Fesoterodine (fee-soe-ter-o-deen)

**Dosage**

**PO (Adults):** 4 mg once daily initially may be q to 8 mg/daily; Concurrent potent CYP3A4 inhibitors or CCr < 30 mL/min—dose should not exceed 4 mg/day.

**CONTRAINdications/Precautions**

- **Contraindicated in:** Hypersensitivity; Urinary retention; Gastric retention; Severe hepatic impairment; Uncontrolled narrow-angle glaucoma
- **Use Cautiously in:** Significant bladder neck obstruction (2% risk of retention); Severe renal insufficiency (dose adjustment required); GI ileus including severe constipation; Treated narrow-angle glaucoma (use only if benefits outweigh risks); Myasthenia gravis; Severe renal impairment (dose should not exceed 4 mg/day).

**Adverse Reactions/Side Effects**

- CNS: dizziness, drowsiness, headache.
- CV: tachycardia (dose related).
- GI: dry mouth, constipation, nausea, upper abdominal pain.
- GU: dysuria, urinary retention.
- MS: back pain.
- Misc: ANGIOEDEMA.

**Interactions**

- **Drug-Drug:** Concurrent use of potent CYP3A4 enzyme inhibitors including ketoconazole, itraconazole, and clarithromycin may lead to increased levels and risk of toxicity; daily dose should not exceed 4 mg. Use less potent inhibitors of CYP3A4 (such as erythromycin) with caution; escalate dose carefully. Anticholinergic effects may alter the GI absorption of other drugs.

**Route/Dosage**

**PO (Adults):** 4 mg once daily initially may be q to 8 mg/daily; Concurrent potent CYP3A4 inhibitors or CCr < 30 mL/min—dose should not exceed 4 mg/day.

**NURSING IMPLICATIONS**

**Assessment**

- **Urinary urgency, frequency, and urge incontinence:** Monitor for signs and symptoms of angioedema (swelling of face, lips, tongue, and/or larynx). May occur with first or subsequent doses. Discontinue therapy and provide supportive therapy. Have epinephrine, corticosteroids, and resuscitation equipment available.

- **Lab Test Considerations:** May cause q ALT and GGT.

**Potential Nursing Diagnoses**

- Impaired urinary elimination (Indications)
- Urinary retention (Indications)

**Implementation**

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

**Indications**

- Treatment of overactive bladder function that results in urinary frequency, urgency, or urge incontinence.

**Action**

Acts as a competitive muscarinic receptor antagonist resulting in inhibition of cholinergically mediated bladder contraction.

**Therapeutic Effects:** Decreased urinary frequency, urgency, and urge incontinence.

**Pharmacokinetics**

- **Absorption:** Rapidly absorbed following oral administration, but is rapidly converted to its active metabolite (bioavailability of metabolite 52%); further metabolism occurs in the liver via CYP2D6 and CYP3A4 enzyme systems. 16% of active metabolite is excreted in urine, most of the remainder of inactive metabolites are renally excreted. 7% excreted in feces.
- **Distribution:** Unknown.
- **Metabolism and Excretion:** Rapidly converted by esterases to active metabolite.
- **Half-life:** 7 hr (fallowing oral administration).

**Contraindications**

- Hypersensitivity; Urinary retention; Gastric retention; Severe hepatic impairment; Uncontrolled narrow-angle glaucoma.

**Use Cautiously in**

- Significant bladder neck obstruction (2% risk of retention); Severe renal insufficiency (dose adjustment required); GI ileus including severe constipation; Treated narrow-angle glaucoma (use only if benefits outweigh risks); Myasthenia gravis; Severe renal impairment (dose should not exceed 4 mg/day).

**Genetic Implication. CAPI TALS indicate l ife-threatening, underlines indicate most frequent. Strikethrough indicates discontinued.**
Patient/Family Teaching

- Instruct patient to take fesoterodine as directed. If a dose is missed, omit and begin taking again the next day; do not take 2 doses the same day. Advise patient to read the Patient Information sheet prior to initiation of therapy and with each Rx refill.

- May cause drowsiness, dizziness, and blurred vision. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.

- Advise patient to avoid alcohol; may increase drowsiness.

- Advise patient to use caution in hot environments; may cause decreased sweating and severe heat illness.

- 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.

- Advise patient to stop medication and notify health care professional if signs and symptoms of angioedema occur.

- Advise patient to notify health care professional if pregnancy is planned or suspected or if breast feeding.

Evaluation/Desired Outcomes

- Decreased urinary frequency, urgency, and urge incontinence.

Why was this drug prescribed for your patient?