alfuzosin (al-fyoo-zo-sin)

**Classification**
Therapeutic: urinary tract antispasmodics
Pharmacologic: peripherally acting antialdrnergics

**Pregnancy Category B**

**Indications**
Management of symptomatic benign prostatic hyperplasia (BPH).

**Action**
Selectively blocks alpha1-adrenergic receptors in the lower urinary tract to relax smooth muscle in the bladder neck and prostate.

**Therapeutic Effects:** Increased urine flow and decreased symptoms of BPH.

**Pharmacokinetics**

**Absorption:** 49% absorbed following oral administration; food enhances absorption.

**Distribution:** Unknown.

**Metabolism and Excretion:** Mostly metabolized by the liver (CYP3A4 enzyme system); 11% excreted unchanged in urine.

**Half-life:** 10 hr.

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO-ER</td>
<td>within hr</td>
<td>8 hr</td>
<td>24 hr</td>
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**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity; Moderate to severe hepatic impairment; Potent inhibitors of the CYP3A4 enzyme system; Concurrent use of other alpha-adrenergic blocking agents; Severe renal impairment; Pedi: Children.

**Use Cautiously in:** Congenital or acquired QTc prolongation or concurrent use of other drugs known to prolong QTc; Mild hepatic impairment; Symptomatic hypotension; Concurrent use of antihypertensive agents, phosphodiesterase type 5 inhibitors (including sildenafil, tadalafil, and vardenafil) and acute ingestion of alcohol.

**Adverse Reactions/Side Effects**

**CNS:** dizziness, fatigue, headache.

**EENT:** intraoperative floppy iris syndrome.

**Resp:** bronchitis, sinusitis, pharyngitis.

**CV:** postural hypotension.

**GI:** abdominal pain, constipation, dyspepsia.

**GU:** erectile dysfunction, priapism.

**Hemat:** thrombocytopenia.

**Interactions**

**Drug-Drug:** Ketoconazole, itraconazole, and ritonavir metabolize and significantly lower levels and effects (concurrent use contraindicated). Levels are < by metoclopramide and diltiazem. May raise levels and effects of amiodarone and other drugs metabolized by CYP3A4 (monitor BP and heart rate). May raise levels and effects of atenolol and diltiazem (monitor BP and heart rate). May raise levels of sildenafil, tadalafil, and vardenafil. Concurrent use of nitrates (including isosorbide dinitrate and isosorbide mononitrate) is contraindicated.

**Route/Dosage**

**PO (Adults):** 10 mg once daily.

**NURSING IMPLICATIONS**

**Assessment**

- Assess for symptoms of benign prostatic hyperplasia (urinary hesitancy, feeling of incomplete bladder emptying, interrupted urinary stream, terminal urinary dribbling, straining to start flow, dysuria, urgency) before and periodically during therapy.
- Assess for orthostatic reaction and syncope. Monitor BP (lying and standing) and pulse frequently during initial dose adjustment and periodically thereafter. May occur within a few hr after initial doses and occasionally thereafter.

**Potential Nursing Diagnoses**

- Risk for injury (Side Effects)
- Noncompliance (Patient/Family Teaching)

**Implementation**

- PO: Administer with food at the same meal each day. Tablets must be swallowed whole; do not crush, break, or chew.

- Geri: Consider age-related changes in body mass and cardiac, renal, and hepatic function when prescribing.
Patient/Family Teaching

- Instruct patient to take medication with the same meal each day. Take missed doses as soon as remembered. If not remembered until next day, omit; do not double doses.
- May cause dizziness or drowsiness. Advise patient to avoid driving or other activities requiring alertness until response to the medication is known.
- Caution patient to avoid sudden changes in position to decrease orthostatic hypotension.
- Advise patient to consult health care professional before taking any cough, cold, or allergy remedies.
- Instruct patient to notify health care professional of medications regimen before any surgery, especially cataract surgery.
- Advise patient to consult health care professional for symptoms of angina, frequent dizziness, or fainting attacks.
- Emphasize the importance of follow-up exams to evaluate effectiveness of medication.

Geri: Assess risk for falls; implement fall prevention program and instruct patient and family in preventing falls at home.

Evaluation/Desired Outcomes

- Decreased symptoms of benign prostatic hyperplasia.

Why was this drug prescribed for your patient?