atomoxetine (a-to-mox-e-teen) 

Strattera 

Classification 
Therapeutic: agents for attention deficit disorder 
Pharmacologic: selective norepinephrine reuptake inhibitors 

Pregnancy Category C 

Indications 
Attention-Deficit Hyperactivity Disorder (ADHD) 

Action 
Strattera inhibits the presynaptic transporter of norepinephrine. 

Therapeutic Effects: Increased attention span. 

Pharmacokinetics 
Absorption: Well absorbed following oral administration. 
Distribution: Unknown. 
Protein Binding: 98%. 
Metabolism and Excretion: Mostly metabolized by the liver (CYP2D6 enzyme pathway). A small percentage of the population are poor metabolizers and will have higher blood levels with effects. 
Half-life: 5 hr. 

TIME/ACTION PROFILE 
ROUTE ONSET PEAK DURATION 
PO unknown 1–2 hr 12–24 hr 

Contraindications/Precautions 
Contraindicated in: Hypersensitivity; Concurrent or within 2 wk therapy with MAO inhibitors; Angle-closure glaucoma; Pheochromocytoma; Hypertension, tachycardia, cardiovascular or cerebrovascular disease. 
Use Cautiously in: Pre-existing psychiatric illness; Prepubertal children; Pregnancy (Q2); Lactation: Pedi: Safety not established. 

Adverse Reactions/Side Effects 
CNS: SUICIDAL THOUGHTS, dizziness, fatigue, mood swings, behavioral disturbances, hallucinations, hostility, mania, weight gain, appetite changes, emotional lability, somnolence, sadness, thirst, dry mouth, constipation. 
Derm: rash, urticaria. 
GI: dyspepsia, nausea, vomiting, abdominal pain, constipation, diarrhea. 
GU: polyuria, polydipsia, weight/growth loss. 
Neuro: paresthesia. 
Misc: allergic reactions including ANGIONEUROTIC EDEMA and ANAPHYLAXIS. 

Interactions 
Drug-Drug: Concurrent use with MAO inhibitors may result in serious, potentially fatal reactions (do not use within 2 wk of each other). Risk of cardiovascular effects with albuterol or vasopressors (use cautiously). Drugs which inhibit the CYP2D6 enzyme pathway (quinidine, fluoxetine, paroxetine) will increase blood levels and effects, dose adjustment recommended. 

Route/Dosage 
PO (Children and adolescents >70 kg): 0.5 mg/kg/day initially, may be q every 3 days to a daily target dose of 1.2 mg/kg, given as a single dose in the morning or evenly divided doses in the morning and late afternoon/early evening (not to exceed 1.4 mg/kg/day or 100 mg/day whichever is less). If taking concurrent CYP2D6 inhibitor (quinidine, fluoxetine, paroxetine) — 0.5 mg/kg/day initially, may be q if needed to 1.2 mg/kg/day after 4 wk. 
PO (Adults, adolescents, and children ≤70 kg): 40 mg/day initially, may be q every 3 days to a daily target dose of 80 mg/day given as a single dose in the morning or evenly divided doses in the morning and late afternoon/early evening; may be further q after 2–4 wk up to 100 mg/day. If taking concurrent CYP2D6 inhibitor (quinidine, fluoxetine, paroxetine) — 40 mg/day initially, may be q if needed to 90 mg/day after 4 wk. 

Hepatic Impairment 
PO (Adults and Children): Moderate hepatic impairment (Child-Pugh Class B) — initial and target dose by 50%; severe hepatic impairment (Child-Pugh Class C) — initial and target dose to 25% of normal. 


drugs listed in italics are discontinued.

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NURSING IMPLICATIONS

Assessment

● Assess attention span, impulse control, and interactions with others.

● Monitor BP and pulse periodically during therapy. Obtain a history (including assessment of family history of sudden death or ventricular arrhythmia), physical exam to assess for cardiac disease, and further evaluation (EKG and echocardiogram), if indicated. If exertional chest pain, unexplained syncope, or other cardiac symptoms occur, evaluate promptly.

● Monitor growth, body height, and weight in children.

● Assess for signs of liver injury (pruritus, dark urine, jaundice, right upper quadrant tenderness, unexplained “flu-like” symptoms) during therapy. Monitor liver function tests at first sign of liver injury. Discontinue and do not restart atomoxetine in patients with jaundice or laboratory evidence of liver injury.

● Monitor closely for notable changes in behavior that could indicate the emergence or worsening of suicidal thoughts or behavior.

Potential Nursing Diagnoses

Disturbed thought process (Indications)
Impaired social interaction (Indications)

Implementation

● PO: Administer without regard to food. Capsules should be swallowed whole; do not open, crush, or chew. Doses may be discontinued without tapering.

Patient/Family Teaching

● Instruct patient to take medication as directed. Take missed doses as soon as possible, but do not exceed maximum daily amount in any 24-hr period. Advise patient and parents to read the Medication Guide prior to starting therapy and with each Rx refill.

● Instruct patient that sharing this medication may be dangerous.

● Advise patient to notify health care professional immediately if signs of liver injury occur.

● Advise patient and family to notify health care professional if thoughts about suicide or dying, attempting to commit suicide, new or worse depression, new or worse anxiety, feeling very agitated or restless, panic attacks, trouble sleeping, new or worse irritability, acting aggressive or hostile; being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking; other unusual changes in behavior or mood occur or if signs and symptoms of severe liver injury (pruritus, dark urine, jaundice, right upper quadrant tenderness, or unexplained “flu-like” symptoms) occur.

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

● May cause drowsiness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

● Advise female patients to notify health care professional if pregnancy is planned or suspected or if they are breast feeding.

● May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

Evaluation/Desired Outcomes

● Improved attention span and social interactions in ADHD.

Why was this drug prescribed for your patient?