**epinerone (e-ple-re-none)**

**Synonyms:**
- Therapeutic: antihypertensives
- Pharmacologic: aldosterone antagonists

**Pregnancy Category:** B

**Indications**

Hypertension (alone, or with other agents). LV systolic dysfunction and evidence of HF post-MI.

**Action**

Blocks the effects of aldosterone by attaching to mineralocorticoid receptors.

**Therapeutic Effects:**

Lowering of BP. Improves survival in patients with evidence of HF post-MI.

**Pharmacokinetics**

**Absorption:** Well absorbed following oral administration.

**Distribution:** Unknown.

**Metabolism and Excretion:** Mostly metabolized by the liver (CYP3A4 enzyme system); 5% excreted unchanged by the kidneys.

**Half-life:** 4–6 hr.

**Time/Action Profile (antihypertensive effect)**

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<thead>
<tr>
<th>Route</th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
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<tbody>
<tr>
<td>PO</td>
<td>Unknown</td>
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**Contraindications/Precautions**

- Serum potassium ≥5.5 mEq/L; Type 2 diabetes with microalbuminuria (for patients with HTN; q risk of hyperkalemia); Serum creatinine ≥2 mg/dL in males or ≥1.8 mg/dL in females (for patients with HTN); CCr 30 mL/min (for all patients); CCr 50 mL/min (for patients with HTN); Concurrent use of potassium supplements or potassium-sparing diuretics (for patients with HTN); Concurrent use of strong inhibitors of the CYP3A4 enzyme system (ketoconazole, itraconazole, nefazodone, clarithromycin, ritonavir, or nelfinavir); Lactation: Lactation.

**Use Cautiously in:**

Severe hepatic impairment; OB: Use only if clearly needed; Pedi: Safety not established.

**Adverse Reactions/Side Effects**

**CNS:**
- Dizziness, fatigue.

**GI:**
- Abnormal liver function tests, abdominal pain, diarrhea.

**GU:**
- Albuminuria.

**Endo:**
- Abnormal vaginal bleeding, gynecomastia.

**F and E:**
- Hypokalemia.

**Metab:**
- Hypercholesterolemia, hypertriglyceridemia.

**Misc:**
- Flu-like symptoms.

**Interactions**

**Drug-Drug:**
- Concurrent use of strong inhibitors of the CYP3A4 enzyme system (ketoconazole, itraconazole, nefazodone, clarithromycin, ritonavir, or nelfinavir) significantly increases effects of epinerone; concurrent use contraindicated. Concurrent use of weak inhibitors of the CYP3A4 enzyme system (erythromycin, saquinavir, fluconazole, verapamil) may ↑ effects of epinerone; initial dose of epinerone should be ↓ by 50%. NSAIDs may ↓ and hyperkalemia effects. Concurrent use of ACE inhibitors or angiotensin II receptor blockers may ↑ risk of hyperkalemia.

**Route/Dosage**

**Hypertension**

**PO (Adults):**
- 50 mg daily initially; may be ↓ to 50 mg twice daily; Patients receiving concurrent moderate CYP3A4 inhibitors (erythromycin, saquinavir, nelfinavir, fluconazole) — 25 mg once daily initially.

**HF Post-MI**

**PO (Adults):**
- 25 mg daily initially; ↓ to 50 mg daily; subsequent dose adjustment may need to be made based on serum potassium concentrations.

**NURSING IMPLICATIONS**

**Assessment**

- Monitor BP periodically during therapy.
- Monitor prescription refill to determine adherence.

**Potential Complications:** May cause hyperkalemia. Monitor serum potassium levels prior to starting therapy, within the first wk, at 1 mo fol-
lowing start of therapy or dose adjustment and periodically thereafter. Monitor serum potassium and serum creatinine in 3–7 days in patients who start taking a moderate CYP3A4 inhibitor.

● May cause serum sodium and serum triglyceride, cholesterol, ALT, GGT, creatinine, and uric acid levels.

Potential Nursing Diagnoses
Decreased cardiac output (Indications)
Noncompliance (Patient/Family Teaching)
Implementation
● Do not confuse Inspra with Spiriva.
● PO: Administer once daily. May be increased to twice daily if response is inadequate.

Patient/Family Teaching
● Instruct patient to take medication as directed at the same time each day, even if feeling well.
● Encourage patient to comply with additional interventions for hypertension (weight reduction, discontinuation of smoking, moderation of alcohol consumption, regular exercise, stress management). Medication controls, but does not cure, hypertension.
● Instruct patient and family on corrective techniques for monitoring BP. Advise them to monitor BP at least weekly, and notify health care professional of significant changes.
● Inform patient not to use potassium supplements, salt substitutes containing potassium, or other Rx, OTC, or herbal products without consulting health care professional.
● May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
● Advise patient to notify health care professional if dizziness, diarrhea, vomiting, rapid or irregular heartbeat, lower extremity edema, or difficulty breathing occur.
● Advise patient to inform health care professional of treatment regimen prior to treatment or surgery.

Evaluation/Desired Outcomes
● Decrease in BP without appearance of side effects
● Improvement in survival in patients with evidence of HF post-MI.

Why was this drug prescribed for your patient?