified if these symptoms become bothersome.

- Advise patient that oral ulcers, angular cheeck or canker, and frequent oral ulcers may help relieve dry mouth.

- Discourage possibility of excessively dry eyes with patient who wears contact lenses. Patient may need to wear glasses during course of therapy.

- Caution female patients with reproductive potential not to ingest beverages or products containing alcohol during or for 2 mo after discontinuation of acitretin. May lengthen the time of effects on pregnancy.

- Advise patient to contact health care professional if all or any of medications, vitamins, or herbal products are being used and to consult with health care professional before taking other medications, especially St. John’s Wort.

- Caution patient to discontinue therapy and to use 1 yr after discontinuation to prevent the possibility of a pregnant patient receiving the blood.

- Caution patient to minimize exposure to sunlight, to wear sunscreen, and to avoid sunlamps to prevent phototoxic/extreme reactions.

- Activities are contraindicated during pregnancy and breastfeeding. Teratogenic effects may persist for years. Caution female patients to use two reliable forms of contraception for 1 mo prior to, during, and for at least 3 yrs after discontinuation of therapy. Patients who have undergone a tubal ligature should also use a second form of contraception. Patient should discuss past use of contraceptive products with health care professional before attempting pregnancy. Soriatane Patient Referral Form is available to provide patient with optional contraceptive counseling and pregnancy testing. Patients that become pregnant during or within 3 yrs of taking acitretin should report the pregnancy to Stiefel at 1-888-500-DERM (3376) or to the Food and Drug Administration (FDA) MedWatch program at 1-800-FDA-1088.

- Inform patient of need for follow-up. Periodic ophthalmic exams and bone x-rays may be required.

- Emphasize the importance of regular blood tests to check liver and hematologic function.

Evaluation/Desired Outcomes

- Improvement or resolution of skin lesions in psoriasis. Therapy may take 2–3 mo before full effects are seen.

Why was this drug prescribed for your patient?

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