Aclidinium (a-kli-din-ee-um)
Tudorza

Classification
Therapeutic: COPD agents
Pharmacologic: anticholinergics

Pregnancy Category C

Indications
Long-term maintenance treatment of bronchospasm associated with COPD, including chronic bronchitis and emphysema. Not for acute (rescue) use.

Action
Acts as an anticholinergic by inhibiting the M3 receptor in bronchial smooth muscle.

Therapeutic Effects:
Bronchodilation with lessened symptoms of COPD.

Pharmacokinetics

Absorption: 6% systemically absorbed following inhalation.
Distribution: Unknown.
Metabolism and Excretion: Rapidly hydrolyzed; metabolites are not pharmacologically active. Metabolites are eliminated in urine (54–65%) and feces (20–33%). 1% excreted unchanged in urine.
Half-life: 5–8 hr.

TIME/ACTION PROFILE (improvement in FEV1)

ROUTE ONSET PEAK DURATION

Inhaln within 1 hr 2–4 hr 12 hr

Contraindications/Precautions

Contraindicated in: None noted.
Use Cautiously in: Narrow-angle glaucoma; Prostatic hyperplasia, bladder neck obstruction; Severe hypersensitivity to milk proteins; History of hypersensitivity to atropine (cross-sensitivity may occur); OB: Use during pregnancy only if potential benefit justifies potential risk to the fetus; Lactation: Use cautiously during lactation; Pedi: Safe and effective use in children has not been established.

Adverse Reactions/Side Effects

CNS: headache.

Interactions

Drug-Drug: ↑ risk of adverse anticholinergic effects with other anticholinergics.

Route/Dosage

Inhaln (Adults): One inhalation (400 mcg) twice daily.

NURSING IMPLICATIONS

Assessment

Indications

Ineffective airway clearance (Indications)
Activity intolerance (Indications)

Implementation

Inhaln:
Administer every 12 hr.

When aclidinium is administered concurrently with other inhalation medications, administer adrenergic bronchodilators first, followed by aclidinium, then corticosteroids. Wait 5 min between medications.

Patient/Family Teaching

Instruct patient in proper use of inhaler and to take medication as directed. Omits missed doses and take next dose at usual time; do not double doses. Advise patient to have a rapid-acting bronchodilator available for use at all times to treat sudden symptoms. Notify health care professional immediately if sudden shortness of breath occurs immediately after using aclidinium inhaler, if breathing becomes worse, if rescue inhaler is needed more often than usual, or if rescue inhaler does not work as well as when symptoms are mild.
Caution patient to avoid getting powder into eyes.
Advise patient to inform health care professional if symptoms of new or worsened increased eye pressure (eye pain or discomfort, nausea or vomiting, blurred vision, seeing halos or bright colors around lights, red eyes), new or worsened urinary retention (difficult or infrequent urination, strong desire to urinate, urination in a weak stream or drops), or allergic reactions (rash, hives, swelling of the face, mouth, and tongue; breathing problems) occur.
Advise patient to consult health care professional before taking any Rx, OTC, or herbal products or alcohol concurrently with this therapy. Caution patient also to avoid smoking and other respiratory irritants.
Advise patient to notify health care professional if pregnancy is planned or suspected, or if nursing.
Explain need for pulmonary function tests prior to and periodically during therapy to determine effectiveness of medication.

Evaluation/Desired Outcomes
- Decreased dyspnea
- Improved breath sounds

Why was this drug prescribed for your patient?