glatiramer (gla-ti-ra-mer)

Classification
Therapeutic: anti-multiple sclerosis agents
Pharmacologic: immune response modifiers

Pregnancy Category B

Indications
Reduction of frequency of relapses in relapsing-remitting multiple sclerosis (MS), including patients who have experienced a first clinical episode and MRI features consistent with MS.

Action
Appears to modify the immune process thought to be responsible for MS.

Therapeutic Effects:
Decreased incidence of relapses in relapsing-remitting MS.

Pharmacokinetics

- Absorption: Some absorption follows subcutaneous administration.
- Distribution: Some enters the lymphatic system.
- Metabolism and Excretion: Unknown.
- Half-life: Unknown.

TIME/ACTION PROFILE
ROUTE ONSET PEAK DURATION
Subcut unknown unknown unknown

Contraindications/Precautions
Contraindicated in: Hypersensitivity to glatiramer or mannitol.

Use Cautiously in: OB, Lactation, Pedi: Safety not established.

Adverse Reactions/Side Effects

CNS: anxiety, weakness, confusion, headache, vertigo.
CV: chest pain, palpitations, edema, syncope, tachycardia, vasodilation.
Derm: pruritis, rashes, sweating, erythema.
EENT: rhinitis, nystagmus.
GI: diarrhea, nausea, anorexia, vomiting.
GU: urgency.
Local: injection site reactions.
MS: arthralgia, back pain, hypertonia.

NURSING IMPLICATIONS

Assessment
- Assess patient for side effects immediately after injection. Symptoms may include flushing, chest pain, palpitations, anxiety, dyspnea, constriction of throat, and urticaria. Symptoms are usually transient and self-limited without requiring treatment. May occur at the beginning of or following several months of therapy, and patients may expect to experience one or several episodes of symptoms.

Potential Nursing Diagnoses

Impaired physical mobility (Indications)
Deficient knowledge (Patient/Family Teaching)

Implementation
- Subcut: Allow prefilled syringes to warm to room temperature for 20 min before injection. Solution is clear, colorless to slightly yellow; do not administer solutions that are discolored or contain particulate matter. Sites for injection include arms, abdomen, hips, or thighs. Pinch skin and inject at a 90° angle. Discard unused solution. Unused syringes should be stored in refrigerator. Rotate injection sites to minimize risk of lipoatrophy.
- Store at 2-8°C (36-46°F). Do not freeze. Solution should be clear, colorless to slightly yellow; discontinue if discolored or contains particulate matter.
- First injection should be performed under the supervision of a health care professional.

Patient/Family Teaching
- Instruct patient to administer medication exactly as directed. Missed doses should be taken as soon as remembered but omitted if not remembered until next day; do not double doses.
- Advise patient not to discontinue medication or change dose or dosing schedule without consulting health care professional.

Additional Information
- Recommended intramuscular injection site should be used for first injection. Subsequently, rotation of subcutaneous injection sites is recommended to minimize the risk of lipoatrophy.
- Local: injection site reactions. MS: arthralgia, back pain, hypertonia.
- NURSING IMPLICATIONS: Assess patient immediately after injection for symptoms of flushing, chest pain, palpitations, anxiety, dyspnea, constriction of throat, and urticaria. If symptoms occur at the beginning of therapy or following several months of therapy, patients may experience one or several episodes of symptoms.

Interactions

Drug-Drug: Unknown.

Route/Dosage

Subcut (Adults): 20 mg/day.

NURSING IMPLICATIONS

Assessment
- Assess patient for side effects immediately after injection. Symptoms may include flushing, chest pain, palpitations, anxiety, dyspnea, constriction of throat, and urticaria. Symptoms are usually transient and self-limited without requiring treatment. May occur at the beginning of or following several months of therapy, and patients may expect to experience one or several episodes of symptoms.

Potential Nursing Diagnoses

Impaired physical mobility (Indications)
Deficient knowledge (Patient/Family Teaching)

Implementation
- Subcut: Allow prefilled syringes to warm to room temperature for 20 min before injection. Solution is clear, colorless to slightly yellow; do not administer solutions that are discolored or contain particulate matter. Sites for injection include arms, abdomen, hips, or thighs. Pinch skin and inject at a 90° angle. Discard unused solution. Unused syringes should be stored in refrigerator. Rotate injection sites to minimize risk of lipoatrophy.
- First injection should be performed under the supervision of a health care professional.

Patient/Family Teaching
- Instruct patient to administer medication exactly as directed. Missed doses should be taken as soon as remembered but omitted if not remembered until next day; do not double doses.
- Advise patient not to discontinue medication or change dose or dosing schedule without consulting health care professional.

Additional Information
- Recommended intramuscular injection site should be used for first injection. Subsequently, rotation of subcutaneous injection sites is recommended to minimize the risk of lipoatrophy.
- Local: injection site reactions. MS: arthralgia, back pain, hypertonia.
- NURSING IMPLICATIONS: Assess patient immediately after injection for symptoms of flushing, chest pain, palpitations, anxiety, dyspnea, constriction of throat, and urticaria. If symptoms occur at the beginning of therapy or following several months of therapy, patients may experience one or several episodes of symptoms.
Inform patient of potential post-injection reactions. Advise patient to contact health care professional if chest pain is unusually severe.


Evaluation/Desired Outcomes
- Decreased incidence of relapses in relapsing-remitting MS.

Why was this drug prescribed for your patient?