Dronedarone (dro-nedar-one) Rash

**Uses**

- **Indications**
  - Reduce the risk of hospitalization for atrial fibrillation (AF) in patients with a history of paroxysmal or persistent AF.

**Action**

Has several antiarrhythmic properties, prolongs PR and QTc intervals.

**Pharmacology**

- **Indications**
  - Reduces the risk of hospitalization for atrial fibrillation (AF) in patients in sinus rhythm with a history of paroxysmal or persistent AF.

**Contraindications/Precautions**

- **Contraindications**
  - **Class IV heart failure or Class II–III heart failure with recent decompensation requiring hospitalization.**
  - **Permanent AF.**
  - **Second- or third-degree atrioventricular (AV) block or sick sinus syndrome (unless a pacemaker is present).**
  - **Recent/current use of beta-blockers, digoxin, verapamil, diltiazem, or beta-blockers.**

**Adverse Reactions/Side Effects**

- **CNS:** Drowsiness, dizziness, headache, vertigo, confusion, agitation, insomnia, paresthesias, neuropathy, ataxia, tremor, depression, anxiety, hallucinations, seizures, neurotoxicity.
- **CV:** Arrhythmias, bradycardia, hypotension, orthostatic hypotension, cardiomegaly, heart failure.
- **GI:** Nausea, vomiting, abdominal discomfort, diarrhea, constipation.
- **GU:** Hematuria, proteinuria, pyuria.
- **Resp:** Respiratory depression.
- **Derm:** Rash, pruritus, acne, photosensitivity.
- **Misc:** Headache, peripheral edema, edema, weight gain, weight loss, muscle weakness, fatigue.

**Drug Interactions**

- **Contraindicated in:**
  - CYP3A inhibitors including amiodarone, disopyramide, propafenone, quinidine, dofetilide, and sotalol; must be discontinued prior to treatment.
  - Concurrent use of Class I or III antiarrhythmics including amiodarone, flecainide, propafenone, quinidine, disopyramide, dofetilide, and sotalol; must be discontinued prior to treatment.
  - Severe hepatic impairment; OB: Women with childbearing potential, contraception should be used.

**Notes**

- **Dosage:** 120 mg orally bid.
- **Half-life:** 13–19 hr.
- **Metabolism and Excretion:** Mostly by the CYP3A enzyme system. 6% excreted in urine as metabolites, 84% was excreted in feces as metabolites. Minimal elimination as unchanged drug.
- **Protein Binding:** 98%.
- **Distribution:** Poor bioavailability (4%) due to extensive first pass hepatic metabolism.
- **Con目前使用。**
- **Safety and effectiveness in children have not been established.**

**References**

- **Multaq**
- **(dro-nedar-one)**
- **REM**

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**Table: Pharmacokinetics**

<table>
<thead>
<tr>
<th>Route</th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>3–4 hr</td>
<td>12 hr</td>
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</tbody>
</table>

| Half-life: | 13–19 hr |

| Time/Action Profile (Antiarrhythmic Effect) | 50 bpm |

| Drug: | Interactions |

<table>
<thead>
<tr>
<th>Drug</th>
<th>Interactions</th>
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<tr>
<td>Dronedarone</td>
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Effects of tricyclic antidepressants, and selective serotonin reuptake inhibitors (SSRIs). May ↑ levels and risk of toxicity of some HMG-CoA reductase inhibitors (statins). Do not exceed statin dose of 10 mg/day. Concomitant use with CYP3A substrates including sirolimus and tacrolimus may ↑ risks of serious adverse reactions. Monitor and adjust dosage carefully.

Drug-Natural Products: St. John’s wort, blood levels and ↑ effectiveness; avoid concurrent use.

Drug-Food: Grapefruit juice may ↑ levels and the risk of toxicity; avoid concomitant use.

Route/Dosage

PO (Adults): 400 mg twice daily.

NURSING IMPLICATIONS

Assessment

• Assess for signs and symptoms of atrial fibrillation or atrial flutter (palpitations, abnormal ECG) periodically during therapy. If atrial fibrillation occurs, cardiovert or discontinue dronedarone; increases risk of stroke, hospitalization for HF, and death.

• Monitor ECG periodically and at least every 3 mo during therapy. If QTc > 500 ms or PR interval > 280 ms, discontinue therapy.

• Assess for signs and symptoms of hepatic injury (anorexia, nausea, vomiting, liver, jaundice, fatigue, right upper quadrant pain, dark urine, or itching) during therapy. If hepatic injury is suspected, discontinue therapy and test serum enzymes, (AST, ALT), alkaline phosphatase, and serum bilirubin, to determine liver injury. If liver injury occurs, begin treatment. Do not restart therapy without another explanation for liver injury.

• Assess for signs or pulmonary toxicity (dyspnea, nonproductive cough) periodically during therapy. If pulmonary toxicity occurs, discontinue therapy.

Lab Test Considerations: Monitor serum hepatic enzymes periodically, especially during first 6 mo of therapy.

• Monitor serum creatinine levels periodically during therapy. Serum creatinine levels ↑ by about 0.1 mg/dL following initiation of therapy with a rapid onset and plateau after 7 days; reversible with discontinuation. If ↑ and plateau occurs, use increased value as new baseline.

Potential Nursing Diagnoses

Decreased cardiac output (Indications)

Implementation

• Patient should be on concurrent antithrombotic therapy.

• PO: Administer twice daily with morning and evening meals; avoid grapefruit juice.

Patient/Family Teaching

• Instruct patient to take dronedarone as directed. Do not stop taking dronedarone, even if feeling better without consulting health care professional. If a dose is missed, omit and take next dose at regularly scheduled time; do not double dose.

• Advise patient to read Medication Guide before starting therapy and with each Rx refill; there may be new information.

• Advise patient to avoid grapefruit juice during therapy.

• Advise patient to notify health care professional of signs and symptoms of heart failure (weight gain, dependent edema, increasing shortness of breath), hepatic injury, or pulmonary toxicity occur.

• Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and to consult with health care professional before taking other medications, especially St. John’s wort.

• May be teratogenic. Caution female patients of childbearing age to use effective contraception during therapy and to notify health care professional if pregnancy is planned or suspected or if breast feeding.

Evaluation/Desired Outcomes

• Reduction in hospitalization of patients with paroxysmal or persistent atrial fibrillation or atrial flutter.

Why was this drug prescribed for your patient?