**Darifenacin (dar-i-fen-a-sin)
**

**Classification**
Therapeutic: urinary tract antispasmodics
Pharmacologic: anticholinergics

**Pregnancy Category C**

### Indications
Overactive bladder with symptoms (urge incontinence, urgency, frequency).

### Action
Acts as a muscarinic (cholinergic) receptor antagonist; antagonizes bladder smooth muscle contraction.

### Therapeutic Effects:
Decreased symptoms of overactive bladder.

### Pharmacokinetics

- **Absorption:** 15–19% absorbed.
- **Distribution:** Unknown.
- **Protein Binding:** 98%.
- **Metabolism and Excretion:** Extensively metabolized by the CYP2D6 enzyme system in most individuals. Poor metabolizers (7% of Caucasians, 5% of African Americans) have less CYP2D6 activity with less metabolism occurring. Some metabolism via CYP3A4 enzyme system. 60% excreted renally as metabolites, 40% in feces as metabolites.
- **Half-life:** 13–19 hr.

### Contraindications/Precautions

**Contraindicated in:**
- Hypersensitivity; Urinary retention; Gastric retention; Uncontrolled urine or fecal incontinence; Severe hepatic impairment.

**Use Cautiously in:**
- Concurrent use of CYP3A4 inhibitors (use lower dose/clinical monitoring may be necessary); Moderate hepatic impairment (lower dose recommended); Bladder outflow obstruction; GI obstructive disorders; GI motility, severe constipation or ulcerative colitis; Myasthenia gravis; Angle-closure glaucoma.

### Adverse Reactions/Side Effects

**CNS:** confusion, dizziness, drowsiness, hallucinations, headache.

**EENT:** blurred vision.

**GI:** constipation, dry mouth, dyspepsia, nausea.

**Metab:** heat intolerance.

**Misc:** ANGIOEDEMA.

### Interactions

**Drug-Drug:** Blood levels and risk of toxicity are ↑ by concurrent use of strong CYP3A4 inhibitors including ketoconazole,itraconazole,ritonavir, clarithromycin, and nebozole; daily dose should not exceed 7.5 mg. Concurrent use of moderate inhibitors of CYP3A4, especially those with narrow therapeutic indices, including ketoconazole,thioridazine, and tricyclic antidepressants, should be undertaken with caution.

### Route/Dosage

**PO (Adults):**
- 7.5 mg once daily, may be q2-4wk after 2 wk to 15 mg once daily.

### Nursing Implications

**Assessment**
- Monitor voiding pattern and assess symptoms of overactive bladder (urinary urgency, urinary incontinence, urinary frequency) to and periodically during therapy.

**Potential Nursing Diagnoses**
- Impaired urinary elimination (Indications)

**Implementation**
- PO: Administer once daily without regard to food. Extended-release tablets must be swallowed whole; do not break, crush, or chew.

**Patient/Family Teaching**
- Instruct patient to take darifenacin as directed. Advise patient to read the Patient Information before starting therapy and with each prescription refill. If a dose is missed, skip dose and take next day; do not take 2 doses in same day.
Do not share darifenacin with others; may be dangerous.
Inform patient of potential anticholinergic side effects (constipation, urinary retention, blurred vision, heat prostration in hot environment).
May cause dizziness, drowsiness, confusion, and blurred vision. Caution patient to avoid driving and other activities that require alertness until response to medication is known.
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.
Advise female patient to notify health care professional if pregnancy is planned or suspected or breast feeding.

Evaluation/Desired Outcomes
- Decrease in symptoms of overactive bladder (urge urinary incontinence, urgency, frequency).

Why was this drug prescribed for your patient?